# Thumbnail sketch ID NUMBER RATER

|  |
| --- |
| Gender, age, marital status. Children, household members, work, confidants.  Summarise events and difficulties |

## CALENDAR

Date of interview\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Month | No | CTX threat | Description Events | LTPS | | | | | |
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## DEMOGRAPHIC SCHEDULE

Date of Interview\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL**

Date of birth \_\_\_\_\_\_\_\_\_\_\_ Current Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex \_\_\_\_\_\_\_\_\_\_\_ Ethnicity \_\_ \_\_\_\_\_\_\_\_

First part of postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

E1. Highest level of education so far \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E2. Are you currently in education? YES/NO

**IF YES:** What course currently studying? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did course start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-time / Part-time

How many hours a week at the place of education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours a week extra study at home/elsewhere? \_\_\_\_\_\_\_\_\_\_\_\_

How do you fund your course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORK**

W1. Do you work? YES/NO

**IF YES:** What is your job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a supervisor/manager? YES/NO

Are you self-employed? YES/NO

On average, how many hours a week do you work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you had that job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of contract are you on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g. permanent, fixed, zero hours, casual)

Do you have absorbing/time-consuming non-work roles? YES/NO

(e.g. parent, volunteer, club member)

Have you ever had to give up work or been dismissed? YES/NO

**IF NO:** What was your last/main job? \_\_\_\_\_Book editor (1998)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was your last job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many periods of unemployment have you had? \_\_\_\_\_(Incapacity benefit)\_\_\_\_\_\_\_\_\_

Do you have absorbing/time-consuming non-work roles? YES/NO

(e.g. parent, volunteer, club member)

Have you ever had to give up work or been dismissed? YES/NO

**PARTNER**

P1. Have you had a partner in the last 12 months? YES/NO

**IF YES:** Do you currently have a partner? YES/NO

**IF YES:** How long have you been together? \_\_\_ \_\_\_\_\_\_\_\_\_\_

How would you rate your relationship? \_OK (v good earlier in year)\_

(very good, good, ok, bad, very bad)

**IF VERY GOOD, GOOD OR OK:**

Has there ever been a time where you would rate your current relationship as bad or very bad? YES/NO

Do you suspect/know that your partner has ever been unfaithful? YES/NO

Do you live together? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF NO:** Where do they live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How far away (mins/hours) is that from your place? \_\_\_\_\_\_\_\_\_\_\_\_

Does your partner work? YES/NO

**IF YES:** What is their job? \_\_\_\_motorsport coordinator, home based\_\_\_\_\_

Are they a manager/supervisor? YES/NO

Are they self-employed? YES/NO

What type of contract are they on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF NO:** What was their usual/latest job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were they a manager/supervisor? YES/NO

Were they self-employed? YES/NO

When was their last job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many periods of unemployment have they had? \_\_\_\_\_\_\_\_

**IF NO:** How long were you together? \_\_\_\_\_\_\_\_\_\_\_\_\_

How would you rate that relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(very good, good, ok, bad, very bad)

**IF VERY GOOD, GOOD OR OK:**

Was there a time where you would rate that current relationship as bad or very bad? YES/NO

Did you suspect/know that your partner was unfaithful? YES/NO

Did you live together? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF NO:** Where did they live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How far away (mins/hours) was that from your place? \_\_\_\_\_\_\_\_\_\_

Did your partner work? YES/NO

**IF YES:** What was their job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were they a manager/supervisor? YES/NO

Were they self-employed? YES/NO

What type of contract were they on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF NO:** What was their usual/latest job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were they a manager/supervisor? YES/NO

Were they self-employed? YES/NO

When was their last job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many periods of unemployment did they have? \_\_\_\_\_\_\_\_

P2. Have you ever separated/divorced/widowed from a live-in partner of at least 6 months? YES/NO

**IF YES:** What age were you when you separated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any contact with them now? YES/NO

P3. Do you suspect or know that any of your previous partners have been unfaithful? YES/NO

**CHILDREN**

C1. Do you have any children? YES/NO

**IF YES:** How many children do you have altogether? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are these all your biological children? YES/NO

