

The Structured Event Probe and Narrative Rating Method for Measuring Stressful Life Events

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AS BARBARA DOHRENWEND AND HER COLLEAGUES pointed out in their chapter in the previous edition of this book (B.S. Dohrenwend, Krasnoff, Askenasy, & Dohrenwend, 1982), clinical interest in stressful life events can be traced back to the 1930s, when Adolf Meyer and his colleagues advocated the use of the life chart in medical diagnosis. The events to be recorded in the life chart were described as follows: "the changes of habitat; of school entrance, graduations or changes, or failures; the various 'jobs'; the dates of possible important births and deaths in the family; and other *fundamentally important environmental incidents*" (Meyer, 1951:53, italics added).

For investigators such as Holmes and Rahe (1967), who were most immediately influenced by Meyer in developing more explicit measures of life events for research purposes, the importance of events was conceptualized in terms of the amount of change and readjustment that the events were likely to bring about. Similarly, Barbara Dohrenwend and her colleagues defined stressful life events as "objective occurrences of sufficient magnitude to bring about changes in the usual activities of most individuals who experience them" (B.S. Dohrenwend, et al., 1982:336). As interest in research on life events and their effects increased, a number of very different definitions of stressful events were put forth that relied on the meaning of the events to the particular individuals who experience them rather than the changes they required as the core dimension for assessing the importance of events (e.g., Brown & Harris, 1978; Cohen, Kamark, & Mermelstein, 1983; Kanner, Coyne, Schaefer, & Lazarus, 1981; Rahe, 1981). For some investigators (e.g., Lazarus & DeLongis, 1983), even events requiring little or no change for most persons could have large personal meaning and hence important implications for the role of stress in health outcomes. This latter ap-

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proach involves a major shift, with more emphasis on the role of the person than on the role of the environment in stressful person-environment interactions.

Over the past twenty-five years, stressful life events, conceptualized and measured in different ways, have been shown to be related to a wide variety of physical and mental disorders (e.g., Brown & Harris, 1989; B. S. Dohrenwend & Dohrenwend, 1974, 1983; Lazarus & DeLongis, 1983). There is controversy, however, about the magnitude and interpretation of these relationships. Many reviewers have concluded that life events show only a small relationship with adverse health outcomes (e.g., Cohen & Wills, 1985; Rabkin & Struening, 1976). Others have pointed to problems in interpretation of some reports of substantial relationships because the measures of life events have been confounded with the measures of physical and mental health outcomes (e.g., B. S. Dohrenwend, Dohrenwend, Dodson, & Shrout, 1984; Schroeder & Costa, 1984). For example, the widely used checklist measure of events developed by Holmes and Rahe (1967) includes as events "changes in sleeping habits" and "sexual difficulties," phenomena that could be symptoms of physical or mental disorders. More problems involve questions about the types of specific events people think of when presented with event categories (B. S. Dohrenwend, et al., 1982) and whether the sources of some events, such as divorce and loss of job, are a function of a person's personality and behavior or environmental adversity (e.g., B. P. Dohrenwend, 1974; Rutter, 1986). Such ambiguities in the measures used lead to confusion about the meaning of relationships between life events and health outcomes and consequently about their implications for preventive or ameliorative actions.

This chapter reports steps we have taken to address these problems as they arise in the context of a particular theoretical orientation to studying the role of life stress processes in adverse health outcomes. We first consider previous approaches to measuring life events to illustrate further the nature of the problem. We next describe the theoretical approach that places life events in the context of a broader set of personal and situational variables that are likely to be important in stress processes affecting health. We then discuss the development of a method of measuring life events within this framework. While more needs to be done to establish the reliability and validity of this approach, we feel that the work is far enough along to present the method publicly.

PREVIOUS APPROACHES TO MEASURING LIFE EVENTS

The earliest, best known, and most widely used approach to measuring life events is that developed by Holmes and Rahe (1967), mentioned earlier. They devised a list of event categories such as "marriage," "birth of a child," "divorce," and "death of spouse" on the basis of a study of types of events reported by more than 5,000 medical patients to have occurred close to the time of disease onset. To provide an objective measure of the relative magnitude of the event categories on their list, Holmes and Rahe asked volunteer raters to assign scores to each event category in terms of the amount of readjustment they thought would be required by events in each category. Since then, a host of life event lists using this or similar scoring procedures has been developed, including the Psychiatric Epidemiology Research Interview (PERI) Life Events Scale (B. S. Dohrenwend, Krasnoff, Askenasy, & Dohrenwend, 1982). The measures resulting from this general checklist approach are convenient to use, with simple instructions and formats that facilitate comparable administration across studies. However, studies using such checklists tend to find relationships of low magnitude between events and health problems (e.g., Rabkin & Struening, 1976).

