

# Survey 12/20

This questionnaire contains a list of 37 events which can happen in the life of the young child. Some of them are good events, some of them are bad, and many may not apply to you.

Please think back over the last 12 months and try to remember if any of these events on this list happened in your family during this time. Please click the appropriate circle if a particular event happened in the past 12 months or the past 3 months. If the event has ever happened in your child's lifetime, even if not within the past year, choose the option "Within your child's lifetime".

For those events that your child has experienced, please indicate how much of an impact this event had on your child by clicking the appropriate circle.

Finally, rate how positive or negative this impact was for your child.

We realize that some of these items are personal in nature. If you do not wish to respond to any of the events, please skip that item.

Birth of a sibling	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Death of grandparent	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Marital separation of parent/guardian[s]	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Loss of job by a parent/guardian	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Move to a new home	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Increase in number of arguments with parent/guardian[s]	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Decrease in number of arguments with parent/guardian[s]	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Change in parent/guardian[s] financial status	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Change of a parent/guardian[s] occupation requiring their increased absence from home	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Outstanding personal achievement by your child	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?

- ☐ Very negative
- ☐ Negative
- ☐ Neutral
- ☐ Positive
- ☐ Very positive

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Serious illness requiring hospitalization of a parent/guardian

- ☐ No
- ☐ Within the last 3 months
- ☐ Within the last 12 months
- ☐ Within your child's lifetime

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Impact

- ☐ None
- ☐ Some
- ☐ A lot
- ☐ A great deal

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How positive or negative was this impact?

- ☐ Very negative
- ☐ Negative
- ☐ Neutral
- ☐ Positive
- ☐ Very positive

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Sibling leaving home

- ☐ No
- ☐ Within the last 3 months
- ☐ Within the last 12 months
- ☐ Within your child's lifetime

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Impact

- ☐ None
- ☐ Some
- ☐ A lot
- ☐ A great deal

---

How positive or negative was this impact?

- ☐ Very negative
- ☐ Negative
- ☐ Neutral
- ☐ Positive
- ☐ Very positive

---

Serious illness requiring hospitalization of a sibling

- ☐ No
- ☐ Within the last 3 months
- ☐ Within the last 12 months
- ☐ Within your child's lifetime

---

Impact

- ☐ None
- ☐ Some
- ☐ A lot
- ☐ A great deal

---

How positive or negative was this impact?

- ☐ Very negative
- ☐ Negative
- ☐ Neutral
- ☐ Positive
- ☐ Very positive

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Parent/guardian returning to outside home work after extended absence

- ☐ No
- ☐ Within the last 3 months
- ☐ Within the last 12 months
- ☐ Within your child's lifetime

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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Change to a new school	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Change in child's acceptance by peers	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Increase in number of arguments between parents/guardians	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Decrease in number of arguments between  
parents/guardians

- ☐ No  
☐ Within the last 3 months  
☐ Within the last 12 months  
☐ Within your child's lifetime

---

Impact

- ☐ None  
☐ Some  
☐ A lot  
☐ A great deal

---

How positive or negative was this impact?

- ☐ Very negative  
☐ Negative  
☐ Neutral  
☐ Positive  
☐ Very positive

---

Serious illness requiring hospitalization of your  
child

- ☐ No  
☐ Within the last 3 months  
☐ Within the last 12 months  
☐ Within your child's lifetime

---

Impact

- ☐ None  
☐ Some  
☐ A lot  
☐ A great deal

---

How positive or negative was this impact?

- ☐ Very negative  
☐ Negative  
☐ Neutral  
☐ Positive  
☐ Very positive

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Death of a close friend of your child

- ☐ No  
☐ Within the last 3 months  
☐ Within the last 12 months  
☐ Within your child's lifetime

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Impact

- ☐ None  
☐ Some  
☐ A lot  
☐ A great deal

---

How positive or negative was this impact?

- ☐ Very negative  
☐ Negative  
☐ Neutral  
☐ Positive  
☐ Very positive

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Child having a visible congenital deformity

- ☐ No  
☐ Within the last 3 months  
☐ Within the last 12 months  
☐ Within your child's lifetime

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Impact

- ☐ None  
☐ Some  
☐ A lot  
☐ A great deal

---

How positive or negative was this impact?

- ☐ Very negative
- ☐ Negative
- ☐ Neutral
- ☐ Positive
- ☐ Very positive

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Addition of another adult to the family

- ☐ No
- ☐ Within the last 3 months
- ☐ Within the last 12 months
- ☐ Within your child's lifetime

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Impact

- ☐ None
- ☐ Some
- ☐ A lot
- ☐ A great deal

---

How positive or negative was this impact?

