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THE HASSLES AND UPLIFTS OF EVERYDAY LIFE

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PARENTS WITH A CHRONICALLY ILL CHILD: THE HASSLES AND UPLIFTS OF EVERYDAY LIFE

By

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ABSTRACT

PARENTS WITH A CHRONICALLY ILL CHILD:
THE HASSLES AND UPLIFTS OF EVERYDAY LIFE

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This study was a secondary data analysis of a study by Carla Barnes, Patty Peek and Linda Spence, College of Nursing faculty at Michigan State University. This was a cross sectional, descriptive, quasi-experimental study to examine the frequency of reported hassles and uplifts of parents of chronically ill children (CIC) compared to those with healthy children (HC).

The sample consisted of 28 families with a CIC between the ages of 8-12 years and 17 comparison families with HC of the same age group. The families of CIC were recruited through the MSU, Department of Pediatrics and Human Development. Families with a CIC were required to have had the diagnosis of the chronic illness for at least one year to avoid the period of initial adaptation to the diagnosis. The families with HC were recruited through university, neighborhood and community agency announcements and matched to chronic illness families from each diagnostic category by age, sex, and birth order of the target child.

The respondents were asked to report whether an experience occurred from a list of hassles and uplifts as defined by the given tools. Results of the study show that there is no significant difference in the number of hassles and uplifts in parents of CIC compared to those with HC.

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I would like to dedicate this project to my brother Steven Aula and his wife, Jane Marie Sexton Aula, 31 year old survivor of Cystic Fibrosis, who inspired my interest in families of chronically ill children and provided me with moral support and weekend lodging throughout graduate school.

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INTRODUCTION

Background of the Research Problem

With the life expectancy of chronically ill children increasing with the assistance of modern treatments and technology, improving quality of life for the chronically ill child and their families needs to be considered by the health care providers (Ievers & Drotar, 1996). Stress and physiologic illness has been associated since the times of Hippocrates (Boyce, Chesney, Alkon, Tschann, Adams, Chesterman, Cohen, Kaiser, Folkman & Wara, 1995). Studies cited by Boyce et al. (1995) have documented the association of successive stressful life events with increased risk for physical disorders, chronic illnesses, injuries, as well as psychiatric and behavioral disorders. Others comment on how important everyday stresses are and that the "multiplier effect" can make those everyday stressors more threatening than major stressful events alone (Kanner, Coyne, Schaefer & Lazarus, 1981).

In addition to everyday stresses, parents of chronically ill children have added tasks and worries beyond the diagnosis and treatment of the illness itself. Some of these worries include: care for the child, financial worries related to medical care of the child, missed work and social opportunities, maintenance of the rest of the family's social and financial needs, and the emotional grieving of losses (Patterson & Blum, 1996). Parents who have a chronically ill child have also been found to experience

feelings of guilt, depression, denial, anxiety, hostility, and struggle with issues regarding care of the child's illness through each stage of the child's development (McCubbin, McCubbin, Patterson, Cauble, Wilson & Warwick, 1983; Patterson & McCubbin, 1983; Silverstein, & Johnson, 1994). These added stressors put long term demands on parents and put them at risk for psychological and behavioral symptoms that in turn can affect other members in a family system (Patterson & Blum, 1996).

Parents of chronically ill children not only have the affected child's physical and psychological health concerns, but also their own, their spouse's, and other family member's health concerns occurring simultaneously (Gibson, 1988). The pile up of multiple stressors on a family or one of its members can put an entire family at risk for dysfunction or illness within the family. It is therefore important for health care providers to understand the parents' perception of the stressors they are experiencing.

Purpose of the Study

The purpose of this study is to compare the number of hassles and uplifts and the number of perceived hassles and uplifts reported by parents with a chronically ill child to those of parents who do not have a chronically ill child.

