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MULTIPLE RISK FACTOR INTERVENTION TRIAL

DATE ☐☐-☐☐-☐☐ (17) CLINIC ☐ (23)

FIFTH ANNUAL MEDICAL HISTORY AND BEHAVIOR QUESTIONNAIRE

ID (6–16)

NAME

ADDRESSOGRAPH PLATE

Year of Follow-up **5** (24)

Attach ID Label Here

The following set of questions includes a Medical History Questionnaire and some questions to study the relationship between the occurrence of heart disease and factors such as behavioral characteristics and physical activity. These questions are arranged in three parts. They are as follows:

Part I — Medical History
Part II — Nutrition
Part III — Events During the Past Year

Please follow these directions when completing this questionnaire:

1. Read every question carefully and answer every one. Unless otherwise indicated, only one response should be selected for each question. PLEASE USE BALLPOINT PEN AND PRESS FIRMLY.
2. It is essential that you bring this completed questionnaire with you to your scheduled appointment. A protective envelope is enclosed for your convenience. PLEASE DO NOT FOLD THE QUESTIONNAIRE.

   The answers you give are treated completely confidentially and will become part of your study record.

PLEASE BRING ALL MEDICINES THAT YOU ARE CURRENTLY TAKING, OR HAVE TAKEN DURING THE PAST TWO WEEKS, TO THE NEXT VISIT SO THAT THE DOCTOR CAN IDENTIFY THEM.

Your present address and telephone number:

CC USE 1☐ (25)

ADDRESS: _____
Street Apartment No.

_____
City State Zip Code

_____ _____
Home Telephone Number Work Telephone Number

If you wish the results of the tests, the ECG and physical examination sent to your physician, please give his name and address below and check the box. ☐

CC USE 1☐ (26)

NAME: _____

ADDRESS: _____
Street Apartment No.

_____
City State Zip Code

Please give the name and address of someone who is not living in your household but who will know where you are if we should need to contact you. If this person is a married woman, please give her husband's name also in the space provided.

CC USE 1☐ (27)

_____ _____
Name: First Last Husband

_____
Street No. and Name

_____
City State Zip Code

FORM 594 (1-9) OCT 78
MRFIT: MULTIPLE RISK FACTOR INTERVENTION TRIAL
SPONSORED BY NATIONAL HEART AND LUNG INSTITUTE
OFFICE OF MANAGEMENT AND BUDGET NO. 68-R1376, APPROVAL EXPIRES SEPT. 1, 1979

PART I — MEDICAL HISTORY QUESTIONNAIRE

A complete and accurate medical history is essential in evaluating your health status. This questionnaire is intended to help you become more aware of your physical well-being and to help our staff with your examination at the next visit.

DURING THE PAST 12 MONTHS HAS A DOCTOR TOLD YOU THAT YOU HAD ANY OF THE FOLLOWING?
(Check either yes, no, or not sure for each item.)

