**Adverse life event questionnaire**

1. **You yourself suffered a serious illness, injury, or an assault**

* Yes
* No

1. **A serious illness, injury, or assault happened to a close relative**

* Yes
* No

1. **Your parent, child, or spouse died**

* Yes
* No

1. **A close family friend or another relative (aunt, cousin, grandparent) died**

* Yes
* No

1. **You had a separation due to marital difficulties**

* Yes
* No

1. **You broke off a steady relationship**

* Yes
* No

1. **You had a serious problem with a close friend, neighbor, or relative**

* Yes
* No

1. **You became unemployed or you were seeking work unsuccessfully for more than one month**

* Yes
* No

1. **You were sacked from your job**

* Yes
* No

1. **You had a major financial crisis**

* Yes
* No

1. **You had problems with the police and had a court appearance**

* Yes
* No

1. **Something you valued was lost or stolen**

* Yes
* No