Rationale

Reduction in the number of dysfunctional families is a major objective stated in the 1992 Healthy People 2000 report (United States Department of Health and Human Services, 1992). Nurses can impact and facilitate effective

coping in the families of chronically ill children through knowledge of the stressors experienced and multiple interventions addressing the specific needs, concerns and coping strategies of parents (Hymovich & Baker, 1985). By understanding the hassles and uplifts in everyday life, the nurse can provide organized support groups, facilitate emotional support, and coordinate cooperative mulitdiscipinary care plans for parents and families of the chronically ill child. Nurses also can influence health policy and services through political involvement by addressing concerns and proposing strategies to help reduce the added stressors and worries parents and families experience (Heaman, 1995). For this reason, this study will provide useful information for any health care provider who has contact with a child or family member of a child with chronic illness.

Conceptual Definition of Terms

Hassles are defined as irritating, frustrating, distressing demands that are part of the everyday environment. Examples would be traffic jams, losing something, undesirable weather conditions, family or financial concerns (Kanner, Coyne, Schaefer & Lazarus, 1981). Uplifts are defined as positive experiences in daily activities such as hearing good news, a good night's rest, or having lunch with a good friend.

Chronic illness is defined as a disease or disability without cure and often life threatening that prevails throughout a life time with exacerbations and remissions

which impair an individual physically, psychologically or physiologically (Cohen, 1993) and which requires ongoing needs for medical care and other services (Patterson & Blum, 1996).

THEORETICAL FRAMEWORK

The conceptual model of adjustment and adaptation developed by McCubbin and Patterson (1983b) is applied to this study (Figure 1). This model was based upon Hill's ABCX family crisis model (1958). The model includes the interaction of demands, resources and the family's perception of demands which determine the use of coping mechanisms which in turn lead to the family's level of functioning. Each component has its own effect on the outcome level of family functioning. Demands are the events which cause or have the potential to cause the family to change its current system of functioning (McCubbin & Patterson, 1983b; Spence, 1992). Resources are the material amenities and/or the individual personal traits of a family which allow the family to deal with demands and thus prevent change or disruption in the family system (Patterson & McCubbin, 1983b; Spence, 1992).

Perception of demands is the family's interpretation of the stressors at hand. It is influenced by the family's interpretation of seriousness or the impact the family believes the stressors will have on the family and is also impacted by the family's available resources (McCubbin & Patterson, 1983b; Spence, 1992). This could be measured in part by the rating of reported intensity of hassles and