MHQ01V60	1. High blood pressure (hypertension)	28	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ02V60	2. Heart attack (myocardial infarction, coronary occlusion or coronary thrombosis)	29	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ03V60	3. Angina	30	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ04V60	4. Congenital heart disease (born with heart defect)	31	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ05V60	5. Rheumatic fever, chorea (St. Vitus Dance)	32	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ06V60	6. Rheumatic heart disease	33	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ07V60	7. Stroke	34	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ08V60	8. Diabetes (sugar in the blood or urine)	35	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ09V60	9. Gout	36	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ10V60	10. Kidney disease (nephritis, pyelonephritis, glomerulonephritis, kidney infection)	37	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ11V60	11. Kidney stones	38	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ12V60	12. Prostate infection, enlargement or other prostate disease	39	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ13V60	13. Urinary tract infection, bladder infection, other bladder disease	40	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ14V60	14. Bronchitis	41	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ15V60	15. Pneumonia	42	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ16V60	16. Pleurisy	43	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ17V60	17. Emphysema	44	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ18V60	18. Tuberculosis	45	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ19V60	19. Thyroid problem or disease	46	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ20V60	20. Colitis or inflammation of the colon	47	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ21V60	21. Ulcer (stomach or duodenal), or intestinal bleeding	48	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ22V60	22. Hepatitis	49	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ23V60	23. Cirrhosis or other liver disease	50	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ24V60	24. Anemia	51	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ25V60	25. Cancer	52	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ26V60	26. Nervous, emotional or mental disorder	53	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ27V60	27. Rheumatoid arthritis	54	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ28V60	28. Other arthritis	55	1 ☐ yes 2 ☐ no 3 ☐ not sure
☐	29. Epilepsy or seizures or fits	56	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ30V60	30. Allergies	57	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ31V60	31. Asthma	58	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ32V60	32. Hives or hay fever	59	1 ☐ yes 2 ☐ no 3 ☐ not sure
	33. Other major diseases (specify) _____	60	1 ☐ yes 2 ☐ no 3 ☐ not sure
	34. During the past 12 months have you been told by a doctor that you have gallstones or gall bladder disease?	61	1 ☐ yes 2 ☐ no 3 ☐ not sure
	35. During the past 12 months have you had x-rays taken of your gall bladder?	62	1 ☐ yes 2 ☐ no 3 ☐ not sure
	36. During the past 12 months have you had surgery for gall bladder disease?	63	1 ☐ yes 2 ☐ no 3 ☐ not sure
	37. During the past 12 months have you had surgery on your heart or arteries?	64	1 ☐ yes 2 ☐ no 3 ☐ not sure

CASURG72

DURING THE PAST 12 MONTHS HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?

38. Skin rash or unusual bruises?	65	1 ☐ yes 2 ☐ no 3 ☐ not sure
39. Headaches that were so bad you had to stop what you were doing?	66	1 ☐ yes 2 ☐ no 3 ☐ not sure
40. Headache attack, racing heart and sweating, all at the same time?	67	1 ☐ yes 2 ☐ no 3 ☐ not sure
41. Faintness or light-headedness when you stand up quickly?	68	1 ☐ yes 2 ☐ no 3 ☐ not sure
42. Your heart beating unusually fast or skipping beats?	69	1 ☐ yes 2 ☐ no 3 ☐ not sure
43. Blacking out or losing consciousness?	70	1 ☐ yes 2 ☐ no 3 ☐ not sure
44. Frequent stomach pains?	71	1 ☐ yes 2 ☐ no 3 ☐ not sure
45. Waking up early, having trouble getting back to sleep?	72	1 ☐ yes 2 ☐ no 3 ☐ not sure
46. Black or tarry stools?	73	1 ☐ yes 2 ☐ no 3 ☐ not sure
47. Bright red blood in your stools?	74	1 ☐ yes 2 ☐ no 3 ☐ not sure
48. Allergies to medicines?	75	1 ☐ yes 2 ☐ no 3 ☐ not sure
49. Unexplained weight loss?	76	1 ☐ yes 2 ☐ no 3 ☐ not sure

50. Were you hospitalized for any reason in the past 12 months?

HOSP60

77 1 ☐ yes → Please give the name and address of the hospital you visited.

2 ☐ no

A. _____ Hospital

_____ Street

_____ City - State

B. _____ Hospital

_____ Street

_____ City - State

C. _____ Hospital

_____ Street

_____ City - State

51. During the past 12 months have you had a chest x-ray? 78 1 ☐ yes 2 ☐ no

52. During the past 12 months, about how many times have you seen or talked to a medical doctor for health reasons? Do not count the MRFIT physicians. (check one)

79 1 ☐ zero times during past year 2 ☐ one - two times during past year 3 ☐ three - five times during past year 4 ☐ six or more times during past year

53. During the past 12 months, about how many visits have you made to the dentist? (check one)

80 1 ☐ zero times during past year 2 ☐ one time during past year 3 ☐ two times during past year 4 ☐ three or more times during past year

54. About how many days during the past 12 months were you kept in bed for all or most of the day because of illness, disability or injury? (check one)

81 1 ☐ zero - three days during past year 2 ☐ four - six days during past year 3 ☐ seven - nine days during past year 4 ☐ ten or more days during past year

RATACT60

55. Considering all the things you do, how would you rate yourself as to the amount of physical activity you get compared with other men your age? (check one)