Most of the existing studies of life events and health outcomes have assessed stressful events using one or another of these event category checklist approaches. One of the reasons for their low correlations with health outcomes may be the large amount of measurement error inherent in checklists. The difficulty stems from what we call the problem of *intracategory variability*; that is, the kinds of events included in a given category vary greatly. One indication of the problem can be found in the great variability in raters' estimates of the amount of change and readjustment required by events in each event category (B. S. Dohrenwend, et al., 1982). Such variability suggests that the raters were thinking of very different types of occurrences when assigning magnitude scores to checklist items. Indeed, as we showed in a previous study, the actual events reported by respondents within particular checklist categories were highly variable. We asked respondents who checked a particular item on the list to describe the actual event and the resulting changes (B. P. Dohrenwend, Link, Kern, Shrout, & Markowitz, 1990; Raphael, Cloitre, & Dohrenwend, 1991). When we examined the respondents' descriptions of what actually occurred, we found that the amount of change attributed to events within checklist categories was often as great as changes between categories. For example, some "deaths of close friends" turned out to involve long-absent, childhood friends to whom the respondents were no longer close; "serious" illness and injury events ranged from episodes of flu and sprained arms to serious heart attacks.

Some investigators have tried to deal with the problem of intracategory variability by using respondents' own assessments of the magnitude of events (e.g., Cohen, Kamark, & Mermelstein, 1983; Rahe, 1983). This approach is based on a different conception of what is important about events, and it involves a change from objective to subjective scoring. While such scoring is likely to improve the association between the events and the outcome, it is also likely to confound the measurement of stress, the independent variable, with the measurement of health outcomes, the dependent variables, especially if these outcomes include subjective distress and psychiatric disorder (e.g., Grant, Gerst, & Yager, 1976; Schles, Schwartz, Goetz, & Mendels, 1974; Theorell, 1974).

The dominant alternative approach in life event measurement to both objectively scored and subjectively scored checklists has been developed by George Brown and colleagues (1974, 1981; Brown & Harris, 1978). This approach is designed to deal with both the problem of intracategory variability in objective scoring of checklist categories and the problem of confounding in subjective scoring. Semistructured interviews are conducted to elicit a detailed description of each life event. Raters then evaluate the likely meaning of an event for an individual by assessing its place within the respondent's personal history and current situation—what Brown and Harris (1978) refer to as "the person's biographically determined circumstances" (p. 90). The measures and ratings are explicitly normative—i.e., what most persons in this particular biographical set of circumstances would experience—so that the life event measure is not confounded with distress-laden health outcomes in retrospective studies. Brown and his colleagues have demonstrated the reliability of their ratings and have trained others to replicate them (Tennant, Smith, Bebbington, & Hurry, 1979). Brown and his colleagues report strong relationships between life events thus measured and a variety of mental and physical health outcomes (Brown & Harris, 1989).

Criticism of Brown's method has focused on the most important measure it has produced—contextual threat. While his sternest critics agree that, in general, his approach is preferable to the events checklist method (Tennant, Bebbington, & Hurry, 1981:387), they point to the following central problem:

Brown and Harris' recent work (1978) combines events with other antecedent variables. . . . The contextual rating of an event is based on social data which also serve as 'independent' antecedent

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variables. Thus, employment status, the number of children at home and the nature of the relationship with spouse or lover are used to define the degree of threat and to serve as vulnerability factors. This procedure would tend to produce an association between life events and other antecedent variables which would not be empirical and thus overestimate the causal role of life events in illness. (Tennant, Bebbington, & Hurry, 1981:380).

Thus, Brown's approach implicitly collapses situational and personal variables that may be important risk factors into the single life event measure of contextual threat. The resulting ambiguity is an obstacle to understanding the relationship between life events and disorders as distinct from other aspects of the stress process (such as personal characteristics and ongoing situations). The reason is that there is no way to tell which of the components of information that go into the global threat rating account for a particular association.

