

The Interview for Recent Life Events

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ABSTRACT

Background. This paper summarizes work with the Interview for Recent Life Events (IRLE), an instrument that has been used extensively but not previously reported in detail.

Methods. Rationale, development, organization, content, reliability, validity and applications are reviewed in full.

Results. The instrument covers a comprehensive range of recent life events, their timing and other important qualities. It has been found reliable and valid, and has been translated into a number of languages. It has been used by many research groups in different countries, in studies of psychiatric patients, medical patients and subjects in the general population.

Conclusions. The instrument is useful, has been widely applied and has the necessary qualities for ascertainment of life events in research studies.

INTRODUCTION

The purpose of this paper is to report fully the Interview for Recent Life Events (IRLE), an interview for ascertaining occurrence of recent life events in psychiatric and related research studies. The instrument has been widely used, but has only been briefly described in published literature in the past, in a paper reviewing general aspects of methodology (Paykel, 1983). This paper seeks to describe the rationale, development, organization and content of the Interview, and to summarize the work that has been done with it, including reliability, validity and applications.

DEVELOPMENT OF INTERVIEW FOR RECENT LIFE EVENTS

The first version of the IRLE was derived in 1967 at Yale University, USA for a study of depression. The aim was to derive an interview that covered the field of life events comprehensively and obtained reliable and valid

information. The pioneering work by Holmes & Rahe (1967) on the Schedule of Recent Experience and its scaling in the Social Readjustment Rating Scale had recently taken place. Although this represented a considerable step forward, it was felt that there were disadvantages, particularly regarding use of a self-report rather than interview method, conflation of positive and negative life changes, and confounding of external events with other changes of behaviour which might represent consequences rather than causes of illness (Paykel, 1983). There had been no such interviews published at the time, although some interview studies had employed more restricted fields of events. The work commenced independently of other work in the same area, particularly that, started at about the same time, by Brown and colleagues. As methodology in the field advanced some modifications were incorporated in the later 1970s.

After initial pilot work, a schedule of 61 life events was derived, and incorporated into a semi-structured interview, with each event enquired for unless by definition it could not apply to the subject. In the early papers, to enable valid comparison with a general population sample, only 33 events were reported, some

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representing condensations of several events in the schedule, which had been organized differently in the general population interview. The interview was used in studies of life events at onset of depression, schizophrenia and suicide attempts compared with general population controls (Paykel *et al.* 1969, 1975; Jacobs *et al.* 1974, and in a study of antidepressant and psychotherapy in prevention of depressive relapse (Paykel & Tanner, 1976).

Subsequently the event list was included in scaling studies of the magnitude of stress, first in the USA (Paykel *et al.* 1971*a*) and later in London (Paykel *et al.* 1976). Data on life event occurrence were also collected (Uhlenhuth & Paykel, 1973*a, b*). These were the only studies by the present author to collect data on event occurrence by self-report questionnaire, a method which is not recommended.

The IRLE was further modified and slightly expanded in studies in London at St George's Hospital Medical School (Paykel *et al.* 1982, 1984). The version following these modifications (E. S. Paykel & S. P. Mangen, 1980, unpublished) has remained unaltered since, except for minor details, and is the definitive one that will be described here.

ORGANIZATION AND CONTENT

The Interview for Recent Life Events comprises a schedule of 64 events, administered as a semi-structured interview. The concept of a life event has not often been defined in studies of events. The events in the IRLE are dateable occurrences involving changes in the external social environment. Internal occurrences, e.g. changes in perceptions or satisfactions are not included, with one exception, onset of a physical illness, since the implications of this occurrence are much the same as those of a change that is purely external in origin. Psychiatric illness and events clearly consequent on it, such as hospitalizations or suicide attempts, are excluded, as they are not potentially independent.

Only 63 of the 64 events are specific, the last coding being for any additional external event not included elsewhere in the schedule. Each event is defined, and for this purpose the shorthand label of the event is considerably amplified and delineated. An example is that of onset of serious arguments with spouse, often a

difficult event to define precisely. A 'serious argument' is defined as a one-way or interactive altercation which adversely affects behaviour of one or both parties for a minimum of 5 days. This would exclude adverse behaviour limited solely to the dependent variable in a study, e.g. onset of depression or a suicide attempt.