**IF NO:**

Do you have any adoptive children? YES / NO

**IF YES:** How many? \_\_\_\_\_1\_\_\_\_\_

Do you foster any children? YES/NO

**IF YES:** How many? \_\_\_\_\_\_\_\_\_\_

Do you have any step-children? YES/NO

**IF YES:** How many? \_\_\_\_\_\_\_\_\_\_

Do you have a poor relationship with any of your children? YES/NO

**IF NO**: Have you ever had a poor relationship with any of your children? YES/NO

Ask about each of their children:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Relationship | Sex | Age | Frequency of contact | |
|  |  | (M/F) |  | Face to Face | Phone/Email |
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| 0 = household  1 = daily  2 = between daily and weekly  3 = weekly  4 = between weekly & monthly | 5 = monthly  6 = 1-4 monthly  7 = twice a year  8 = at least yearly  9 = less often |

C2. Have you had a child die? YES/NO

**IF YES:** When did they die? \_\_\_\_\_\_\_\_\_\_\_\_

How old were they when they died? \_\_\_\_\_\_\_\_\_\_\_

C3. Do you have a history of pregnancy complications? YES/NO

**OTHER RELATIONSHIPS**

O1. Is your mother still alive? YES/NO

**IF NO:** How old were you when she died? \_\_\_\_\_\_\_\_\_

O2. Is your father still alive? YES/NO

**IF NO:** How old were you when he died? \_\_\_\_\_\_\_\_\_\_\_

O3. Were you separated from your mother before age 17 for as much as a year or more? YES/NO

**IF YES**: What was the reason for separation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How old were you when first separated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long were you separated for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O4. Were you separated from your father before age 17 for as much as a year or more? YES/NO

**IF YES**: What was the reason for separation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How old were you when first separated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long were you separated for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O5. Did anyone else apart from your biological parents bring you up in childhood? YES/ NO

**IF YES:** describe who was responsible for upbringing:

O6. Do you have brothers and sisters? (Incl. half/step siblings) YES/NO

**IF YES:** How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What position are you in the family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(0 = only child, 1 = eldest, 2 = middle, 3 = youngest)

Ask about each of their siblings:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Relationship | Sex | Age | Frequency of contact | |
|  |  |  |  | Face to Face | Phone/Email |
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| 0 = household  1 = daily  2 = between daily and weekly  3 = weekly  4 = between weekly & monthly | 5 = monthly  6 = 1-4 monthly  7 = twice a year  8 = at least yearly  9 = less often |

O7. Do you have any friends you see regularly? YES/NO

O8. If you had a problem of some sort, who would be the first person you would **confide** in?

(By confiding we mean talking openly about emotionally important topics)

**IF RELEVANT:** What about your partner? (Limited confiding at present)

09. Is there anyone you feel **very close** to (apart from your partner or children)?

(By very close we mean someone you would miss if you lost contact, to whom you feel a particular bond)

**IF YES:** Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you confide? YES/NO/UNSURE

O10. Tell us about the people you confide in and feel closest to:

(Select 3 closest/confided in most/ seen most often)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Rel to you | Sex | Age | Frequency of Contact | | Confidant (Y/N) | Very  Close (Y/N) |
|  |  | (M/F) |  | Face to face | Phone/Email |  |  |
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| --- | --- | --- |
| Relationship to you:  1. Mother  2. Father  3. Sibling  4. Other Relative  5. Other Non-Relative | Frequency of contact:  0 = household  1 = daily  2 = between daily and weekly  3 = weekly  4 = between weekly & monthly | 5 = monthly  6 = 1-4 monthly  7 = twice a year  8 = at least yearly  9 = less often |

**SELECT THE 3 PEOPLE THEY ARE CLOSEST TO (This can include partner & children)**:

1. \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSING**

H1. What kind of accommodation do you currently live in? \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Halls of residence, Flat, Detached /semi-detached/ terraced house, bedsit, Mobile/Temporary structure)

H2. How long have you lived there? \_\_\_\_\_\_

H3. Do you own or rent it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Own outright, mortgage, part own/part rent, rent, live rent free)

**IF RENT:** Who is your landlord? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Housing Association/Co-operative, Council, Private landlord/letting agent, Employer/Friend/Relative of household member)

H4. How many rooms does your home have (excl. bathroom & kitchen)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H5. How many people live in your home? \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