THE STRUCTURED EVENT PROBE AND NARRATIVE RATING METHOD

We have also been developing a new approach to measuring life events that attempts to address these serious problems with previous widely used methods. Since our approach derives from our conceptualization of the nature of life stress processes in relation to adverse health outcomes, we first discuss our theoretical framework and then turn to the method.

Theoretical Framework

We conceive of life stress processes as consisting of three main structural components (B.S. Dohrenwend & Dohrenwend, 1981). The first is the stimulus component of life events, ranging from extreme situations such as man-made or natural disasters to more usual events such as marriage, the birth of a child, divorce, and job loss.

The second component is the ongoing social situation that existed before the occurrence of the life event(s) and that is likely to both affect and be affected by the occurrence of the life event(s). The ongoing situation includes such factors as the individual's occupational circumstances, domestic arrangements, and social network.

The third component consists of the personal characteristics or disposition of the individual exposed to the life event. Such characteristics may also affect and/or be affected by the occurrence of life event(s). These characteristics involve such factors as the individual's genetic vulnerabilities, past experiences with episodes of physical illnesses, psychiatric disorders, other major life events, and personality characteristics that are likely to be related to his or her ability to cope with the events and changing situation.

Figure 11-1 portrays how these components may be related to one another as they affect adaptation and health (B. P. Dohrenwend & Dohrenwend, 1980:187). We believe that relations among these components of the life stress process hold the strongest clues as to whether, to what extent, and how environmental stress induces adverse health changes. Standard, well-validated measures are not easy to secure for any of these components and all of them require conceptual and methodological development. We focus here on life events, the trigger component that sets changes in the other two components or their relations to each other in motion.

Based on analyses of stress experiments with animals and the literature on extreme

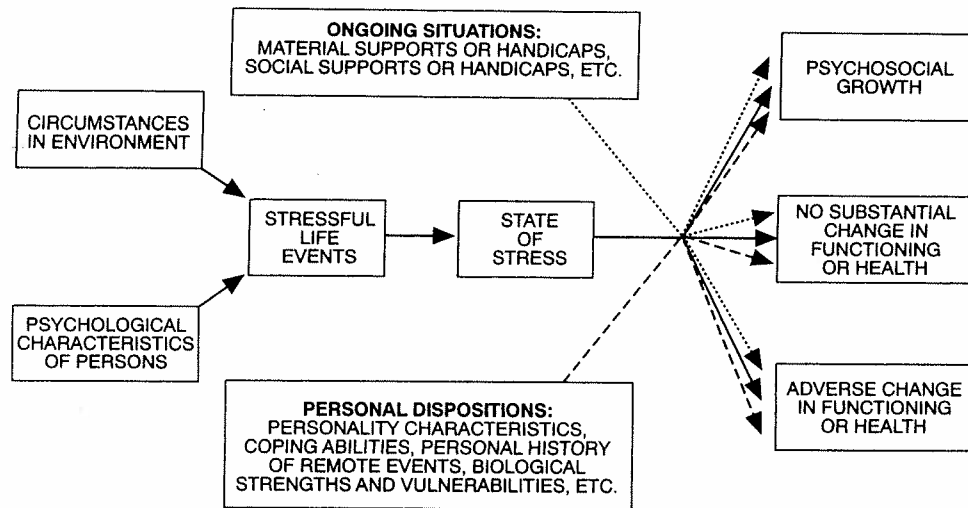


FIGURE 11-1. Components of the life stress process (adapted from B. P. Dohrenwend & Dohrenwend, 1980).

situations faced by humans (especially prolonged exposure to combat, prisoner of war experiences, and incarceration in concentration camps), we have extracted what we believe are the most important objective stress-inducing properties of a life event: (1) the event's negative valence (undesirable rather than desirable; representing loss rather than gain); (2) its fatefulness—that is, the extent to which the occurrence of a negative event is outside the control of the individual (the less control over the occurrence, the more stressful) and independent of his or her behavior; (3) the extent to which the event is life-threatening; (4) the magnitude of change in usual activities that is likely to be brought about for an average person experiencing the event; and (5) whether the change is likely to be physically exhausting (B. P. Dohrenwend, 1979; B. P. Dohrenwend & Dohrenwend, 1969; B. P. Dohrenwend & Dohrenwend, 1980; B. S. Dohrenwend & B. P. Dohrenwend, 1983).