For convenience of interview the events are grouped into ten categories: work, education, finance, health, bereavement, migration, courtship and cohabitation, legal, family and social relationships, marital. Some events, such as health changes potentially apply to all subjects, while others cannot apply to some people (e.g. education-related events for someone who is established not to have been in education at any point in the time period). Each event is enquired for unless, like these, it cannot apply. Detailed instructions for interview are incorporated in the schedule.

The IRLE is set out in a schedule with instructions, which is available from the author. Administration takes from half an hour to one and a quarter hours, depending on time period enquired for, number of events, ease of interview of subject, and amount of additional probing required to gain adequate information. Coding and rating of the events, which are done during or immediately after the interview, with a brief written summary of circumstances of each event, may occupy an additional 10 or 15 min. Training of external workers is available, including training videotapes of interviews, with specimen ratings, and supervised interviewing.

In some later studies (Paykel *et al.* 1984, 1996) additional information has been obtained on stressful situations or problems that are chronic and persisting rather than fresh events. These stressful situations correspond approximately to 'difficulties' as described by Brown. They are obtained from a small supplementary schedule, which is not part of the main interview schedule. Methodology is less well worked out for this aspect.

RATINGS

For each event that has occurred, month of occurrence, independence and objective negative impact are coded. The last two were not used in publications prior to 1980.

To establish month of occurrence it is often

necessary during the interview to anchor the period in question by certain occasions such as Public Holidays, Christmas and other precisely dateable events, in order to obtain accurate timing. Dating to more precisely than a month has not been attempted on grounds of likely reliability, although it is not in principle ruled out by the method. For events that happen over a period of time, such as work re-organizations, only one occurrence is recorded, usually the earliest point at which the occurrence, or its major impact, became evident. Chains of events can be problematical and here the event with the greater impact is recorded, e.g. death of spouse after a period of illness, unless the two events are separated by at least 3 months, or one event does not necessarily follow the other in the chain (e.g. death of spouse followed by move of house is two events, but move to another city and change of job is usually one event). Sometimes a chain increases the impact of an event. This is in contrast to the LEDS, for which the threshold is 8 days, possibly, therefore, producing a higher event rate.

Independence is derived from Brown (Brown *et al.* 1973; Brown & Harris, 1978). It is defined as follows. Rate the independence of the event in the sense that it appears unlikely that the event was a consequence or potential consequence of psychiatric illness. Certain events appear unlikely to be the result of illness, and are therefore of particular importance as possible causative factors; for others, the relationship is obscure, or the event may be caused by illness. Note that this judgement depends primarily on the circumstances of the event, and not on the actual history of illness: it can and should be applied to non-ill people, (for instance, by imagining that the subject had become ill during the period under consideration). However, history of illness may provide additional information to make the event judged as dependent: it should not be used as evidence that the event is independent. Examples of independent events are those occurring to other people, many events occurring to the subject, which were consequences of chance, wider social developments or the decisions of others, which are not influenced by the subject, e.g. earthquake, redundancy due to closure of a factory (being fired, where it is not clear that incompetence may have contributed would be rated as independent). An event that is

partially the consequence of an earlier, probably dependent event, cannot itself be rated as almost certainly independent. Brief examples and guide rules for coding are given in the schedule. A five-point rating of independence is made: almost certainly independent of illness, probably independent, uncertain, probably dependent on illness, almost certainly dependent. Only the first two points are used as independent events in analyses. It should be noted that it is independence of possible illness that is rated, since this is usually the important issue. It does not rule out possible association of events with personality, habitual life patterns, social environments, familial or genetic factors, which are both harder to exclude and legitimate targets for empirical study. Other concepts of independence can be used: in one study of postnatal depression independence of events from consequences of pregnancy was rated (Paykel *et al.* 1980).

Objective negative impact is a modified version of Brown's long-term contextual threat (Brown *et al.* 1973; Brown & Harris, 1978). The rater is asked to evaluate the degree of unpleasant impact, stress or threat the event would be expected to bear when its full nature and circumstances are taken into account. Further instructions are to consider particularly the implications over a period of weeks or months rather than days (e.g. an apparently severe physical illness that turned out, within a week, to be a mis-diagnosis of something trivial would not rate very highly). The rater should not, however, employ a very long-term psychoanalytical view of effects or persisting behaviour patterns. The measure should be completely uninfluenced by the patient's subjective report of the impact of the event, but it does take into account the particular circumstances of the patient and of the event, which modify the objective impact of the event. These might include many factors such as previous experience of the event, its desirability, expectedness, support received after its occurrence as well as particular circumstances of the patient's life, which may be expected to modify the event's impact and consequences. Although ratings are not being made of all such modifying dimensions, the written summary of the event should indicate those that are salient. Note that only negative impact is rated. An event that is purely beneficial will be rated as having no negative impact. Some

beneficial events may also carry stress, challenge or negative impact, e.g. promotion might have mild negative impact. Ratings are made on a five-point scale of negative impact – severe, marked, moderate, mild, no negative impact. In most recent studies of the present author, both independent events categorized as undesirable, and independent events of moderate, marked or severe objective impact have been used for analysis.