H6. Is your kitchen big enough to have a meal in? YES/NO

H7. If you needed to, could you move home reasonably easily? YES/NO not at present because damage

H8. Are there any problems with your accommodation (e.g. damp)? YES/NO

H9. Is your accommodation unsuitable in any way (e.g. overcrowded)? YES/NO

H10. Do you live in an undesirable neighbourhood or far from shops/schools etc. YES/NO

H11. Has where you lived reduced contact with friends or people you’re close to? YES/NO

**MONEY**

M1. Have you received unemployment benefits over the last 12 months? YES/NO sickness

M2. Are you currently receiving unemployment benefits? YES/NO

**LTP RATING FORM**

**LTP3 : CLASSIFICATION**

LTPs are only classified by domain (and not by categories in each domain).

**0** Education

**1** Work

**2** Fertility, Pregnancy and Birth

**3** Housing

**4** Money/Possessions

**5** Crime/Legal

**6** Health/Treatment/Accidents/Death

**7** Quality of Partner Relationship

**8** Quality of Family of origin/ Confidant Relationships

**9** Quality of Child Relationships

**10** Geopolitical Events

**The independence scale reflects who is ‘responsible’ for the LTP.**

|  |  |
| --- | --- |
| 1. Independent | 1.Totally independent of S’s actions; |
| (not S) | *2. Nearly totally independent* |
|  | *3. Possible influence from respondent, but unlikely* |
|  | *4. Independent, involves respondent's physical illness* |
|  | *5. Compliance of respondent with external situation* |
| 2. Possibly independent |  |
| (Maybe S) | Probable negligence/carelessness on respondent's part |
|  | Arguments/tension, end contact |
|  | End contact, no argument |
|  | Respondent's love/sex events |
|  | Partner's love/sex events |
| 3. Dependent on S’s behaviour | Intentional act by respondent |
| 3. Illness-related | Psychological illness of respondent |

**(Do not include treatment events. Where possible put health LTPs together. Those below threshold for 1-4 should get ‘long term obstacle’ rating**

**LTP RATING FORM**

**Respondent ID** **No**: ……………………….

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **LTP1** | **LTP2** | **LTP3** | **LTP 4** | | **LTP5** | **LTP6** | **LTP7** |
| **LTP no**. | **Date of Change**  MM YY DD | **Classification**  (0-10) | **Contextual Severity**  1.Extremely  **2.** Very  **3.** Moderately  **4.** Slightly  **5.** End of LTP | | **Reported Severity**  **1** Extremely  **2** Very  **3** Moderately  **4** Slightly  **5** End of LTP | **Independence**  **1** Independent  **2** Possibly independent  **3** Not dependent  **4** Illness related | **Other involved**  (-1-10) |
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**LTP7: Other involved**

|  |  |
| --- | --- |
| -1. No other involved  0. Parent  1. Child  2. Spouse/cohabitee  3. Girl/boyfriend  4. Sibling | 5. Other relative/ spouse's relatives  6. Confidant (if not above)  7. Ex-partner  8. Other friend/neighbour/workmate  9. Casual acquaintance/stranger  10. Key person from past |

**Checklist of Severity Attributes**

|  |  |  |  |
| --- | --- | --- | --- |
| Loss (person, valued object) | **YES / NO** | Failure/disappointment | **YES/NO** |
| Danger (threat of future loss) | **YES / NO** | Status Erosion (work, disability, citizenship) | **YES/NO** |
| Humiliation / rejection (in close relationship; work or other domains) | **YES / NO** | Trauma/attack | **YES/NO** |
| Goal frustration | **YES / NO** | Routine disruption | **YES/NO** |

**Describe LTP**

**LTP RATING FORM**

**Respondent ID** **No**: ……………………….

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LTP1** | **LTP2** | **LTP3** | **LTP 4** | | **LTP5** | **LTP6** | **LTP7** |
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| Goal frustration | **YES / NO** | Routine disruption | **YES/NO** |

**Describe LTP**

**LTP RATING FORM**

**Respondent ID** **No**: ……………………….

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- |
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| --- | --- | --- | --- |
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| Humiliation / rejection (in close relationship; work or other domains) | **YES / NO** | Trauma/attack | **YES/NO** |
| Goal frustration | **YES / NO** | Routine disruption | **YES/NO** |