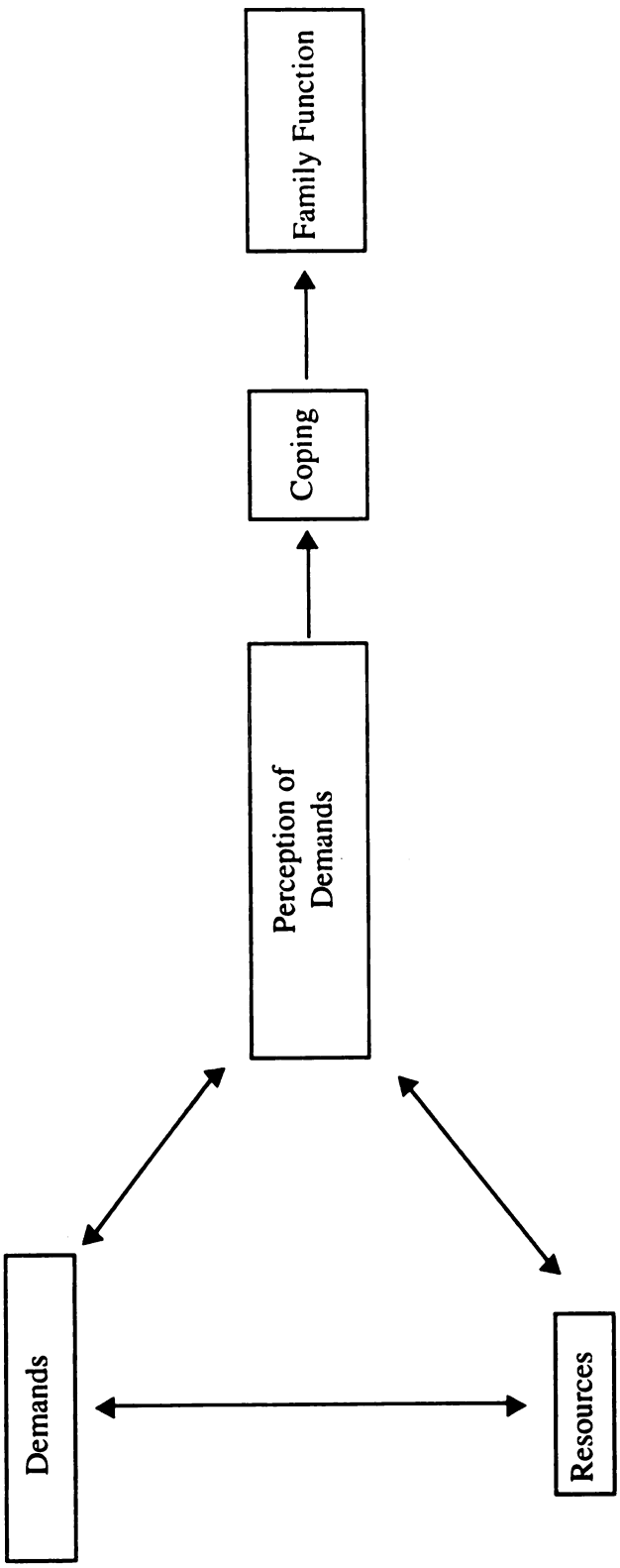

Figure 1. Family Adaptation

uplifts experienced, but is broader than what the present study is examining. Coping is the family's response to a stressor in order to deal with and manage demands and maintain a level of acceptable functioning within the family unit (DeLongis, Folkman & Lazarus, 1988; Gibson, 1988; Spence, 1992).

A family level of functioning will result within a continuum of adaptation according to how these factors interact among each other (McCubbin & Patterson, 1983b). As crises occur and the family develops, the family attempts to maintain a stable level of functioning using familiar patterns of interaction and coping. McCubbin and Patterson (1983b) define this as adjustment. When new ways of interaction occur in the family or the family structure is redefined to reach a level of stability, this is defined as adaptation (McCubbin & Patterson, 1983b). In the revised family adaptation model used for this study (Figure 2), hassles and uplifts that occur are defined as the demands. These demands interact and use resources that the family or its defined member have, occasionally draining the available supply. This is especially true when there are multiple experiences occurring at the same time or within a close period of time. The availability of resources to address hassles and uplifts as they occur directly affect the family's perception of demands (hassles and uplifts) which in turn effects the family's ability to cope with not only crises but also with these hassles and uplifts. Capabilities to cope in turn directly influence a family's

