

# Life Events Questionnaire (LEQ)

## Description of the LEQ

The LEQ is an 82-item inventory-type questionnaire in which subjects mark the life events or changes which have occurred during the past year; indicate whether the event was considered “good” or “bad”; and rate the impact of the event on a 4-point scale.

The content of the life event list was drawn from a number of existing instruments. Nine additional items of particular relevance to women were added. Examples of previously omitted content areas include: “Major difficulties with birth control pills or devices,” “Custody battles with former spouse or partner,” and “Being a victim of a violent act such as rape or assault.” (See the citation below for the list of these nine new items.) Additionally, wording changes to reduce gender bias were made in existing items.

## Citations Describing the Development and Psychometric Testing of the Instrument

Norbeck, J.S. (1984). Modification of recent life event questionnaires for use with female respondents. *Research in Nursing and Health*, 7, 61-71.

As described in the RINAH article, the LEQ is a modification of existing instruments. In particular, the format and instructions come from Sarason et al.’s work, which should also be cited:

Sarason, I.G., Johnson, J.H., & Siegel, J.M. (1978). Assessing the impact of life changes: Development of the life experiences survey. *Journal of Consulting and Clinical Psychology*, 46, 932-946.

## Scoring Instructions (from p. 65 of the RINAH article)

Three scores are obtained from the questionnaire:

- (a) negative events score – the sum of the impact ratings for all items designated as "bad" by the respondent;
- (b) positive events score – the sum of the impact ratings for all items designated as "good" by the respondent;
- (c) total events score – the sum of the impact ratings for both "bad" and "good" events.

Additional scoring clarification: When subjects write in additional life events (items 80-82), these responses should be checked to see if they represent items already on the list (items 1-79). If so, the “other” response should be moved to the existing item and scored there. This prevents double scoring of the same event and allows for greater consistency in analyzing specific types or categories of events.

## Permission to Use the LEQ

The LEQ is not copyrighted. By providing this copy of the LEQ, permission is implied for using it in research or clinical work.

SAMPLE INSTRUCTION SUPPLEMENT

FOR OPTIONAL USE

SAMPLE PAGE

LIFE EVENTS QUESTIONNAIRE

Event	Type of Effect		Effect of Event on Your Life			
			No effect	Some effect	Moderate effect	Great effect
A) HEALTH						
1. major personal illness	Good	Bad	0	1	2	3
2. major surgery	Good	Bad	0	1	2	3
3. major change in eating habits	Good	Bad	0	1	2	3
4. major change in sleeping habits	Good	Bad	0	1	2	3
5. changed doctors	Good	Bad	0	1	2	3
6. major dental work	Good	Bad	0	1	2	3

Explanation:

In this example, the person had experienced two of the events listed. She circled the events that had happened and whether each one was a good or a bad event. Then she circled the number that showed how much effect the event had on her life.

For this person, having major surgery was a bad event, and it had a moderate effect on her life.

The other event that had happened, changing doctors, was a good event, but it had no effect on her life.

None of the other events had happened during the past year, so she left them blank.

# LIFE EVENTS QUESTIONNAIRE

Number \_\_\_\_\_

Date \_\_\_\_\_

## Instructions

Listed below are a number of events, which may bring about changes in the lives of those who experience them.

Circle the events that have occurred in your life during the past year and circle whether these were Good or Bad.

Show how much the event affected your life by circling the appropriate number, which corresponds with the statement (0 = no effect, 1 = some effect, 2 = moderate effect, 3 = great effect).

If you have not experienced a particular event in the past year, leave it blank.

Please go through the entire list before you begin to get an idea of the type of event you will be asked to rate.

Event	Type of Effect		Effect of Event on Your Life			
			No effect	Some effect	Moderate effect	Great effect
<b>A. HEALTH</b>						
1. major personal illness or injury	Good	Bad	0	1	2	3
2. major change in eating habits	Good	Bad	0	1	2	3
3. major change in sleeping habits	Good	Bad	0	1	2	3
4. major change in usual type and/or amount of recreation	Good	Bad	0	1	2	3
5. major dental work	Good	Bad	0	1	2	3
6. (female) pregnancy	Good	Bad	0	1	2	3
7. (female) miscarriage or abortion	Good	Bad	0	1	2	3
8. (female) started menopause	Good	Bad	0	1	2	3
9. major difficulties with birth control pills or devices	Good	Bad	0	1	2	3
<b>B. WORK</b>						
10. difficulty finding a job	Good	Bad	0	1	2	3
11. beginning work outside the home	Good	Bad	0	1	2	3
12. changing to a new type of work	Good	Bad	0	1	2	3
13. changing your work hours or conditions	Good	Bad	0	1	2	3
14. change in your responsibilities at work	Good	Bad	0	1	2	3

Event	Type of Effect		Effect of Event on Your Life			
15. troubles at work with your employer or co-workers	Good	Bad	0	1	2	3
16. major business readjustment	Good	Bad	0	1	2	3
17. being fired or laid off from work	Good	Bad	0	1	2	3
18. retirement from work	Good	Bad	0	1	2	3
19. taking courses by mail or studying at home to help you in your work	Good	Bad	0	1	2	3
C. SCHOOL			No effect	Some effect	Moderate effect	Great effect
20. beginning or ceasing school, college, or training program	Good	Bad	0	1	2	3
21. change of school, college, or training program	Good	Bad	0	1	2	3
22. change in career goal or academic major	Good	Bad	0	1	2	3
23. problem in school, college, or training program	Good	Bad	0	1	2	3
D. RESIDENCE			No effect	Some effect	Moderate effect	Great effect
24. difficulty finding housing	Good	Bad	0	1	2	3
25. changing residence within the same town or city	Good	Bad	0	1	2	3
26. moving to a different town, city, state, or country	Good	Bad	0	1	2	3
27. major change in your life conditions (home improvements or a decline in your home or neighborhood)	Good	Bad	0	1	2	3
E. LOVE AND MARRIAGE			No effect	Some effect	Moderate effect	Great effect
28. began a new, close, personal relationship	Good	Bad	0	1	2	3
29. became engaged	Good	Bad	0	1	2	3
30. girlfriend or boyfriend problems	Good	Bad	0	1	2	3