Note that in setting forth these objective characteristics of events we are not suggesting that meaning in general and subjective appraisals in particular are unimportant. These elements are central to investigating the nature of coping with objective events and are likely to be affected both by the objective nature of the events and the ongoing situation and the personality characteristics of respondents. They are likely to be related, for example, to the actual (as opposed to normative) amount of negative change experienced, to actual physical exhaustion, and ultimately, to individual differences in health outcome. Meaning and subjective appraisal provide important information about the processes by which the objective components of life stress are related to one another in determining health outcomes.

Introduction to the Interview and Rating Procedure

Our Structured Event Probe and Narrative Rating, or SEPRATE, method of life events measurement attempts to reduce the problem of intracategory variability in assessing important characteristics of the events without confounding the events with health outcomes

and without compromising the separate and distinct measurement of each of the above components of life stress processes. In common with Brown and Harris's approach, event narratives are used to increase precision, but distinct from that approach, consideration of stressful characteristics of the ongoing situation and the nature of personal dispositions are excluded in ratings of stress-inducing event characteristics. Moreover, magnitude is conceived of as normative change rather than contextual threat.

SEPRATE entails both interview (see Appendix 11-1) and rating (see Appendix 11-2) components. The interview includes an events checklist and probes to obtain detailed information on the number, dates, and types of events experienced by each respondent. Emphasis is placed on obtaining a descriptive narrative about what led to the occurrence of each event and what took place when the event occurred. The interviewer is instructed to use different probes for different checklist events. For example, if a respondent indicates on the checklist that he or she "broke up with a friend," the interviewer then asks: "Can you tell me what led up to it?" "How was it decided/was it your decision/did you want it?" "Has it ever happened before (with that friend)?" If a respondent reports on the checklist that he or she "returned to work after not working for a long time," the interviewer asks: "What was the cause? Could you tell me about it?" "What were you doing before?" "How long as it been since this took place?" "How was it decided?" "Was it your decision?" "Did you want it?" Our explicit inclusion of structured probes is intended to systematize the types and amounts of information collected in the event narratives and, thereby, reduce variability caused by interviewer skills.

Event descriptions are then abstracted from the interview material and rated by two or more judges (other than the persons who conducted the interview) on the dimensions of theoretical interest, as shown in Appendix 11-2. Some of the ratings are *normative ratings*—that is, judges are asked to rate how "most people" (or the "average person") would experience or respond to the situation as presented in the event description. By rating how much change in usual activities most people would experience following the event described, we avoid confounding this measure of the objective magnitude with the coping ability of the respondent, which could affect the change he or she undergoes. Other ratings are particular to the respondent. For example, in rating a respondent's likely influence on or control over the event's occurrence, we need to consider details of what the respondent and others did that led up to or triggered the event because it is the origin or source of the event that is at issue.

In making these ratings, judges are kept blind to information about other components in the life stress process by carefully stripping such information from the event descriptions to be rated. For example, material indicating respondents' social and personal characteristics (e.g., socioeconomic status, ethnic background), outcome status (e.g., case or control), and emotional response to (as opposed to actions leading up to) the event are removed from event descriptions insofar as possible. In addition, judges are admonished to ignore any remaining material pertaining to respondents' actual responses to the event that may indicate poor (or good) coping. In this way, we attempt to avoid the problem of confounding antecedent and other concurrent psychosocial factors and consequent health outcome variables with measures of life event characteristics.

Respondents' subjective appraisals of events are also separately elicited and quantified during the interview (see Appendix 11-1). By and large, the questions about respondent appraisals tap the same dimensions as those rated by judges. Respondent appraisals, however, are not revealed to judges and are analyzed separately.

Two Studies Involved in Developing and Investigating the SEPRATE Method

Some variant of this general method of life events measurement, and the conceptualization on which it is based, was used in (and evolved from) two substantive studies of the relationship between stress and adverse health outcomes. The two studies differ in some of the questions addressed, in the nature of some of the health outcomes investigated, and in details of the method used. Each has at its core, however, a focus on the three sets of life stress variables described previously and portrayed in Figure 11-1 (recent life events, the ongoing situation, and personal dispositions), and each uses a variant of the general method described above.