**Describe LTP**

**LTP RATING FORM**

**Respondent ID** **No**: ……………………….

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| --- | --- | --- | --- | --- | --- | --- | --- |
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| Goal frustration | **YES / NO** | Routine disruption | **YES/NO** |

**Describe LTP**

**LTP RATING FORM**

**Respondent ID** **No**: ………………………. Label (eg housing)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **LTP1** | **LTP2** | **LTP3** | **LTP 4** | | **LTP5** | **LTP6** | **LTP7** |
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| Goal frustration | **YES / NO** | Routine disruption | **YES/NO** |

**Describe LTP**

**LIFE EVENTS RATING FORM**

**LE3: CLASSIFICATION**

**0 EDUCATION**

0 Selection interviews

1 Starting school/university

2 Leave school/university

3 Exams/results

4 Relationship crisis

5 Computer/ viruses

6 Other events (excl. conduct probs & referrals)

**1 WORK**

10 Job eligibililty/interviews/rejections

11 Start job (1st/new/resume)

12 Time off sick/ maternity/ strikes >4 wks

13 Promotion/demotion/ structural change or problem

14 Work relationship crises

15 Redundancy/dismissal

16 Retirement/giving up work

17 Solicitor/court/ tribunal re work

18 Loss of work through technological issues re: computer/ viruses

19 Break bad news in profess context

19.1 Leisure/Sports/Political Activities

**2 FERTILITY, PREGNANCY & BIRTHS (<2 WKS POSTNATAL)**

20 Infertility

21 Pregnancy

22 Complications pregnancy

23 Miscarriage

24 Induced abortion

25 Birth

26 Stillbirth

27 Contraception/sterilisation

28 Surrogacy

**3 HOUSING**

30 Rent payment /threat eviction

31 landlord problem/notice to quit/council wait list

32 Buying/selling house or flat

33 Residence change

34 Other crises e.g. neighbours

**4 MONEY/POSSESSIONS**

40 Financial crises (e.g. business failure)/debts/utilities

41 Financial gains

42 Loss, damage, threat to property (excl. theft)

43 Financial obligation

44 Solicitor re possessions

45 Pet Events

**5 CRIME/LEGAL**

50 Offence against person (mugging, rape, assault)

51 Offence against property (theft, burglary, vandalism)

52 Other offence (drugs, driving)

53 Police contact (not 50-2)

54 Court case/inquest/prison (incl. S's release)

55 Solicitor contact

56 Online Crime/ Harassment

57 Experienced Discrimination

**6 HEALTH/TREATMENT/ACCIDENTS/DEATH**

60 Accident

61 Accident + hospital

62 Physical illness

63 Physical illness + hospital

64 Operation

65 Suicide attempt

66 Psychological referral/ Substance misuse/ child guidance/ psychiatric disorder

67 Hospital discharge

68 Solicitor re health

69 Death of close other

**7 QUALITY OF PARTNER RELATIONSHIP**

70 1st sexual intercourse

71 New relationship/resuming one

72 S engagement/marriage

73 Start cohabitation

74Increase/decrease interaction

75 Crisis/breakdown in relationship

76 Violence/rape - partner

77 Separation/divorce

78 Solicitor-divorce/custody

79 Online Relationship/Sexual internet activities

**8 QUALITY OF FAMILY OF ORIGIN/CONFIDANT RELATIONSHIPS**

80 new relationship/Increase/decrease interaction

81 Arrival/depart household

82 Engagement/marriage/divorce of other

83 Crisis breakdown relationship

84 Break bad news-close tie

85 Violence/ pestering by relative / key tie

86Contact police/solicitor/ social worker re above

87 Online Relationship/Sexual internet activities

88 Meeting key person/learning key fact about past

**9 QUALITY OF CHILD RELATIONSHIPS**

90 Increase/decrease interaction

91 Arrival/depart household

92 Engagement/marriage/divorce of child

93 Child conduct/ truancy/ delinquency

94 Crisis breakdown relationship

95 Violence/ pestering

96 Contact police/solicitor/ social worker

97 Child Online Relationship/Sexual internet activities

98 Adoption/ Fostering

**10 GEOPOLITICAL EVENTS**

100Affected by/ near a war

101 Visa problems

102 Natural Disaster

103 Affected by/ near an illness Outbreak