82 1 ☐ I am much less active than others 2 ☐ I am somewhat less active than others 3 ☐ I am about the same 4 ☐ I am somewhat more active 5 ☐ I am much more active

56. During the past four weeks, how often did you take aspirin or similar drugs containing aspirin such as Alka-Seltzer, Anacin, APC, Bufferin, Darvon Compound, Dristan, Empirin, or Excedrin? (check one)

ASPIR60

83 1 ☐ daily 2 ☐ four, five, six days per week 3 ☐ one, two, three days per week 4 ☐ occasionally - less often than one day per week 5 ☐ not at all

THINKING ABOUT THE LAST 12 MONTHS PLEASE ANSWER THE FOLLOWING QUESTIONS:

57. Have you ever awakened at night gasping for breath? 84 1 ☐ yes 2 ☐ no

CHF60

58. Do you usually cough first thing in the morning in the winter? (If you cough with your first smoke or when first going outside, you should mark "yes". Do not respond "yes" for clearing of throat or a single cough.) 85 1 ☐ yes 2 ☐ no

59. Do you usually cough during the day or at night in the winter? (Do not respond "yes" for a single cough.)

86 1 ☐ yes → 60. Do you cough like this on most days for as much as 3 months each year? 87 1 ☐ yes 2 ☐ no

COUGH60

2 ☐ no

Continue with question 61.

61. Do you usually bring up any phlegm (mucus) from your chest first thing in the morning in the winter? 88 1 ☐ yes 2 ☐ no

62. Do you usually bring up any phlegm from your chest during the day—or at night—in the winter?

PHLEGM60

89 1 ☐ yes → 63. Do you bring up phlegm like this on most days for as much as 3 months each year? 90 1 ☐ yes 2 ☐ no

64. In the past 3 years, have you had a period of increased cough and phlegm lasting for 3 weeks or more? 91 1 ☐ yes, once 2 ☐ yes, more than once 3 ☐ no

2 ☐ no ↓

DYSPNE60

65. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? 92 1 ☐ yes 2 ☐ no

66. Do you get short of breath walking with other people of your own age on level ground? 93 1 ☐ yes 2 ☐ no

67. Have you ever had asthma? 94 1 ☐ yes 2 ☐ no

68. Have you ever had any pain or discomfort in your chest?

ROSEAN60
ROSEMI60

95 1 ☐ yes → 70. Do you get it when you walk uphill or hurry? 97 1 ☐ yes 2 ☐ no

71. Do you get it when you walk at an ordinary pace on the level? 98 1 ☐ yes 2 ☐ no

2 ☐ no ↓

72. When you get it in your chest what do you do?

99 1 ☐ stop 2 ☐ slow down 3 ☐ continue at same pace

73. Does it go away when you stand still?

100 1 ☐ yes → 74. How soon? 101 1 ☐ 10 min. or less 2 ☐ more than 10 min.

Continue with question 75.

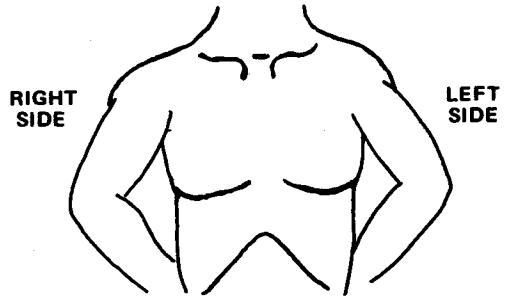
2 ☐ no ↓

69. Have you ever had any pressure or heaviness in your chest?

96 1 ☐ yes

2 ☐ no ↓

75. Where do you get this pain or discomfort? (Mark the place or places with an "X" on the diagram.)



DO NOT USE

102 1 ☐ yes 2 ☐ no

103 1 ☐ yes 2 ☐ no

104 1 ☐ yes 2 ☐ no

76. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? 105 1 ☐ yes 2 ☐ no

77. Do you get a pain in either leg on walking?

ROSEIC60

106 1 ☐ yes → 78. Does this pain ever begin when you are standing still or sitting? 107 1 ☐ yes 2 ☐ no