SCORING SYSTEMS

There is no single scoring system for the instrument, but in recent studies analyses have been confined to events rated probably or almost certainly independent. Two alternative ways of grouping events have been employed, usually to examine the number of subjects with one or more events of the class. These are: (i) major events (events rated moderate, marked or severe in objective negative impact, depending on individual event judgements) – this is similar to use of events of severe threat by Brown and colleagues; and (ii) undesirable events (events which in terms of generally shared social values would usually be regarded as undesirable). This categorization is based on event definition, rather than ratings of individual event occurrence. Since it is based on certain specific events, it has the advantage that it does not involve judgement by potentially biased raters, although because it takes a broad categorization, it is likely to be less sensitive. The 37 events regarded as undesirable are listed in Paykel *et al.* (1976). They are predominantly those also ranked as stressful and most likely to be judged as high in objective negative impact. Advantages and disadvantages of these and other methods are discussed elsewhere (Paykel, 1983).

Other ways of grouping events which have been employed in some studies include exit v. entrance events; desirable events; events in or out of the subjects' control; events rated as major, intermediate or minor from ranking in top, middle or lower third on the basis of a scaling study (Paykel *et al.* 1976). Subjective judgements of the subject were compared with objective judgements in one methodological study (Paykel, 1983). In a recent study, the effect of positive events on remission was also examined (Paykel *et al.* 1996). In one study of life events

and postpartum depression, independence or dependence of each event on pregnancy was also rated (Paykel *et al.* 1980).

Scaling studies have been carried out in two countries, USA (Paykel *et al.* 1971*a*) and England (Paykel *et al.* 1976). In both these studies events were scaled on a 0–20 scale of how upsetting they would be. In an early American study (Paykel *et al.* 1971*b*; Paykel, 1974) total event scores were derived by summarizing scores for individual events occurring, using scores derived from those reported by Holmes & Rahe (1967). In a later American study the scaling scores which had been derived on the schedule were used to assign similar scores (Uhlenhuth & Paykel, 1973*a, b*). However, this method, although superficially appealing since it gives continuous stress scores suitable for parametric analyses, is problematical. First, the assumption of additivity of scores may not be justified (Brown & Harris, 1989). Secondly, in practice total stress scores are found to be highly correlated with number of events, since most events reported are from a comparatively narrow mid-range of scores. This method is not recommended. The IRLE is, however, agnostic as to whether events are additive or not in practice and recognizes that this is ultimately an empirical question.

TRANSLATIONS

The English language version of the Interview has been used in many studies in the UK, USA, Canada and a study in New Zealand (McPherson *et al.* 1993). In addition translations have been prepared in Italian, French, Dutch, Bengali, the Indian language Kannada, and Arabic.

The Italian translation was originally prepared by Fava & Osti (1981). It has been extensively used by research groups in Bologna (Osti *et al.* 1980; Sonino *et al.* 1988) Modena (Fioroni *et al.* 1994), Padua (Fava & Pavan, 1976; Fava *et al.* 1980, 1981; Perini *et al.* 1984; Canton & Fraccon, 1985; Canton *et al.* 1988; Sonino *et al.* 1988, 1993*a–c*), Rome (Levenstein *et al.* 1992), Verona (Baratta *et al.* 1985; Turrina *et al.* 1993; Zimmerman-Tansella *et al.* 1993). A different version based on Brown's interview but using the specific life events in the Interview for Recent Life Events has also been used in Florence and Trieste (Faravelli & Ambonetti,

1983; Faravelli, 1985; Faravelli & Palanti, 1989; De Vanna *et al.* 1990).

The French translation was prepared in Belgium by A. Tracy and colleagues (Mendlewicz *et al.* 1986; Pardoën *et al.* 1993). It was further modified by Anseau and colleagues (Anseau *et al.* 1990; Anseau, 1995). A Dutch translation was prepared by Oei & Zwart (1986) and compared with a self-report questionnaire. A further Dutch translation was used by Cornelis *et al.* (1989) to study onset of depression.