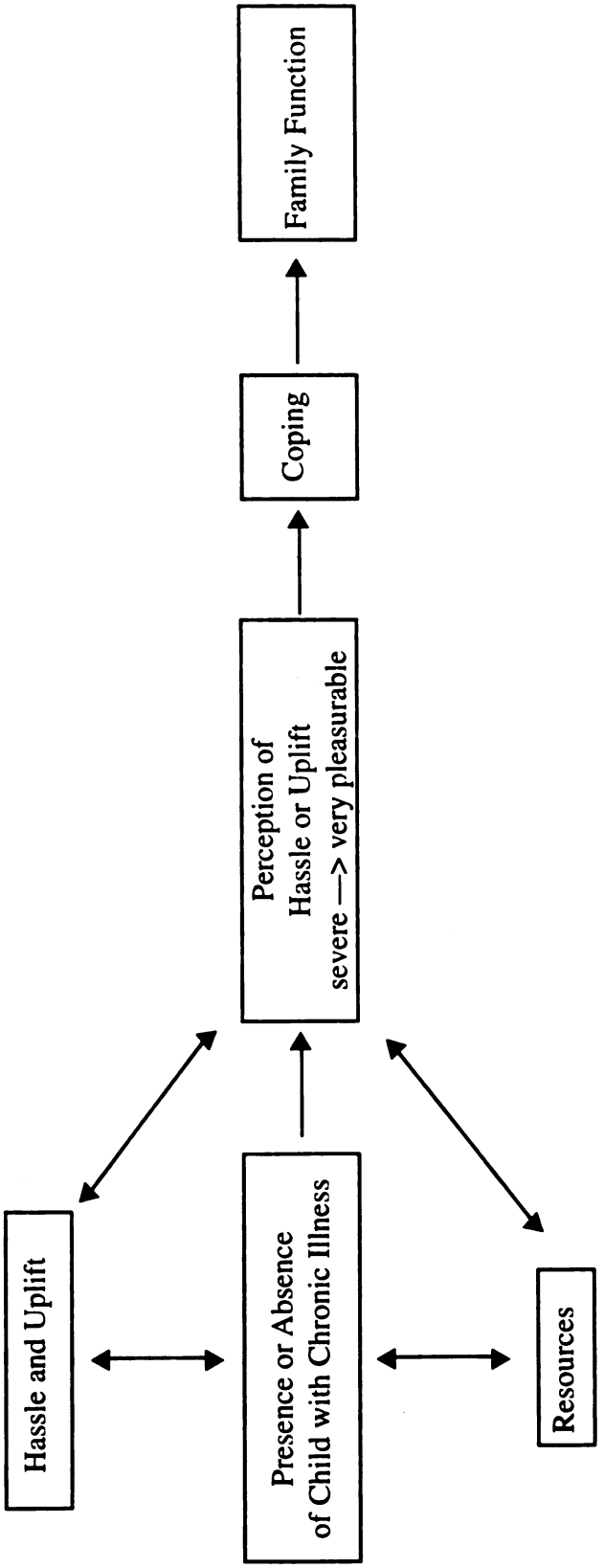

Figure 2. Application of Family Adaptation

overall functionality. Adaptation is the process by which the family learns to function in response to the demands using perception of demands, resources and coping mechanisms in order to maintain the most stable level of functioning of which the family is capable (Spence, 1992).

In the application of this model to the present study, hassles and uplifts are defined as demands on parents. Examples of demands that occur in the lives of parents with a chronically ill child include: treatments, doctor's appointments, grocery shopping, cooking, having lunch with a friend and other everyday events.

For the purpose of this study, perception of demands refers to the perception of the hassle or uplift (Figure 2). In other words does the parent define the event as a hassle or uplift and to what extent was the event defined as severe or pleasurable to the individual or the family as a whole.

As hassles and uplifts occur within the family and the family utilizes the resources it has available, the hassles and uplifts are perceived across a continuum from severe to very pleasurable. The family's coping mechanisms are utilized according to the perceived intensity of the event and result in a level of functioning within the family.

REVIEW OF LITERATURE

Overall family function is strongly related to the parents' level of function within the family (Hamlett, Pellegrini & Katz, 1992), therefore, research on coping of parents of children with chronic illness has an important role. Understanding stressors such as hassles and uplifts

and their impact helps to define, develop and guide interventions related to coping mechanisms for parents of children with chronic illness. Many studies related to parents of chronically ill children and their coping mechanisms use families of children with cystic fibrosis. Also to be reviewed in this section will be literature on parental coping of children with asthma and diabetes and demands of parents with children who have chronic illness.

