

Wisconsin Sleep Cohort Study
Louisville Older Persons Event Scale

ID # _____

Please indicate which of the following events you have experienced in the past 6 months: *(Check all that apply)*

- _____ Went on a trip out of town
- _____ Self or family member needed to go to the hospital
- _____ Good friend died
- _____ Friend had a new illness or injury
- _____ Self had a new illness or injury
- _____ Sibling had a new illness or injury
- _____ Received award or special praise
- _____ Home needed major repair
- _____ More responsibility for family member
- _____ Someone close had big health improvement
- _____ Birth of grandchild
- _____ Big improvement in self's health
- _____ Less money to live on
- _____ New hobby or recreational activity
- _____ Child had new trouble with money
- _____ Child had new illness or injury
- _____ Spouse had a new illness or injury
- _____ Stopped going to church activities
- _____ Friend or neighbor moved away
- _____ Lost pet
- _____ Grandchild had a new illness or injury
- _____ New pet
- _____ Crime against self or other known person
- _____ Stopped going to recreational activity

Please turn over and continue

- _____ Child moved farther away
- _____ Sibling died
- _____ Moved to a different place
- _____ Went more often to church activities

- More money to live on
- Knew someone who committed suicide or attempted
- Family member moved into home
- Child got married
- Parent had a new illness or injury
- Child got divorced
- Child had new trouble in marriage
- Large loan
- Child left home
- New conflict with family member
- Change in work
- Small loan
- Spouse died
- Retired
- Child died
- Had a promotion
- Spouse retired
- Parent died
- Grandchild died
- Lost job or business
- Changed job
- Lost home
- New problem in marriage
- Marriage
- Divorce
- Separated because of conflicts
- None of the above