



15071

<b>N I D A - C F S - 0 0 0 8</b>		ASSESSMENT DATE: ___ / ___ / _____ (mm/dd/yyyy)	
NODE:	<input type="text" value="0"/> <input type="text" value="7"/>	PHASE:	<input type="radio"/> Baseline <input type="radio"/> Post Randomization
SITE ID:	<input type="text" value="0"/> <input type="text" value="1"/> - <input type="text" value="0"/> <input type="text" value="0"/>	SEGMENT:	<input type="text"/> <input type="text"/> SEQUENCE: <input type="text" value="0"/> <input type="text" value="1"/>
PARTICIPANT ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FORM COMPLETED BY:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RELATION:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	FORM COMPLETION LANGUAGE:	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Both
<input type="checkbox"/> FORM COMPLETION STATUS	1=Form completed as required 2=Participant refused 3=Responsible person did not complete 4=Not enough time at the visit 5=Participant did not attend visit 6=Other (specify: _____ )		

This is a list of things (events) that may have happened to you in the last year. Read each event. If it has not happened to you in the last year, then skip it. If it has happened to you in the last year, then check one of the two boxes. If it happened in the last 4 months then check the first box. If it happened 5 months to 1 year ago, then check the second box. Then tell how it affected you using the numbers that are given. If the event affected you in an extremely negative (the worst) way, then bubble in the circle next to '-3'. If the event was negative, but not the worst, you may bubble in '-2'. If the event was only slightly negative then you may bubble in '-1'. If the event affected you in an extremely positive (the best) way, then bubble in the circle next to '3'. If it was a positive effect, but not the best, you may bubble in '2' and if it was only slightly positive then you may bubble in '1'. If the event did not affect you in any way, then you may bubble in '0'.

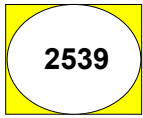
*La siguiente es una lista de eventos (sucesos) que le pueden haber ocurrido en el último año. Lea cada evento. Si ese evento no le ha ocurrido en el último año, pase al siguiente. Si ese evento sí le ha ocurrido en el último año, marque una de las dos casillas. Si le sucedió en los últimos cuatro meses, marque la primera casilla. Si le sucedió entre hace cinco meses a un año, marque la segunda casilla. Diga cómo le afectó cada evento usando la escala de números. Si el evento le afectó de manera extremadamente negativa (de la peor manera), rellene la burbuja junto al número '-3'. Si el evento fue negativo, pero no el peor, puede rellenar la burbuja junto al número '-2'. Si el evento fue sólo levemente negativo, entonces puede rellenar la burbuja junto al número '-1'. Si el evento le afectó de una manera extremadamente positiva (de la mejor manera), entonces rellene la burbuja junto al número '3'. Si hubo un efecto positivo, pero no el mejor, puede rellenar el número '2', y si fue sólo levemente positivo puede rellenar el número '1'. Si el evento no le afectó de ninguna manera, entonces puede rellenar el número '0'.*

Comments: Comentarios:



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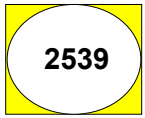
SITE:  -  PART ID:     RELATION:   -   ASSESS DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_

			Rate, how it affected your life? Califique, ¿cómo afecto su vida?						
			0 to 4 months 0 a 4 meses		5 months to a year 5 meses a 1 año		No Impact Sin Impacto		
			Extremely Negative Extremadamente Negativo						
			-3	-2	-1	0	+1	+2	+3
1. Marriage (formal commitment in a relationship) <i>Matrimonio compromiso formal en una relación</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Detention in a jail or comparable institution <i>Detención en una cárcel o institución similar</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Death of spouse <i>Muerte de su pareja</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Major change in sleeping habits (much more or less sleep) <i>Cambios notables en sus hábitos de dormir (mucho más o mucho menos sueño)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Death of a close family member <i>Muerte de un familiar cercano</i>									
a. mother <i>madre</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. father <i>padre</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. brother <i>hermano</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. sister <i>hermana</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. grandmother <i>abuela</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. grandfather <i>abuelo</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. other (specify) <i>otro (especifique)</i> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Major change in eating habits (much more or less food intake) <i>Cambios notables en sus hábitos de comer (mucho más o mucho menos apetito)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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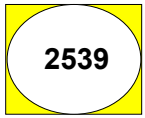
SITE:  -  PART ID:     RELATION:   -   ASSESS DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_