The first is a case/control study in New York City of 98 patients with recent episodes of major depression, 65 patients with recent episodes of nonaffective psychotic disorders, and 404 controls sampled from the general population (hereafter, the New York Risk Factor Study). Both cases and controls were drawn from populations with diverse socioeconomic and ethnic backgrounds, including substantial proportions of blacks and Hispanics as well as non-Hispanic whites (B. P. Dohrenwend, Shrout, Link, Martin, & Skodol, 1986; Shrout, Link, Dohrenwend, Skodol, Stueve, & Mirotznic, 1989).

The second study was also a case/control study, with both longitudinal and retrospective components. It examined 151 white female patients suffering from a myofascial pain disorder and 139 controls (hereafter, the Pain Study) (Marbach, Lennon, & Dohrenwend, 1988).

The New York Risk Factor Study is the earlier. As such, its procedure was less developed. In this study, respondents were first given an event checklist, and then asked to describe what happened at the time selected negative events had occurred. The initial purpose of asking for more detail about each event was mainly to help the cases recall the dates of the events so that the temporal relation between event occurrences and the onset of psychotic or depressive episodes could be clearly established. Over 2,500 events were probed in this fashion. When the event descriptions were reviewed, the extent to which intracategory variability plagues the checklist approach became evident (B. P. Dohrenwend, Link, Kern, Shrout, & Markowitz, 1990). Very diverse event descriptions were included in the same, supposedly homogeneous, categories on the life events checklist, which was developed in earlier research (B. S. Dohrenwend, Krasnoff, Askenasy, & Dohrenwend, 1982). Such measurement error would decrease the magnitude of the relationship between events and outcomes. This discovery led to investigation of the intracategory variability problem and to development and initial testing of the SEPRATE method described previously. Using the descriptive information about each event, a reliable rating procedure was developed to measure the important event characteristics of valence, independence, fatefulness, magnitude of change, and life-threatening quality (B. P. Dohrenwend, Link, et al., 1990). It was subsequently possible to show that the resulting approach increased measurement precision. In this investigation, supposedly fateful and disruptive checklist events such as "laid-off" and "death of close friend" were re-evaluated on the basis of the narratives provided by the respondents about what actually occurred. The odds ratios for the re-rated fateful events proved to be almost twice as high as the odds ratios for the checklist measure in this case/control study of depression (Shrout, Link, Dohrenwend, Skodol, Stueve, & Mirotznic, 1989). The problems and questions that arose in making the ratings were also used to improve our method for eliciting information from respondents about the nature of the events.

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These improved interview and rating procedures were incorporated into the Pain Study. In this investigation, ten monthly telephone interviews using an events checklist were combined with a retrospective interview at the end of the study using the SEPRATE technique. Relevant portions of this detailed, final interview about life events and related variables are included in the Appendixes. Note especially the set of nineteen probes that are keyed to each event category as well as the detailed probes about changes respondents experienced following events (see Appendix 11-1).

The design of the Pain Study permitted examination of two sets of issues regarding life events measurements. First, it was possible to investigate some aspects of the construct validity of our approach to rating life event characteristics. Specifically, we were able to investigate how the normative change ratings made by judges (blind to respondent appraisals) related to the amount of change reported by each respondent. Unlike controls, pain cases' subjective ratings of negative changes following events significantly exceeded the normative ratings of negative change assigned by the SEPRATE judges. This finding suggests maladaptive coping with the event on the part of the pain cases (Lennon, Dohrenwend, Zautra, & Marbach, 1990).

Second, the longitudinal component of the Pain Study made it possible to investigate further the limitations of the more usual checklist approaches and to compare these approaches with the SEPRATE method (Raphael, Cloitre, & Dohrenwend, 1991). Reports of life events for the preceding month at each of ten monthly interviews (hereafter concurrent reports) were compared to reports for the same ten-month period recalled at its end (hereafter retrospective reports). Analyses revealed problems of inaccuracy inherent in checklists and their inconsistent use by respondents that exacerbate problems of event recall. For example, nearly half the time that an event was reported retrospectively but not concurrently, and more than ten percent of the time that an event was reported concurrently but not retrospectively, it was evident that respondents were referring to the same event in a different event category. In addition, we found that the fall-off in number of events reported as the referenced time period increased was not related to the checklist-based magnitude of change scores, but was related to magnitude scores based on our newer SEPRATE method. In other words, large magnitude events were recalled over a longer period of time than smaller magnitude events only when the definition of magnitude was based on SEPRATE ratings. Given the reasonable assumption that larger events should be recalled more accurately than smaller ones, these findings indicate greater validity of ratings based on the structured probe method than those based on normative checklist methods.

