

Date:

Subject Id:

Life Stress Questionnaire

These questions refer to events that you feel have been stressful. Please explain each item checked and give an approximate date or your age for each item checked.

Event	✓	Date or Your Age
1. You yourself suffered a serious injury, illness, or assault.		
2. A serious injury, illness, or assault happened to a close relative.		
3. Your parent, child, or spouse died.		
4. A close family friend or another relative (aunt, cousin, grandparent, etc.) died		
5. You had a separation caused by marital difficulties.		
6. You broke off a steady relationship.		
7. You had a serious problem with a close friend, neighbor, or relative.		
8. You became unemployed or you have sought work unsuccessfully for a month.		
9. You were fired from your job.		
10. You had a major financial crisis.		
11. You had problems with the police and appeared in court.		
12. Something you valued was lost or stolen in the last 6 months.		
Total number checked		