			Rate, how it affected your life? Califique, ¿cómo afecto su vida?						
			0 to 4 months 0 a 4 meses	5 months to a year 5 meses a 1 año	Extremely Negative Extremadamente Negativo	No Impact Sin Impacto			Extremely Positive Extremadamente Positivo
			-3	-2	-1	0	+1	+2	+3
7. Foreclosure on mortgage or loan <i>Juicio hipotecario o de un préstamo</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Death of a close friend <i>Muerte de un amigo(a) cercano</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Outstanding personal achievement <i>Logros personal sobresaliente</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Minor law violations (traffic tickets, disturbing the peace, etc.) <i>Violaciones menores de la ley (multas de tránsito, disturbio público)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Male: Wife/girlfriend's pregnancy <i>Hombre: Embarazo de esposa o novia</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Female: Pregnancy <i>Mujer: Embarazo</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Changed work situation (different work responsibility, major change in working conditions, working hours, etc.) <i>Cambio en situación de su empleo (responsabilidades diferentes, cambio notable en las condiciones de trabajo, cambio en las horas de trabajo, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. New job <i>Nuevo empleo</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Serious illness of a close family member: <i>Enfermedad grave de un familiar cercano:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. mother <i>madre</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. father <i>padre</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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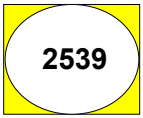
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SITE:  -  PART ID:     RELATION:  -  ASSESS DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_

	0 to 4 months <i>0 a 4 meses</i>	5 months to a year <i>5 meses a 1 año</i>	Rate, how it affected your life? <i>Califique, ¿cómo afecto su vida?</i>						
			Extremely Negative <i>Extremadamente Negativo</i>		No Impact <i>Sin Impacto</i>			Extremely Positive <i>Extremadamente Positivo</i>	
			-3	-2	-1	0	+1	+2	+3
c. brother <i>hermano</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. sister <i>hermana</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. grandmother <i>abuela</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. grandfather <i>abuelo</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. other (specify) <i>otro (especifique)</i> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Sexual difficulties <i>Dificultades sexuales</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Trouble with employer (in danger of losing job, being suspended, demoted, etc.) <i>Problemas con el jefe (peligro de perder el empleo, ser suspendido, bajarle el cargo, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Problems with in-laws <i>Problemas con su familia política (suegros, cuñados, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Major change in financial status (a lot better off or a lot worse off) <i>Cambio notable de su situación financiera (mejor o peor)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Major change in closeness of family members (increased or decreased closeness) <i>Cambio notable en la unión de los miembros de su familia (más o menos cercanos)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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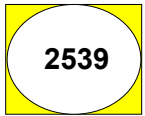
SITE:  -  PART ID:     RELATION:   -   ASSESS DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_