Event	Type of Effect		Effect of Event on Your Life			
31. breaking up with a girlfriend or boyfriend or breaking an engagement	Good	Bad	0	1	2	3
32. (male) wife or girlfriend's pregnancy	Good	Bad	0	1	2	3
33. (male) wife or girlfriend having a miscarriage or abortion	Good	Bad	0	1	2	3
34. getting married (or beginning to live with someone)	Good	Bad	0	1	2	3
35. a change in closeness with your partner	Good	Bad	0	1	2	3
36. infidelity	Good	Bad	0	1	2	3
37. trouble with in-laws	Good	Bad	0	1	2	3
38. separation from spouse or partner due to conflict	Good	Bad	0	1	2	3
39. separation from spouse or partner due to work, travel, etc.	Good	Bad	0	1	2	3
40. reconciliation with spouse or partner	Good	Bad	0	1	2	3
41. divorce	Good	Bad	0	1	2	3
42. change in your spouse or partner's work outside the home (beginning work, ceasing work, changing jobs, retirement, etc.)	Good	Bad	0	1	2	3
<b>F. FAMILY AND CLOSE FRIENDS</b>			No effect	Some effect	Moderate effect	Great effect
43. gain of a new family member (through birth, adoption, relative moving in, etc)	Good	Bad	0	1	2	3
44. child or family member leaving home (due to marriage, to attend college, or for some other reason)	Good	Bad	0	1	2	3
45. major change in the health or behavior of a family member or close friend (illness, accidents, drug or disciplinary problems, etc.)	Good	Bad	0	1	2	3
46. death of spouse or partner	Good	Bad	0	1	2	3
47. death of a child	Good	Bad	0	1	2	3

Event	Type of Effect		Effect of Event on Your Life			
48. death of family member or close friend	Good	Bad	0	1	2	3
49. birth of a grandchild	Good	Bad	0	1	2	3
50. change in marital status of your parents	Good	Bad	0	1	2	3
<b>G. PARENTING</b>			No effect	Some effect	Moderate effect	Great effect
51. change in child care arrangements	Good	Bad	0	1	2	3
52. conflicts with spouse or partner about parenting	Good	Bad	0	1	2	3
53. conflicts with child's grandparents (or other important person) about parenting	Good	Bad	0	1	2	3
54. taking on full responsibility for parenting as a single parent	Good	Bad	0	1	2	3
55. custody battles with former spouse or partner	Good	Bad	0	1	2	3
<b>H. PERSONAL OR SOCIAL</b>			No effect	Some effect	Moderate effect	Great effect
56. major personal achievement	Good	Bad	0	1	2	3
57. major decision regarding your immediate future	Good	Bad	0	1	2	3
58. change in your personal habits (your dress, life-style, hobbies, etc.)	Good	Bad	0	1	2	3
59. change in your religious beliefs	Good	Bad	0	1	2	3
60. change in your political beliefs	Good	Bad	0	1	2	3
61. loss or damage of personal property	Good	Bad	0	1	2	3
62. took a vacation	Good	Bad	0	1	2	3
63. took a trip other than a vacation	Good	Bad	0	1	2	3
64. change in family get-togethers	Good	Bad	0	1	2	3
65. change in your social activities (clubs, movies, visiting)	Good	Bad	0	1	2	3
66. made new friends	Good	Bad	0	1	2	3
67. broke up with a friend	Good	Bad	0	1	2	3
68. acquired or lost a pet	Good	Bad	0	1	2	3

Event	Type of Effect		Effect of Event on Your Life			
<b>I. FINANCIAL</b>			No effect	Some effect	Moderate effect	Great effect
69. major change in finances (increased or decreased income)	Good	Bad	0	1	2	3
70. took on a moderate purchase, such as TV, car, freezer, etc.	Good	Bad	0	1	2	3
71. took on a major purchase or a mortgage loan, such as a home, business, property, etc.	Good	Bad	0	1	2	3
72. experienced a foreclosure on a mortgage or loan	Good	Bad	0	1	2	3
73. credit rating difficulties	Good	Bad	0	1	2	3
<b>J. CRIME AND LEGAL MATTERS</b>			No effect	Some effect	Moderate effect	Great effect
74. being robbed or victim of identity theft	Good	Bad	0	1	2	3
75. being a victim of a violent act (rape, assault, etc.)	Good	Bad	0	1	2	3
76. involved in an accident	Good	Bad	0	1	2	3
77. involved in a law suit	Good	Bad	0	1	2	3
78. involved in a minor violation of the law (traffic tickets, disturbing the peace, etc)	Good	Bad	0	1	2	3
79. legal troubles resulting in your being arrested or held in jail	Good	Bad	0	1	2	3
<b>K. OTHER- Other recent experiences which have had an impact on your life. List and rate.</b>						
80. _____	Good	Bad	0	1	2	3
81. _____	Good	Bad	0	1	2	3
82. _____	Good	Bad	0	1	2	3