NEXT STEPS

While some tests bearing on the reliability and construct validity of the SEPRATE method have already been conducted and mentioned in the proceeding section, more should be done. For example, interviewers used in the two studies described previously have had graduate degrees or have been studying for graduate degrees in the health professions. We have not investigated systematically the ability of different types of interviewers with different levels of formal education to elicit adequately detailed event narratives from the same respondents. We believe that the best training for an interviewer is not only to conduct supervised interviews with respondents but also to make the required ratings of narratives provided by other interviewers. In this way, the prospective interviewer can see where and how adequate information has been provided, or has failed to be provided, by a fellow inter-

viewer. However, we have not tested this supposition to verify that interviewers who are also trained as raters elicit the most adequate event narratives.

Tests in the New York Risk Factor Study suggest that inter-rater reliability was good among the developers of the method (Shrout, et al., 1989). However, the SEPRATE approach to life event measurement has been, to the best of our knowledge, used almost exclusively by the researchers at Columbia University who have developed the method. Reliability still needs to be established with different raters in other studies, and tests of validity need to be conducted for types of disorders other than depression and with types of events other than fateful ones. It will be especially important to secure accounts from at least one other informant to cross-check and supplement the reports of the respondents. It will also be important to investigate the effects of rater characteristics. Can raters reliably assess events experienced by groups whose sociocultural backgrounds are vastly different from their own?

We have focused on a limited set of event characteristics to be rated. While we think these characteristics are basic, it is likely that other investigators will want to add other ratings, which will probably vary with the different theoretical and subject interests of the researchers. Meanwhile, to increase the usefulness of the method in its present form, we have tried to make the approach more explicit in the attached appendixes. SEPRATE's use by others, as well as ourselves, should improve substantive research and speed its development.

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APPENDIX 11-1
SEPRATE Interview

Now I'll ask you about experiences that people have.

Some of these things happen to most people at one time or another, while some of these things happen to only a few people.

I'll ask you about experiences that you have had since (_____
MONTH/YEAR).

The first questions are about *schooling*.

CARD —Please use card _____ to help with the choices.

1. Since _____
MONTH/YEAR did either of these things happen to you?

(CIRCLE PROPER CODE...FOR EACH "YES" CIRCLED DO FOLLOW UP PROBE WHEN ALL LIFE EVENTS ARE COMPLETED.)

YES

	R	No
A. Started school or a training program after not going to school for a long time.....	1	9
B. Graduated from school or training program	1	9
C. Was unable to enter school or training program	1	9
D. Was unable to stay in school or training program	1	9

Were there any other things about school that happened to you since _____ that we haven't talked about yet or that you just remembered?

Here are some things about work.

2. Since _____
MONTH/YEAR, did either of these things happen *to you or to your (Spouse/Mate)*.

By spouse/mate we mean anyone with whom you lived during the past year whether or not you're presently living with them.

	YES R	YES Spouse or Mate	No
A. Started work for the first time.....	1	2	9
B. Returned to work after not working for a long time	1	2	9
C. Changed jobs for a better one.....	1	2	9
D. Changed jobs for a worse one.....	1	2	9
E. Had trouble with a boss.....	1	2	9
F. Did not get an expected wage or salary increase.....	1	2	9
G. Demoted at work.....	1	2	9
H. Took a cut in wage or salary without a demotion	1	2	9
I. Found out that was not going to be promoted at work.....	1	2	9
J. Promoted.....	1	2	9
K. Got a substantial increase in wage or salary without a promotion.....	1	2	9
L. Had significant or important success in work	1	2	9
M. Laid off.....	1	2	9
N. Fired.....	1	2	9
Q. Quit job	1	2	9
P. Started a business or profession.....	1	2	9
Q. Expanded business or professional practice	1	2	9

	YES R	YES Spouse or Mate	No
R. Suffered a business loss or failure	1	2	9
S. Sharply reduced work load	1	2	9
T. Retired	1	2	9
U. Stopped working, not retirement, for an extended period.....	1	2	9

Were there any other things about work that happened *to you* or *to your (Spouse/Mate)* since _____ that we haven't talked about yet or that you just remembered?