The Bengali translation was prepared by S. P. Sarkar (1991) for a study of peptic ulcer bleeding and the Kannada translation by S. Khanna for a study of obsessional disorder (Khanna *et al.* 1988). The Arabic translation was prepared by Mahgoub *et al.* (1991) and used in a study of peptic ulcer in Saudi Arabia. A Japanese interview, based on Brown's technique but employing a shortened version of the present events list, was derived by Nanko & Demura (1993) for a study of life events and depression.

RELIABILITY AND VALIDITY

Two studies have reported reliability and validity of the English language version. In an inter-rater reliability study conducted at St George's (Paykel, 1983), raters were a Ph.D. sociologist, a Ph.D. psychologist and a B.Sc. graduate in psychology. Patients with neurotic disorders, predominantly depression, were interviewed by one rater, chosen in rotation and independent ratings were made by the others. Altogether 21 subjects were interviewed, 16 with all three raters present, the remainder with two raters. There was high agreement for specific events, occurrence, month of occurrence, independence and objective negative impact. The findings are summarized in Table 1.

Cooke (1985a) reported a large inter-rater reliability study using two separate pairs of interviewers. One pair interviewed 122 subjects in the community and the other pair 92 subjects. Again reliability, shown in Table 1 for the separate pairs, was high. Some additional qualitative ratings also had similar reliability.

Baratta *et al.* (1985) reported a detailed reliability study of the Italian version, also shown in Table 1. Fifteen psychiatric patients and 15 normal subjects were interviewed by one or other of two psychiatrists on a randomized

Table 1. *Interview for Recent Life Events: studies of inter-rater reliability*

Study	Reliability coefficient
Paykel (1983)*	
Specific event occurrence	0.95
Month of occurrence	0.85
Independence†	0.87
Objective negative impact‡	0.76
Cooke (1985a)‡	
Specific event occurrence*	0.94
Number of events (12 months)	0.90
Month of occurrence	0.95
Independence	0.89
Objective negative impact	0.78
Barratta <i>et al.</i> (1985)¶ Italian version of IRLE	
Number of events	1.00
Normals	0.98
Patients	0.96
Independence (all events)	0.96
Objective negative impact (all events)	0.90

* Percentage agreement.

† Agreement to within one point.

‡ Two pairs of raters reported separately, using Kappa coefficients.

¶ Spearman's rank order correlation (rho).

basis while the other observed and conducted independent ratings. The authors reported high inter-rater reliability. For total number of events, complete agreement was found for the normal subjects and for 13 of the 15 patients. A Spearman rank order correlation of 0.96 was obtained across events for independence and 0.90 for objective negative impact, with high correlations also in various categories of events.

Another aspect, intermediate between reliability and validity concerns fall off of events in the retrospective frame in a general population sample. As the average number of events in any month in the population is likely to be constant, systematic retrospective fall off is likely to indicate forgetting from earlier time periods. In an analysis previously reported (Paykel, 1983) fall off of about 1% per month was found, much superior to that with self-report methods, and comparable to findings by Brown and colleagues using the Bedford College Life Events and Difficulties Schedule (LEDS) (Brown & Harris, 1982).

There are various other approaches to validation. Concordance between subjects and informants, which has been examined for some

instruments (Paykel, 1983) has not been tested for the Interview for Recent Life Events. Our experience in other studies has suggested that informants often lack sufficiently detailed access to, and recall of, events occurring to subjects, particularly regarding timing, except for the most major and recent events, and for informants in the most close relationships to subjects.

Another aspect of validity concerns power to differentiate subject groups and various kinds of effects. Here the evidence derives from studies which have used the instrument, and it is good. The instrument has been found to differentiate a wide variety of patient and control groups, with differences as to timing, number and qualities of events. The finding that magnitude and pattern of effect differs considerably for different disorders, and is absent in some disorders, indicates that these are not just artefacts of retrospective falsification, search after meaning or other reporting phenomena.

USE IN STUDIES

The Interview for Recent Life Events has been used extensively in research studies. The summary below may not be fully complete since there are likely to be some studies not known to the present author.