104 Affected by a terrorist attack

105 Refugee status problems

106 Ceremonies/funerals

**The independence scale reflects who is ‘responsible’ for the event.**

|  |  |
| --- | --- |
| 1. Independent | 1.Totally independent of S’s actions; |
|  | *2. Nearly totally independent* |
|  | *3. Possible influence from respondent, but unlikely* |
|  | *4. Independent, involves respondent's physical illness* |
|  | *5. Compliance of respondent with external situation* |
| 2. Possibly independent |  |
|  | Probable negligence/carelessness on respondent's part |
|  | Arguments/tension, end contact |
|  | End contact, no argument |
|  | Respondent's love/sex events |
|  | Partner's love/sex events |
| 3. Dependent on S’s behaviour | Intentional act by respondent |
| 3. Illness-related | Psychological illness of respondent |

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| **LE7 Reported Short Term Threat**  (0-4 as above) |  |
| **LE8 Contextual Long Term Threat**  (0-4 as above) |  |
| **LE9 Reported Long Term Threat**  (0-4 as above) |  |
| **LE10 Contextual Positive**  **1** Very  **2** Moderately  **3** Slightly  **4** Not at all |  |
| **LE11 Reported Positive**  (1-4 as above) |  |
| **LE12 Is the event severe?**  **0** No  **1** Yes (1-3 LTT, S/J focus) |  |
| **LE13 Is the event severe and matching a 1-3 LTP present 6 mnths prior?**  **0** No  **1** Yes |  |
| **LE13 Is the event severe and linked to any LTP?**  **0** No  **1** Yes |  |  |

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| Goal frustration | **YES / NO** | Relief; obstacle-clearance | **YES / NO** |
| Failure; disappointment | **YES / NO** | Re-establishment of routine | **YES / NO** |
| Status erosion (work, disability, citizenship) | **YES / NO** | Anchoring; stabilising | **YES / NO** |
| Trauma / attack | **YES / NO** | Increase status (work, disability, citizenship) | **YES / NO** |
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| **LE1b**  **Incident number** |  |
| **LE2**  **Date**  Dd/mm/yy |  |
| **LE3 Classification**  (0-107) |  |
| **LE4 Independence**  **1** Independent  **2** Possibly independent  **3** Not dependent  **4** Illness related |  |
| **LE5 Focus**  **1** S focused  **2** Joint focused  **3** Other focused  **4** S’s possessions |  |
| **LE6 Contextual Short Term**  **Threat**  **1** Extremely  **2** Very  **3** Moderately  **4** Slightly  **5** Not at all |  |
| **LE7 Reported Short Term Threat**  (0-4 as above) |  |
| **LE8 Contextual Long Term Threat**  (0-4 as above) |  |
| **LE9 Reported Long Term Threat**  (0-4 as above) |  |
| **LE10 Contextual Positive**  **1** Very  **2** Moderately  **3** Slightly  **4** Not at all |  |
| **LE11 Reported Positive**  (1-4 as above) |  |
| **LE12 Is the event severe?**  **0** No  **1** Yes (1-3 LTT, S/J focus) |  |
| **LE13 Is the event severe and matching a 1-3 LTP present 6 mnths prior?**  **0** No  **1** Yes |  |
| **LE13 Is the event severe and linked to any LTP?**  **0** No  **1** Yes |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Checklist threat attributes**  (Marked or moderate degree present) |  | **Checklist positive attributes**  (Marked or moderate degree present) |  |
| Loss (person, valued object) | **YES / NO** | Restoration (person, relationship quality, job etc.) | **YES / NO** |
| Danger (threat of future loss) | **YES / NO** | Reconciliation | **YES / NO** |
| Humiliation / rejection (in close relationship; work or other domains) | **YES / NO** | Goal achievement; success | **YES / NO** |
| Goal frustration | **YES / NO** | Relief; obstacle-clearance | **YES / NO** |
| Failure; disappointment | **YES / NO** | Re-establishment of routine | **YES / NO** |
| Status erosion (work, disability, citizenship) | **YES / NO** | Anchoring; stabilising | **YES / NO** |
| Trauma / attack | **YES / NO** | Increase status (work, disability, citizenship) | **YES / NO** |
| Routine disruption/ plan disruption | **YES / NO** |  |  |