Here are some things about *love and marriage*.

3. Since _____ MONTH/YEAR, did either of these things happen *to you* or *to (any of) your child(ren)*?

	Yes R	Yes Child(ren)	No
A. Became engaged	1	3	9
B. Engagement was broken.....	1	3	9
C. Married	1	3	9
D. Started a love affair	1	3	9
E. Relations with spouse/mate changed for the worse, without separation or divorce	1	3	9
F. Married couple separated	1	3	9
G. Divorce	1	3	9
H. Relations with spouse/mate changed for the better	1	3	9
I. R—Engaged in marital infidelity.....	1	3	9
J. Spouse/mate engaged in marital infidelity.....	1	3	9
K. Spouse/mate died	1	3	9
L. Married couple got together again after separation	1	3	9
M. Ended a love affair	1	3	9

Were there any other things involving love and marriage that happened *to you* or *to (any of) your child(ren)* since _____ that we haven't talked about yet or that you just remembered?

Here are some events related to having *children*.

4. Since _____ MONTH/YEAR, did any of these things happen *to you*, *to your (spouse/mate)*, (or *to (any of) your child(ren)*)?

	YES R	YES Spouse or Mate	YES Child(ren)	No
A. Birth of a first child	1	X	3	9
B. Became pregnant	1	2	3	9
C. Birth of a child after the first	1	X	3	9
D. Abortion.....	1	2	3	9
E. Miscarriage or still birth	1	2	3	9
F. Found out that cannot have children.....	1	2	3	9
G. Child died	1	X	3	9
H. Adopted a child	1	X	3	9
I. Started menopause	1	2	X	9

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Were there any other things related to *having children* that happened to you, to your (spouse/mate), or to (any of) your child(ren) since _____ that we haven't talked about yet or that you just remembered?

Here are some events relating to *family matters*.

5. Since _____ MONTH/YEAR, did any of these things happen to you?

	YES	N
	R	No
A. New person moved into the household	1	9
B. Person moved out of the household	1	9
C. Family member other than spouse or child died	1	9

Were there any other things related to *family matters* that happened to you since _____ that we haven't talked about yet or that you just remembered?

Here are some events related to *where you live*.

6. Since _____ MONTH/YEAR, did any of these things happen to you?

	YES	No
	R	
A. Moved to a better residence or neighborhood	1	9
B. Moved to a worse residence or neighborhood	1	9
C. Built a home or had a home built	1	9
D. Lost a home through fire, flood or other disaster	1	9

Were there any other things related to where you live that happened to you since _____ that we haven't talked about yet or that you just remembered?

Here are some things about crime and legal matters.

7. Since _____ MONTH/YEAR, did any of these things happen to you or to a member of your family or to another person who is important to you?

	YES	YES	YES	YES	No
	R	Spouse or Mate	Child(ren)	Important Other(s)	
A. Physically assaulted or attacked	1	2	3	4	9
B. Robbed	1	2	3	4	9
C. Burglarized	1	2	3	4	9
D. Involved in a lawsuit	1	2	3	4	9
E. Accused of something for which a person could be sent to jail	1	2	3	4	9
F. Arrested	1	2	3	4	9
G. Went to jail	1	2	3	4	9
H. Got involved in a court case	1	2	3	4	9
I. Convicted or found guilty of a crime	1	2	3	4	9
J. Acquitted or found innocent of a crime	1	2	3	4	9
K. Released from jail	1	2	3	4	9
L. Didn't get out of jail when expected to	1	2	3	4	9

Were there any other things related to *crime and legal matters* that happened to you, to a member of your family or to another person who is important to you since _____ that we haven't talked about yet or that you just remembered?

Here are some things about money and financial matters.

8. Since _____, did any of these things happen to you or to your (spouse/mate)?

	YES		No
	R	Spouse or Mate	
A. Took out a mortgage.....	1	X	9
B. Started buying a car, furniture or other large purchase on the installment plan.....	1	2	9
C. Repossession of a car, furniture or other items bought on installment plan.....	1	2	9
D. Suffered a financial loss or loss of property not related to work.....	1	2	9
E. Went on welfare.....	1	X	9
F. Went off welfare.....	1	X	9
G. Had a financial improvement not related to work.....	1	2	9

Were there any other things related to *money and financial matters* that happened to you or to your (spouse/mate) since _____ that we haven't talked about yet or that you just remembered?