79. Do you get this pain in your calf? (or calves?) 108 1 ☐ yes 2 ☐ no

80. Do you get it when you walk uphill or hurry? 109 1 ☐ yes 2 ☐ no

81. Do you get it when you walk at an ordinary pace on the level? 110 1 ☐ yes 2 ☐ no

82. Does the pain ever disappear while you are still walking? 111 1 ☐ yes 2 ☐ no

83. What do you do if you get it when you are walking?

112 1 ☐ stop 2 ☐ slow down 3 ☐ continue at same pace

84. What happens to it if you stand still?

113 1 ☐ usually continues more than 10 min. 2 ☐ usually disappears in 10 min. or less

2 ☐ no ↓

Continue with question 85.

PLEASE ANSWER THE FOLLOWING QUESTIONS AS DIRECTED

85. In the past 12 months, have you had any sudden feeling of numbness, tingling or loss of feeling in either arm, hand, leg, foot or face?

114 1 ☐ yes → 2 ☐ no

NDNUMB60

86. How many attacks of such numbness or tingling have you had? (Check one)

115 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

87. How long did the attack(s) usually last? (Check one)

116 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours 4 ☐ from 6 to 24 hours 5 ☐ more than a day

88. Did you see a doctor for the numbness or tingling? 117 1 ☐ yes 2 ☐ no

89. During the past 12 months, have you had any sudden attacks of paralysis or loss of use of either arm, hand, leg or foot?

118 1 ☐ yes → 2 ☐ no

NDPARL60

90. How many attacks of such paralysis have you had? (Check one)

119 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

91. How long did the attack(s) usually last? (Check one)

120 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours 4 ☐ from 6 to 24 hours 5 ☐ more than a day

92. Did you see a doctor for this paralysis? 121 1 ☐ yes 2 ☐ no

93. In the past 12 months, have you had any sudden loss of eyesight or blurring of vision for a short period of time?

122 1 ☐ yes → 2 ☐ no

NDANOP60

94. What part of your vision was affected? (Check one)

123 1 ☐ right eye 2 ☐ left eye 3 ☐ both eyes 4 ☐ vision to the right side 5 ☐ vision to the left side

95. How many attacks of loss of eyesight or blurring of vision have you had? (Check one)

124 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

96. How long did the attack(s) usually last? (Check one)

125 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours 4 ☐ from 6 to 24 hours 5 ☐ more than a day

97. Did you see a doctor for this vision problem? 126 1 ☐ yes 2 ☐ no

98. In the past 12 months, have you had any sudden attacks of changes in speech, loss of speech or inability to say words for more than two minutes?

127 1 ☐ yes → 2 ☐ no

NDDYSP60

99. How many attacks of loss of speech have you had? (Check one)

128 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

100. How long did the attack(s) usually last? (Check one)

129 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours 4 ☐ from 6 to 24 hours 5 ☐ more than a day

101. Did you see a doctor for your speech problem? 130 1 ☐ yes 2 ☐ no

Continue with question 102.

102. During the past 12 months, have you had any spells of dizziness, difficulty in walking, lightheadedness or loss of balance? Check yes or no for each condition to indicate whether an attack occurred or not.

	Yes	No
Dizziness	131 1 ☐	2 ☐
Spinning sensation (vertigo)	132 1 ☐	2 ☐
Loss of balance	133 1 ☐	2 ☐
Difficulty walking	134 1 ☐	2 ☐
Blackouts or fainting	135 1 ☐	2 ☐

103. Is "yes" checked one or more times in question 101?

136 1 ☐ yes → 104. About how many total attacks of all conditions checked do you think you have had in the past 12 months? (Check one)

137 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

105. How long did attack(s) usually last? (Check one)

138 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours 4 ☐ from 6 to 24 hours 5 ☐ more than a day

106. Did you see a doctor for any of these spells? 139 1 ☐ yes 2 ☐ no

2 ☐ no

NDATAX60

NDALL60

107. Have you ever had a vasectomy?

140 1 ☐ yes → 108. What was the date of your surgery? Month Year

141 ☐☐ ☐☐

Continue with Part II.