Hassles and Uplifts/Demands

Kanner, Coyne, Schaefer and Lazarus (1981) compared measurement of stress with daily hassles and uplifts to major life events. The study used the Hassles and Uplifts scales that were administered once a month for ten months consecutively to middle aged adults. The Hassles Scale was found to be a more reliable predictor of concurrent and subsequent psychological symptoms than the life events scores. Uplifts were positively related to symptoms for women, but not for men and the Hassles and Uplifts Scales were related to positive and negative affect which allowed the investigators to conclude that assessing daily hassles and uplifts would help to predict adaptational outcomes more accurately than the life events approach usually used.

DeLongis, Folkman and Lazarus (1988) studied the psychological and somatic effects of stress on adults. Using a revised version of the Hassles and Uplifts Scales, 75 married couples completed questionnaires monthly for six months. The investigators found a significant relationship between daily stress and health problems such as the flu,

sore throats, headaches and back problems. In the area of mood, this study suggests that individuals with poor psychosocial support and lower self-esteem are more prone to have an increase in both psychological and somatic problems following stressful days as measured by hassles and uplifts.

Parental coping with chronic illness

Cadman, Rosenbaum, Boyle and Offord (1991), in a descriptive epidemiologic study, used data from 1869 families in the Ontario Child Health Study to compare psychosocial characteristics of parents and families of chronically ill children with families of healthy children. No differences were found between the groups related to number of single parent families, social isolation, alcohol problems or family dysfunction. Parents of chronically ill children were found to have increased rates of treatment for "nerves" and a higher incidence of psychosocial problems themselves.

Silverstein and Johnson (1994) discuss ways that parents of diabetic children cope with the child's illness. Feelings of guilt about hereditary aspects of the disease may lead the parents to overindulge, overprotect or be extremely permissive with the child. Fear, anxiety and anger related to the long-term complications and potential shortened life span along with sadness and grief related to the loss of expectations to have a healthy child are some emotions parents experience. This may lead some parents to be controlling and expect perfection from the child while at the other extreme, some parents hand over responsibility and

expect the child to be responsible for management of the disease possibly before the child is ready.

Parental coping with cystic fibrosis

In a 1996 review of articles related to the functioning of families and parents of children with cystic fibrosis (CF) compared to families with healthy children (Ievers & Drotar), commonalties were found in that parents of the chronically ill children expressed concerns regarding treatment regimen, terminal illness and the disruption of familial relationships. Parents of the children with CF seemed to experience greater stress and burdens, higher levels of distress, an avoidant coping style and low levels of family support which led to poorer psychological adjustment than the parents of healthy children.

In another study that compared twenty mothers of children with cystic fibrosis and twenty matched control mothers, the parents of chronically ill children were found to spend more time tending to the child's medical care and less time engaging in activities involving play and recreation (Quittner, Opipari, Regoli, Jacobsen & Eigen, 1992). This study specifically found that mothers of chronically ill children spend twice as much time in child care activities as parents of healthy children and significantly less time interacting with their husbands. The study looked at role strain by using a Behavioral Role Strain Index which assessed a range of daily activities such as medical care, meals and household responsibilities and

found the mothers in the cystic fibrosis group reported more role strain than the control group.

Hymovich and Baker (1985) examined the perceptions of parents of children with cystic fibrosis and the impact of their child's illness on the family. The sample was taken from those who visited a CF center between November 1982 and February 1983. Mothers and fathers (161 total) were asked to complete the Chronicity Impact and Coping Instrument: Parent Questionnaire, an instrument which measures concerns, needs and coping strategies. Parents were most concerned about the future of the child and making the child happy or comfortable. One half of the parents wanted information about the child's condition, physical care, diet and nutrition, growth and development related to the child. One-third of the parents were interested in child-rearing issues related to the siblings of the child with CF. Of the 124 parents responding to a question regarding spousal relationships, 60% were "very satisfied" and 26% were somewhat satisfied. Coping strategies included: talking with nurses and physicians and praying. There were no significant differences found between the responses of the fathers and the mothers.