Psychiatric disorders

The Interview was first derived to study psychiatric patients and has been used most for this purpose. In studies by the author and colleagues, it has been used in depressive onset (Paykel *et al.* 1969), depressive relapse (Paykel & Tanner, 1976), onset and subtypes (Paykel *et al.* 1984), depressive remission, residual symptoms and relapse (Paykel *et al.* 1996), post natal depression (Paykel *et al.* 1980), puerperal psychosis (Dowlatsahi & Paykel, 1990), schizophrenia (Jacobs *et al.* 1974; Jacobs & Myers, 1976), suicide attempts (Paykel *et al.* 1975), anxiety and neurotic disorders (Uhlenhuth & Paykel, 1973*a, b*).

In studies by other workers it has been used to study depressive onset, remission and relapse (Fava *et al.* 1981, 1986; Roy *et al.* 1985; Mendlewicz *et al.* 1986; Cornelis *et al.* 1989; Anseau *et al.* 1990; Scott *et al.* 1992; Andrew *et al.* 1993; Pardoan *et al.* 1993), bipolar disorder

(Kennedy *et al.* 1983; Hunt *et al.* 1992; McPherson *et al.* 1993), puerperal psychosis (Marks *et al.* 1991, 1992), post natal depression (Cooper & Stein, 1986), suicide attempts (De Vanna *et al.* 1990), panic disorder (Faravelli, 1985; Faravelli & Palanti, 1989), neurotic disorders (Sievwright, 1988; Sievwright & Tyrer, 1990), schizophrenia (Roy *et al.* 1983; Canton & Fraccon, 1985), depression in pathological gamblers (Roy *et al.* 1988), obsessive-compulsive disorder (McKeon *et al.* 1984; Khanna *et al.* 1988), behavioural disorder in mental handicap (Ghaziuddin, 1988), heroin abuse (Prusoff *et al.* 1977), alcohol abuse (Cooke & Allan, 1984; Canton *et al.* 1988), psychiatric disorder in the community (Myers *et al.* 1971, 1972; Cooke, 1981, 1986; Gath *et al.* 1987; Zimmerman-Tansella *et al.* 1993) and psychotropic drug use (Turrina *et al.* 1993).

Physical disorders

It has also been used widely to study physical disorders and symptoms including somatization (Scaloubaca, 1988), thyrotoxicosis (Gray & Hoffenberg, 1985; Sonino *et al.* 1993*a*), Cushing's syndrome (Sonino *et al.* 1988, 1993*b, c*), diabetes (Roy *et al.* 1994), hypertension (Osti *et al.* 1980), alopecia areata (Perini *et al.* 1984), other dermatological disorders (Fava *et al.* 1980), peptic ulcer (Mahgoub *et al.* 1991; Sarkar, 1991; Levenstein *et al.* 1992), large bowel disorders (Fava & Pavan, 1976), abdominal pain (Gomez & Dally, 1977), irritable bowel (Kettel *et al.* 1972; Whitehead *et al.* 1992), menopausal symptoms (Cooke, 1985*b*), amenorrhoea (Fiorini *et al.* 1994), asthma (Garden & Ayres, 1993), temporo-mandibular joint dysfunction (Speculand *et al.* 1984), low birth weight and pre-term delivery (Stein *et al.* 1987). Selected items were used in a study of low birth weight (Brooke *et al.* 1989).

DISCUSSION

Methodology of Life Event Studies

Methodological aspects of studies of recent life events have been widely reviewed and discussed (Brown & Harris, 1978; Paykel, 1983; Katschnig, 1986; Brown & Harris, 1989). The first challenge is to obtain information that is reliable and valid. In most circumstances life event information is obtained retrospectively. For any

respondent, fall off and distortion of recall can occur. In the psychiatric patient this may be compounded by misperceptions due to psychiatric disorders such as depression, with guilt and hopelessness, or schizophrenia, with paranoid delusions, leading to interpretation of minor or non-existent occurrences as major or real. A further element in any type of ill subjects, psychiatric or medical, may be an attempt to give meaning and explanation for an illness, in terms of a life occurrence. In our experience this may particularly lead to volunteering of events which, on detailed enquiry, are found to be outside the specified time period in question.

An early method for obtaining life event information was by self-report pencil and paper checklist. Since then a number of studies of reliability, event fall off due to poor recall, and subject-informant concordance have been published (Paykel, 1983; Brown & Harris, 1989). In general, these show major deficiencies when event ascertainment is by such questionnaires, and acceptable reliability and validity when it is by direct interview with the subject.