Here are some events relating to *social life and recreation*.

9. Since our last interview, that is _____, did any of these things happen to you?

	YES		NO	
	R	No	R	No
A. Broke up with a friend.....	1	9	1	9
B. Close friend died.....	1	9	1	9

Were there any other things related to *social life and recreation* that happened to you since _____ that we haven't talked about yet or that you just remembered?

Now some miscellaneous questions.

10. Since our last interview, that is _____, did any of these things happen to you, or to a member of your family, or to another person who is important to you?

	YES		YES		YES		No
	R	Spouse or Mate	Child(ren)	Important Other(s)	Other(s)		
A. Entered the armed services.....	1	2	3	4	4	9	
B. Left the armed services.....	1	2	3	4	4	9	
C. Took a trip other than a vacation trip.....	1	2	3	4	4	9	

Lastly, here are some questions about *health*.

11. Since _____, did any of these things happen to you, to a member of your family, or to another person who is important to you?

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	YES R	YES Spouse or Mate	YES Child(ren)	YES Important Other(s)	No
A. Physical health improved	1	2	3	4	9
B. Serious physical illness started or got worse ...	1	2	3	4	9
C. Serious injury occurred or got worse	1	2	3	4	9
D. Unable to get treatment for a serious illness or injury.....	1	2	3	4	9
E. Serious mental or emotional illness started or got worse.....	1	2	3	4	9

Were there any other things related to health that happened to you, to a member of your family, or to another person who is important to you since _____ that we haven't talked about yet or that you just remembered?

12. Did anything else important happen since _____ that I haven't asked you about?
MONTH/YEAR

Yes (ASK A) 1

No..... 2

A. What was that? (RECORD VERBATIM AND PROBE AS OFTEN AS NECESSARY WITH: Did anything else important happen? RECODE/CORRECT CHECKLIST AS NECESSARY.)

INSTRUCTIONS FOR FILLING OUT LIFE-EVENTS GRID

*FILL IN PARTS OF THE LIFE EVENTS GRID [APPENDIX 1a] AS DESCRIBED BELOW.

- A. TO WHOM EVENT OCCURRED.
- B. EVENT ID #. (LIFE EVENT QUESTION AND ITEM)
- C. EVENT

PROCEED TO LIFE EVENTS TIME GRID IN ORDER TO OBTAIN THE FOLLOWING INFORMATION FROM "R".

- A. THE MONTH IN WHICH EACH REPORTED EVENT OCCURRED.
- B. ORDERING OF ANY EVENTS WHICH OCCURRED IN THE SAME MONTH.

ORDER LIFE EVENTS TO BE PROBED STARTING WITH MOST REMOTE REGARDLESS OF TO WHOM IT OCCURRED, AND ENDING WITH MOST RECENT EVENT. ALL EVENTS ARE INTENSIVELY PROBED. THE PROBES THAT FOLLOW ARE LINKED TO EACH EVENT CATEGORY. THEY ARE INTENDED TO ENCOURAGE THE R TO SUPPLY A NARRATIVE OF THE EVENT THAT IS SUFFICIENTLY RICH IN FACTUAL DETAIL TO EVALUATE THE EVENT'S DESIRABILITY, THE LIKELY MAGNITUDE AND OF CHANGE IN USUAL ACTIVITIES ENGENDERED BY THE EVENT, THE EVENT'S FATEFULNESS, ETC. THE PROBES ARE INTENDED TO BE SUGGESTED PROBES AND SHOULD NEITHER BE CONSIDERED MINIMAL OR MAXIMAL QUESTIONS TO BE ASKED. DEPENDING ON THE SPECIFIC CIRCUMSTANCES OF THE EVENT, ADDITIONAL QUESTIONS MAY BE NECESSARY; SOMETIMES, A RESPONDENT WILL SUPPLY ALL THE NECESSARY INFORMATION IN RESPONSE TO THE FIRST PROBE "COULD YOU TELL ME ABOUT IT?"

*WE HAVE RESPONDENTS COMPLETE ANY SELF-ADMINISTERED QUESTIONNAIRES WHILE THE INTERVIEWER COMPLETES THE LIFE-EVENTS GRID.