**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