			Rate, how it affected your life? Califique, ¿cómo afecto su vida?						
			0 to 4 months 0 a 4 meses		5 months to a year 5 meses a 1 año		No Impact Sin Impacto		
			Extremely Negative Extremadamente Negativo						
			-3	-2	-1	0	+1	+2	+3
21. Gaining a new family member (through birth, adoption, family member moving in, etc.) <i>Adición de un nuevo miembro a la familia (a través de nacimiento, adopción, un nuevo familiar mudándose con usted, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Change of residence <i>Cambio de domicilio</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Marital separation from mate (due to conflicts) <i>Separación marital de su pareja (por causa de conflictos)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Major change in church activities (increased or decreased attendance) <i>Cambios notable en las actividades de la iglesia (más o menos asistencia)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Marital reconciliation with mate <i>Reconciliación marital con su pareja</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Major change in number of arguments with spouse (a lot more or a lot less arguments) <i>Cambio notable en la cantidad de peleas con su pareja (mucho más o mucho menos)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Married male: Change in wife's work outside of home (beginning work, ceasing work, changing new job, etc.) <i>Hombre casado: Cambios en el trabajo de la esposa fuera de la casa (empezando en un trabajo, dejando el trabajo, cambiando a un trabajo nuevo, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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SITE: <input type="text" value="01"/> - <input type="text" value="00"/>	PART ID: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	RELATION: <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/>	ASSESS DATE: <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>
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			Rate, how it affected your life? Califique, ¿cómo afecto su vida?								
			0 to 4 months 0 a 4 meses		5 months to a year 5 meses a 1 año		Extremely Negative Extremadamente Negativo		No Impact Sin Impacto		Extremely Positive Extremadamente Positivo
			-3	-2	-1	0	+1	+2	+3		
28. Married female: Changes in husband's work (loss of job, beginning new job, retirement, etc.) <i>Mujer casada: Cambios en el trabajo del esposo (pérdida de un trabajo, empezando un trabajo nuevo, retiro, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Major change in usual type and/or amount of recreation <i>Cambio notable en las costumbres usuales de recreación</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Borrowing more than \$10,000 (buying home, business, etc.) <i>Préstamo por más de \$10,000 (para comprar una casa, negocio, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Borrowing less than \$10,000 (buying car, TV, getting school loan, etc.) <i>Préstamo por menos de \$10,000 (para comprar un auto, un préstamo para estudiar, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Being fired from job <i>Ha sido despedido de su empleo</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. <i>Male:</i> Wife/girlfriend having abortion <i>Hombre: Esposa/novia tuvo un aborto)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. <i>Female:</i> Having abortion <i>Mujer: Tuvo un aborto</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Major personal illness or injury <i>Enfermedad personal grave</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



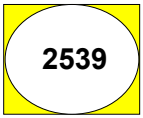
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			Rate, how it affected your life? Califique, ¿cómo afecto su vida?						
			0 to 4 months 0 a 4 meses	5 months to a year 5 meses a 1 año	Extremely Negative Extremadamente Negativo	No Impact Sin Impacto			Extremely Positive Extremadamente Positivo
			-3	-2	-1	0	+1	+2	+3
36. Major change in social activities, e.g., parties, movies, visiting (increased or decreased participation) <i>Cambio notable en las actividades sociales, por ejemplo, fiestas, cine, hacer visitas (la participación aumentó o disminuyó)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Major change in living conditions of family (building new home, remodeling, deterioration of home, neighborhood, etc.) <i>Cambio notable en las condiciones de vida de la familia (construyeron una casa nueva, remodelación, la casa está muy deteriorada, el vecindario, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Divorce <i>Divorcio</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Serious injury or illness of close friend <i>Enfermedad grave de un amigo(a) cercano</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Retirement from work <i>Retiro del trabajo</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Son or daughter leaving home (due to marriage, college, etc.) <i>Su hijo o hija se fue de la casa (por causa de matrimonio, fue a estudiar a la universidad, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Ending of formal schooling <i>Terminó la escuela</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Separation from spouse (due to work, travel, etc.) <i>Separación de su esposo (por causa de trabajo, viajes, etc.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Engagement <i>Compromiso</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



15071

Healthy Families Program  
LEA



2539

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SITE:  -  PART ID:     RELATION:   -   ASSESS DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_

			Rate, how it affected your life? Califique, ¿cómo afecto su vida?								
			0 to 4 months 0 a 4 meses		5 months to a year 5 meses a 1 año		Extremely Negative Extremadamente Negativo		No Impact Sin Impacto		Extremely Positive Extremadamente Positivo
			-3	-2	-1	0	+1	+2	+3		
45. Breaking up with boyfriend/girlfriend <i>Se peleó con su novio/novia</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Leaving home for the first time <i>Se fue de la casa por primera vez</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Reconciliation(getting back together) with boyfriend/girlfriend <i>Reconciliación con su novio/novia</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Other recent experiences which have had an impact on your life. List and rate. <i>Otras experiencias recientes las cuales han impactado su vida. Enumer y califiquelas.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Other recent experiences which have had an impact on your life. List and rate. <i>Otras experiencias recientes las cuales han impactado su vida. Enumer y califiquelas.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Other recent experiences which have had an impact on your life. List and rate. <i>Otras experiencias recientes las cuales han impactado su vida. Enumer y califiquelas.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>