Patterson and McCubbin (1983b) surveyed 100 families from the cystic fibrosis Pediatric Outpatient Clinic at the University of Minnesota Hospital. A questionnaire mailed to families asked about family life events and changes experienced by the family during each six month period of the past year. Clinic records of height, weight and

pulmonary function were reviewed and compared with the survey questionnaire to conclude that a decline in pulmonary functioning could be associated with family stress related to: "family development and relationships, family management and decisions and family finances" (p. 255). The investigators of this study applied the "Double ABCX pile up of stressors" theory to predict a decline in the chronically ill child's health when the family undergoes stressful life changes.

Using the same sample from the above investigation, McCubbin, McCubbin, Patterson, Cauble, Wilson and Warwick (1983) evaluated behavior related items on the Coping Health Inventory for Parents (CHIP) to describe parental coping patterns. Important patterns noted in this study were: "maintaining family integration, cooperation and an optimistic definition of the situation; maintaining social support, self esteem, and psychological stability; and understanding the medical situation through communication with other parents and consultation with the medical staff" (p. 359). Mother's coping tended to be toward family integration and social/emotional stability where the father's coping was more in supporting the mother in a broader sense.

Parental coping with asthma and diabetes

Hamlett, Pellegrini and Katz (1992), interviewed mothers of children with asthma or diabetes and compared their responses to mothers of healthy children of the same age to evaluate the impact of childhood chronic illness and

its impact on the family. The study's findings supported that childhood chronic illness and family functioning are related to maternal perception of behavioral adjustment for the child. Also noted in this study was: an increase in internalizing behaviors in children with asthma; less adequate perceived social support for the parent; and a greater number of reported stressful events. The level of family functioning and available resources were found to directly influence coping capabilities for parents with chronically ill children (Hamlett et al., 1992).

Rubin and Peyrot, (1992) reviewed literature related to psychosocial problems in diabetes and cited multiple sources which emphasize that a diagnosis of diabetes does affect non-diabetic family members and especially mothers of children with diabetes.

Hauser, Jacobson, Wertlieb, Weiss-Perry, Follansbee, Wolfsdorf, Herskowitz, Houlihan and Rajapark (1986) reported after one year of a four year longitudinal study on children with diabetes that diabetic children and their parents expressed more "focusing, problem solving and active understanding" (p. 274) than parents and children with other chronic conditions, but also noted that fathers and children in the diabetes group engaged in more devaluing interactions. Additionally noted is the thought that family members reactions, particularly parents, influence the child's adaptation and attitude toward the illness. This leads to the conclusion that parental influence based on the

parents' perception can determine the course and eventual prognosis of a child diagnosed with diabetes.

Schulz, Dye, Jolicoeur, Cafferty and Watson (1994) studied parents of asthmatic children in two nonrandom groups obtained from one asthma and allergy specialist's practice and parents who wrote letters to Mother's of Asthmatics, Inc./The National Allergy and Asthma Network (MA), a national support and information organization. The parents were organized into focus groups to discuss concerns and quality of life issues. Common concerns among parents were related to job maintenance and security, feelings of emotional distress including feeling alone, frustrated, doubt and depression. Family issues common to parents were "being on pins and needles, living in a roller coaster household and being turned upside down" (p. 212). Parents also commonly felt that needs of the child and the parent themselves could not be met at the same time as well as financial strains and loss of freedom. In summary the authors found once again that the illness of a child in the family does not just affect the ill child, it also affects and often changes the life of the parents.

Schwam (1987) suggests ideas to consider in helping parents of children with asthma cope more effectively. Importance is placed on support from health care providers, spouse, extended family and friends as well as having accessible resources, being organized and planning ahead, and being able to help others with similar problems. Understanding each parent's style of coping and helping the

parents to understand each other's coping is noted as being vital so that there is not a breakdown in "parental alliance" (p. 51). Support and validation of the parent of the asthmatic child is the key to helping the parent make decisions regarding discipline, school issues, athletic participation, helping the child to develop autonomy, manage the illness and prevent the parent from becoming overwhelmed.

