

# TODAY Form YLS, Youth Life Stressors

  -     

RELEASEID

  

MVISIT

Release Participant ID

Release Visit Number

1. Days since randomization

   

DAYS

*Instructions: This form is completed by the youth participant to record, in a standardized manner, sources of stress experienced over the past year.*

- Hand the form to the youth participant to complete as you would any other self-report study form.
- Form instructions at the top of each page are intended to be self-explanatory. Study staff may use judgment whether to go over the directions with the participant, especially making sure the participant understands the time frame for when the event occurred (in the past year) and understands the need to respond to the second part of the item if the first part is answered YES.
- Some subjects may need to have the study staff go over the first few items together to understand the instructions.
- The youth should complete the form in privacy, i.e., without influence or input from the parent/caregiver present.
- Study staff should be on hand to answer any questions, and make it clear to the youth that questions should be directed to study staff and not to the parent/caregiver.
- If possible when the youth hands back the form, quickly scan for completeness and adherence to the skip pattern; however, participants are not obligated to provide a response to any or all items.

**Instructions: For each item, first circle whether or not each of the following events happened to you in the PAST YEAR. Second, if the event did occur, circle a number to indicate how upset YOU were as a result of the event IN THE PAST YEAR.**

	No	Yes	⇒ IF YES How upset were <u>YOU</u> over this event <u>IN THE PAST YEAR</u> ?				
			Not at all upset	A little upset	Some-what upset	Very upset	Extremely upset
2. Your brother or sister got married	0	1	0	1	2	3	4
3. You made new friends	0	1	0	1	2	3	4
4. You started to date	0	1	0	1	2	3	4
5. Your mother got pregnant	0	1	0	1	2	3	4
6. You started a job	0	1	0	1	2	3	4
7. Someone new moved in with your family (for example, grandparent, adopted brother or sister)	0	1	0	1	2	3	4
8. <i>Girls</i> ⇒ You started menstrual periods <i>Boys</i> ⇒ Not applicable, skip	0	1	0	1	2	3	4
9. You had hassles with a brother or sister	0	1	0	1	2	3	4

YSIBMAR/YSIBMAR1

YSFREND/YSFREND1

YSDATE/YSDATE1

YSMOMPR/YSMOMPR1

YSJOB/YSJOB1

YSMOVIN/YSMOVIN1

YSPERIO/YSPERIO1

YSIBHAS/YSIBHAS1

# TODAY Form YLS, Youth Life Stressors

  -     

RELEASEID

  

MVISIT

Release Participant ID

Release Visit Number

**Instructions:** For each item, first circle whether or not each of the following events happened to you in the PAST YEAR. Second, if the event did occur, circle a number to indicate how upset YOU were as a result of the event IN THE PAST YEAR.

	No	Yes	⇒ IF YES How upset were <u>YOU</u> over this event <u>IN THE PAST YEAR</u> ?				
			Not at all upset	A little upset	Some-what upset	Very upset	Extremely upset
10. Your physical appearance changed (for example, braces or glasses)	0	1	0	1	2	3	4
11. You moved to a new home	0	1	0	1	2	3	4
12. You started at a new school	0	1	0	1	2	3	4
13. You had any of the following problems: acne, overweight, underweight, too tall, too short	0	1	0	1	2	3	4
14. You had trouble with a teacher or principal	0	1	0	1	2	3	4
15. You had hassles with your parents	0	1	0	1	2	3	4
16. You got badly hurt or sick	0	1	0	1	2	3	4
17. A close friend of yours got pregnant	0	1	0	1	2	3	4
18. You broke up with a close boyfriend or girlfriend	0	1	0	1	2	3	4
19. You lost a job	0	1	0	1	2	3	4
20. Someone in your family (other than yourself) got very sick	0	1	0	1	2	3	4
21. You lost a favorite pet	0	1	0	1	2	3	4
22. You got into drugs or alcohol more heavily	0	1	0	1	2	3	4
23. Someone in your family (other than yourself) had trouble with alcohol	0	1	0	1	2	3	4
24. You were held back a grade in school	0	1	0	1	2	3	4
25. You were arrested by the police	0	1	0	1	2	3	4
26. You failed one or more subjects in school	0	1	0	1	2	3	4
27. Your parents divorced or separated	0	1	0	1	2	3	4
28. A close friend of yours died	0	1	0	1	2	3	4

YSPHYS/YSPHYS1

YSHOME/YSHOME1

YSCHOOL/YSCHOOL1

YSPROB/YSPROB1

YSTROUB/YSTROUB1

YSHASSL/YSHASSL1

YSHURT/YSHURT1

YSFRPRG/YSFRPRG1

YSBROKE/YSBROKE1

YSLOSJB/YSLOSJB1

YSICFAM/YSICFAM1

YSPET/YSPET1

YSDRUGS/YSDRUGS1

YSALCO/YSALCO1

YSHELD/YSHELD1

YSPOPO/YSPOPO1

YSFAIL/YSFAIL1

YSDIVOR/YSDIVOR1

YSFRDIE/YSFRDIE1

# TODAY Form YLS, Youth Life Stressors

  -     

Release Participant ID

RELEASEID

  

Release Visit Number

MVISIT

**Instructions:** For each item, first circle whether or not each of the following events happened to you in the PAST YEAR. Second, if the event did occur, circle a number to indicate how upset YOU were as a result of the event IN THE PAST YEAR.

	No	Yes	⇒ <b>IF YES</b> How upset were <b>YOU</b> over this event <b>IN THE PAST YEAR</b> ?				
			Not at all upset	A little upset	Some-what upset	Very upset	Extremely upset
29. A brother or sister of yours died	0	1	0	1	2	3	4
30. A parent of yours died	0	1	0	1	2	3	4
31. You were detained in jail or other institution	0	1	0	1	2	3	4
32. You were the victim of a crime	0	1	0	1	2	3	4
33. <i>Girls</i> ⇒ You became pregnant <i>Boys</i> ⇒ You got your partner pregnant	0	1	0	1	2	3	4
34. You had a major disagreement with your boss or co-worker	0	1	0	1	2	3	4

YSIBDIE/YSIBDIE1

YSPADIE/YSPADIE1

YSJAIL/YSJAIL1

YSCRIME/YSCRIME1

YSPREG/YSPREG1

YSMAJOR/YSMAJOR1

**Please review and make sure you have answered all of the questions.**

**Thank you for your time and participation!**