- ☐ Very negative
- ☐ Negative
- ☐ Neutral
- ☐ Positive
- ☐ Very positive

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Discovery of being an adopted child

- ☐ No
- ☐ Within the last 3 months
- ☐ Within the last 12 months
- ☐ Within your child's lifetime

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Impact

- ☐ None
- ☐ Some
- ☐ A lot
- ☐ A great deal

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How positive or negative was this impact?

- ☐ Very negative
- ☐ Negative
- ☐ Neutral
- ☐ Positive
- ☐ Very positive

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Jail sentence of a parent/guardian for one year or less

- ☐ No
- ☐ Within the last 3 months
- ☐ Within the last 12 months
- ☐ Within your child's lifetime

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Impact

- ☐ None
- ☐ Some
- ☐ A lot
- ☐ A great deal

---

How positive or negative was this impact?

- ☐ Very negative
- ☐ Negative
- ☐ Neutral
- ☐ Positive
- ☐ Very positive

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Death of a parent/guardian

- ☐ No
- ☐ Within the last 3 months
- ☐ Within the last 12 months
- ☐ Within your child's lifetime

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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Divorce of parents/guardians	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Child acquiring a visible deformity	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Death of a sibling	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Marriage of a parent/guardian	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Jail sentence of a parent/guardian for more than one year	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Biological/Adoptive/Foster mother being pregnant	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Positive <input type="radio"/> Very positive
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Significant change in a parent/guardian's state of health	<input type="radio"/> No <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within your child's lifetime
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Impact	<input type="radio"/> None <input type="radio"/> Some <input type="radio"/> A lot <input type="radio"/> A great deal
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How positive or negative was this impact?

- ☐ Very negative  
☐ Negative  
☐ Neutral  
☐ Positive  
☐ Very positive

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Death of a pet

- ☐ No  
☐ Within the last 3 months  
☐ Within the last 12 months  
☐ Within your child's lifetime

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Impact

- ☐ None  
☐ Some  
☐ A lot  
☐ A great deal

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How positive or negative was this impact?

- ☐ Very negative  
☐ Negative  
☐ Neutral  
☐ Positive  
☐ Very positive

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Death of significant family member or friend

- ☐ No  
☐ Within the last 3 months  
☐ Within the last 12 months  
☐ Within your child's lifetime

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Impact

- ☐ None  
☐ Some  
☐ A lot  
☐ A great deal

---

How positive or negative was this impact?

- ☐ Very negative  
☐ Negative  
☐ Neutral  
☐ Positive  
☐ Very positive

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Someone in family being a victim of crime

- ☐ No  
☐ Within the last 3 months  
☐ Within the last 12 months  
☐ Within your child's lifetime

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Impact

- ☐ None  
☐ Some  
☐ A lot  
☐ A great deal

---

How positive or negative was this impact?

- ☐ Very negative  
☐ Negative  
☐ Neutral  
☐ Positive  
☐ Very positive

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Increase in number of arguments between child and siblings

- ☐ No  
☐ Within the last 3 months  
☐ Within the last 12 months  
☐ Within your child's lifetime

---

Impact

☐ None  
☐ Some  
☐ A lot  
☐ A great deal

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How positive or negative was this impact?

☐ Very negative  
☐ Negative  
☐ Neutral  
☐ Positive  
☐ Very positive

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Development by a parent/guardian of an emotional problem, such as depression, lasting 3 weeks or more

☐ No  
☐ Within the last 3 months  
☐ Within the last 12 months  
☐ Within your child's lifetime

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Impact

☐ None  
☐ Some  
☐ A lot  
☐ A great deal

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How positive or negative was this impact?

☐ Very negative  
☐ Negative  
☐ Neutral  
☐ Positive  
☐ Very positive

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Other (describe):

\_\_\_\_\_

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Other

☐ No  
☐ Within the last 3 months  
☐ Within the last 12 months  
☐ Within your child's lifetime

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Impact

☐ None  
☐ Some  
☐ A lot  
☐ A great deal

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How positive or negative was this impact?

☐ Very negative  
☐ Negative  
☐ Neutral  
☐ Positive  
☐ Very positive

---

Other (describe):

\_\_\_\_\_

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Other

☐ No  
☐ Within the last 3 months  
☐ Within the last 12 months  
☐ Within your child's lifetime

---

Impact

☐ None  
☐ Some  
☐ A lot  
☐ A great deal

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How positive or negative was this impact?

- ☐ Very negative
- ☐ Negative
- ☐ Neutral
- ☐ Positive
- ☐ Very positive

---

Other (describe):

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Other

- ☐ No
- ☐ Within the last 3 months
- ☐ Within the last 12 months
- ☐ Within your child's lifetime

---

Impact

- ☐ None
- ☐ Some
- ☐ A lot
- ☐ A great deal

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How positive or negative was this impact?

- ☐ Very negative
- ☐ Negative
- ☐ Neutral
- ☐ Positive
- ☐ Very positive