

Why is this survey important? In this survey we will ask you questions about the types and levels of social stress in your life. Your answers to these questions are important to us because we are interested in exploring the links between an individual's social stress and brain performance.

How long will this survey take to complete? 5 minutes or less.

Instructions. Please think back over the past year. Did any of these things happen? If yes, how stressful were those events for you? Please only select one box on each line.

Dev team – table below for reference, Excel version provided for ease of cut and paste

Social Stressors

Please try to think back over the <u>past year</u> . Did any of these things happen? If yes, how stressful were those events for you? (Mark one box on each line)	NO	YES		
		Mildly Stressful	Stressful	Very Stressful
Did your spouse or partner die?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Did your spouse or partner have a serious illness?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Did a close friend or family member die or have a serious illness (other than your spouse or partner)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Did you have any major problems with money?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Did you have a divorce or break-up with a spouse or partner?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Did a family member or close friend have a divorce or break-up?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Did you have a major conflict with children or grandchildren?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Did you have any major accidents, disasters, mugging, unwanted sexual experiences, robberies or similar events?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Did you or a family member or close friend lose their job or retire?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Were you physically abused by being hit, slapped, pushed, shoved, punched or threatened with a weapon by a family member or close friend?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Were you verbally abused by being made fun of, severely criticized, told you were a stupid or worthless person, or threatened with harm to yourself, your possessions, or your pets, by a family member or close friend?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Did a pet die?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

We encourage you to fill out the form completely, but you are under no obligation to answer any specific question. **All information provided is confidential.**