2 ☐ no

Continue with Part II.

CC USE

1☐

145

SKIP 146-END

PART II – NUTRITION

Please answer the following questions concerning the meals you eat and your usual pattern of drinking alcoholic beverages.

1. Are you presently employed?

25 1 ☐ yes → 2 ☐ no

2. Which answer best describes the total number of meals you usually eat on a typical work day? (Check one)

26 1 ☐ 1 meal a day 2 ☐ 2 meals a day 3 ☐ 3 meals a day 4 ☐ 4 or more meals a day

3. Which answer best describes the total number of meals you usually eat away from home on a typical work day? (Check one)

27 1 ☐ 0 meals away from home 2 ☐ 1 meal away from home 3 ☐ 2 meals away from home 4 ☐ 3 or more meals away from home

4. Which answer best describes the total number of meals you usually eat on a typical non-work day? (Check one)

28 1 ☐ 1 meal a day 2 ☐ 2 meals a day 3 ☐ 3 meals a day 4 ☐ 4 or more meals a day

5. Which answer best describes the total number of meals you usually eat away from home on a typical non-work day? (Check one)

29 1 ☐ 0 meals away from home 2 ☐ 1 meal away from home 3 ☐ 2 meals away from home 4 ☐ 3 or more meals away from home

6. When you go to work do you usually carry a lunch prepared at home?

30 1 ☐ yes → 7. If yes, how long have you been carrying a lunch? (Check one)
31 1 ☐ less than 1 year 2 ☐ 1-2 years 3 ☐ more than 2 years

2 ☐ no

Continue with question 8.

8. Which answer best describes the total number of meals you eat out (e.g. meals purchased at a restaurant, cafeteria, snack bar, delicatessen, vending machine, drive-in or take-out food store) in a typical week? (Check one)

32 1 ☐ 0 meals 2 ☐ 1-3 meals 3 ☐ 4-6 meals 4 ☐ 7-9 meals 5 ☐ 10-12 meals 6 ☐ 13 or more meals

9. Would you consider your answer to question 8 above a change from a year ago of the number of meals you ate out?

33 1 ☐ yes → 10. If yes, how much of a change? (Check one)
34 1 ☐ eat out less often 2 ☐ eat out more often

2 ☐ no

11. Do you drink wine, beer, whiskey or liquor (cocktails, gin, vodka, scotch, bourbon, rum, etc.)?

DRKALC60 35 1 ☐ yes → 12. Which answer best describes how often you drink wine, beer, whiskey or liquor? (Check one)
36 1 ☐ less than once per week 2 ☐ 1 to 2 times a week 3 ☐ 3 to 4 times a week 4 ☐ nearly every day 5 ☐ every day

OFTALC60

13. When you drink alcoholic beverages, how many do you usually drink in a day?

37 [ ][ ] number of drinks per day ALCD60

14. On how many weekdays (Monday, Tuesday, Wednesday and Thursday) do you usually drink alcoholic beverages?

39 1 ☐ 0 days → **Continue with question 16.**

2 ☐ 1 day
3 ☐ 2 days
4 ☐ 3 days
5 ☐ 4 days

15. When you drink on a weekday, how many drinks do you usually drink in a day?

40 [ ][ ] number of drinks per day

2 ☐ no

DRINKS60

16. On how many days of a weekend (Friday, Saturday and Sunday) do you usually drink alcoholic beverages?

42 1 ☐ 0 days → **Continue with Part III.**

2 ☐ 1 day
3 ☐ 2 days
4 ☐ 3 days

17. When you drink on a weekend, how many drinks do you usually drink in a day?

43 [ ][ ] number of drinks per day

Continue with Part III

Continue with Part III

PART III – EVENTS DURING THE PAST YEAR

Read down the list of events and put a ✓ after any event which you have experienced within the past 12 months.