A second problem is the elimination of events that are consequences of illness. Illnesses, both psychiatric and physical, may produce events, such as loss of work, family disruptions. These need to be eliminated, unless consideration is of intermediate steps on a causative chain. Much can be achieved by confining attention to events prior to onset of the episode of illness but in many circumstances this is not sufficient, e.g. where onset is insidious, or where post-onset phenomena such as recovery are being studied. Here the concept and rating of independence of illness, introduced by Brown and colleagues (1973) was a major advance.

A third issue is that of quantification of stress. Life events vary in their magnitude, and simply counting their number is a poor way to quantify the amount of stress. Here, a range of techniques have been used in published studies, including consensus scaling, categorization of events into groups by various of their implications, contextual judgements of threat based on circumstances, as introduced by Brown *et al.* (1973) and personal subjective judgement made by the subject who experienced the event. These have been discussed and compared at length elsewhere (Paykel, 1983). The generalized techniques are less sensitive but the individualized techniques

are more prone to bias. Except for personal subjective judgements, which are inappropriate in retrospective studies of illness where the subject is very likely to attribute illness to event, all the other methods have some place. Our own findings from a methodological study suggest that they overlap considerably in selecting the stressful occurrences (Paykel, 1983). Ratings of objective negative impact were found to be correlated moderately highly both with categorization into undesirable and desirable events on the one hand, and with subjects' own ratings of their events on the other. It is not surprising that there should be a common concept of stressfulness underlying these ratings, or that certain events should almost always be stressful. In our own studies of effects of events we have mainly used grouping of events into categories, and objective negative impact, our modified version of contextual threat.

The IRLE and other interviews

A number of interviews have been used in life event research. Those most commonly employed have been the Bedford College LEDS (Brown & Harris, 1978), the present IRLE, and the PERI (Psychiatric Epidemiology Research Interview) Life Events Scale (Dohrenwend *et al.* 1978). Also used in a smaller number of studies has been a brief schedule of 12 events, the List of Threatening Experiences (LTE) (Brugha & Cragg, 1990).

These vary in their features. The LEDS is particularly comprehensive and the result of much sophisticated methodological development. Its disadvantages lie in the considerable length of the full probing interview, and subtle ratings of the qualities of events made afterwards from tape recordings. It also requires considerable preliminary training. The PERI life events scale is more structured and briefer to administer, but the original version did not contain judgements of independence and threat. A later version has added ratings corresponding to independence, and various qualities of events (Dohrenwend *et al.* 1990). All these interviews require more research investment than does the administration of self-report questionnaires. All research requires a compromise between methodology and cost in the widest sense, but in this area the investment of an interview is necessary.

The LTE, available as an interview or self-report questionnaire, is too brief for comprehensive coverage of life events, but is appropriate to cover briefly common events.

Two other instruments have also been reported, which attempt to reduce interview time by presenting a written list of events, followed by interview probing regarding events endorsed (Miller & Salter, 1984; Costello & Devins, 1988). In both cases some evidence of reliability and validity were presented. However, neither instrument has received much use in practice.

In the literature there has been some confusion over the use of the word 'schedule'. The meaning assigned to this term has varied, from self-report checklist, to structured or semi-structured interview schedule. All interviews require some structure to ensure systematic collection of information. What appears to work best is a structure that enables the full field of potential life events to be covered accurately. This requires specifying the possible events and asking for them rather than broad fields, which do not provide sufficient prompts for recollection of events that may be forgotten at the interview. At the same time there needs to be sufficient flexibility to enable detailed enquiry to ensure that the precise definition of the event is satisfied and its timing and other qualities fully probed.

The IRLE lies in between the Brown interview and shorter schedules. It appears to represent an acceptable methodological compromise. It is briefer than the former and easier to administer, although it lacks some of the probing and the more detailed manual to enhance the rating in the longer interview. It incorporates more probing and rating of qualities of events than the latter.

In order to be useful in research, an interview schedule should be reliable, valid, capable in studies of discriminating between different groups and predicting outcomes, and sufficiently easy in use to be feasible as an instrument in carefully conducted but not necessarily fully resourced research studies. The shorter nature of the Interview for Recent Life Events does enhance feasibility compared with the LEDS, and tends to restrict rater judgements to those that are essential, in order to reduce bias, although with some potential sacrifice of sensitivity. It enables collection of reliable and valid data on event occurrence, timing and qualities, with sensitive discriminating power. The extent

to which it has been used, and the findings resulting from its use, indicate that it does achieve its aims.

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