Events Concerning Your Health

Within the past 12 months, have you experienced:

1. A physical illness or injury which kept you in bed for a week or more, or sent you to the hospital? 45 1 ☐
2. Worries about physical symptoms which the doctor couldn't explain? 46 1 ☐
3. Mental illness or problems that required hospitalization? 47 1 ☐
4. The realization that you are an alcoholic or a drug addict? 48 1 ☐
5. A major change in eating, sleeping, or smoking habits? 49 1 ☐
6. A change in your physical appearance such as the development of scars, major weight change, or limp? 50 1 ☐
7. Not being able to do things you used to because of age? 51 1 ☐
8. A change in your usual level of physical activity? 52 1 ☐

Events Concerning You and Your Work

Within the past 12 months, have you experienced:

9. Success and/or awards at work? 53 1 ☐
10. A change to a new type of work? 54 1 ☐
11. More responsibilities? 55 1 ☐
12. Fewer responsibilities? 56 1 ☐
13. A promotion? 57 1 ☐
14. A demotion? 58 1 ☐
15. A transfer? 59 1 ☐
16. More hours? 60 1 ☐
17. Fewer hours? 61 1 ☐
18. A major career decision? 62 1 ☐
19. Going into business for yourself? 63 1 ☐
20. Major reorganization of your business? 64 1 ☐
21. A business failure? 65 1 ☐
22. Personal troubles with your boss, fellow workers, or people working under your supervision? 66 1 ☐
23. Not being able to work because of a disability? 67 1 ☐
24. Being fired or laid off work? 68 1 ☐
25. Quitting your job? 69 1 ☐
26. Problems getting a new job? 70 1 ☐
27. Retirement from work? 71 1 ☐
28. Becoming more involved in creative hobbies or sports? 72 1 ☐

Events Concerning Your Feelings and Thoughts

Within the past 12 months, have you experienced:

29. Feelings of being overwhelmed by difficult life situations? 73 1 ☐
30. The realization that you will never attain an important goal? 74 1 ☐
31. More thoughts about dying than usual? 75 1 ☐
32. Planning a suicide? 76 1 ☐
33. Unpleasant thoughts or images which keep coming back? 77 1 ☐
34. Feeling confused for over 3 days? 78 1 ☐
35. Feeling very angry, nervous, or sad for over 3 days? 79 1 ☐
36. Feeling worried about financial security? 80 1 ☐
37. Feelings of intense loneliness? 81 1 ☐
38. Feelings of being intensely disliked by someone? 82 1 ☐
39. Feelings of being uninvolved, distant from others, or very shy? 83 1 ☐

Events Concerning Your Marriage

Within the last 12 months, have you experienced:

40. Getting married? 84 1 ☐
41. In-law problems? 85 1 ☐
42. Separation from your wife because of marital problems? 86 1 ☐
43. Starting to live with your wife again after having been separated? 87 1 ☐
44. Problems because of your wife's health? 88 1 ☐
45. Getting divorced? 89 1 ☐

Events Concerning You and Your Children

Within the last 12 months, have you experienced:

46. Serious concern over your child's health? 90 1 ☐
47. Having your child doing very poorly in school? 91 1 ☐
48. Being persistently disobeyed by your child? 92 1 ☐
49. Having your child run away or get into serious trouble? 93 1 ☐
50. Intense arguments or disagreements with an older child? 94 1 ☐
51. Loss of contact with, or separation on bad terms from your child? 95 1 ☐

Events Concerning You and Others Not of Your Family

Within the last 12 months, have you experienced:

52. Doing something that caused another person's injury? 96 1 ☐
53. A "falling-out" of a close friendship? 97 1 ☐
54. Discrimination because of your race, age, religion, or appearance? 98 1 ☐
55. Fewer social activities than before? 99 1 ☐

Other Important Events

Within the last 12 months, have you experienced:

56. A change in where you live? 100 1 ☐
57. Involvement in a law suit (other than divorce) or a court appearance on a serious charge? 101 1 ☐
58. Serious or persistent financial difficulties? 102 1 ☐
59. Giving up a hobby or sport? 103 1 ☐
60. Being the victim of a crime such as assault or burglary? 104 1 ☐
61. An accident (automobile, at work, home, etc.)? 105 1 ☐
62. A vacation? 106 1 ☐

SKIP
107-END