The findings from these studies indicate a need to address health care strategies not only for chronically ill children but also for the parents of these children and to recognize what is stressful to the parents who have children with chronic illness in order to help the parents recognize stressful experiences and develop adequate coping mechanisms. The studies discussed are limited by small sample size, use of convenience samples and lack of longitudinal follow up. Longitudinal follow up would be helpful in that the data obtained is subjective and therefore may not be an accurate portrayal of the norm if the subject responded to data during a particularly stressful or eventful time. Strengths with the literature reviewed are related to the specific coping mechanisms of the parents related to children with specific diseases. Parental issues related to children with cystic fibrosis may differ from those related to parents of children with diabetes or another disease. It is recognized throughout the literature that parenting a chronically ill child is stressful and that there is a need to address this

population's concerns and educational needs related to coping with problems specific to having a child with chronic illness.

METHODS

Research Design

This study consisted of a secondary analysis of data collected by Carla Barnes, Patricia Peek and Linda Jan Spence, College of Nursing faculty at Michigan State University. This is a cross-sectional, descriptive, quasi-experimental study to examine the frequency of reported hassles and uplifts of parents of chronically ill children compared to parents with healthy children.

Sample

The sample consisted of 28 families with a chronically ill child between the ages of 8-12 years and 17 comparison families with healthy children of the same age group. The families of chronically ill children were recruited through Michigan State University, Department of Pediatrics and Human Development and were limited to these clinics to maintain control of medical management philosophy of their diseases (asthma, congenital heart disease, cystic fibrosis and insulin dependent diabetes mellitus). Families with a chronically ill child were required to have had the diagnosis of the chronic illness for at least one year to avoid the period of initial adaptation to the diagnosis (Spence, 1993). All families coming to the clinics were asked to participate due to the low incidence of some of the chronic illnesses. The families with healthy children were

recruited through university, neighborhood and community agency announcements. Thirteen comparison families were matched to chronic illness families randomly selected from each diagnostic category by: age, sex and birth order of the target child; number of parents in the home, family size and family income. The remaining four comparison families were matched to non-randomly selected chronic illness families. In the 28 target families there were 47 parents (28 mothers, 19 fathers) and in the 17 comparison families there were 28 parents (17 mothers, 11 fathers) (Spence, 1992). Families meeting the criteria received a letter explaining the study and an invitation to participate. Interested subjects returned a postcard that prompted the investigator to call the subjects by telephone to set up a home visit/interview.

Data Collection Procedures/Instrumentation

In the primary study, the home visit allowed the investigator to explain the study, answer questions and obtain informed consent. Socioeconomic information was obtained from parents at this home visit and family members were asked to complete a series of questions including the Hassles and Uplifts Scales (Kanner et al., 1981) that assesses positive and negative experiences in daily life. The respondents were asked to report whether an experience occurred and if so, indicate if it was perceived as a hassle or uplift. If an experience was perceived as a hassle or uplift, the respondent was then asked to rate the experience on a 3 point scale from "somewhat hassled" to "very hassled"

(Hassles Scale) or "somewhat pleasurable" to "very pleasurable" (Uplifts Scale) (Spence, 1992).

Reliability for these scales was done in Kanner's (1981) original studies on adults. The original study generated lists of 118 hassles and 134 uplifts related to: "work, health, family, friends, the environment, practical considerations, and chance occurrences" (Kanner et al., 1981, pp. 8-9). The scales were administered during a one year longitudinal study once each month for nine consecutive months. Test-retest correlations from these test administrations were calculated relative to frequency and intensity. The average test-retest correlation for frequencies was .79 and the average test-retest correlations for intensities was .48 on the Hassles Scale. The Uplifts Scale correlation for frequencies was .72 and for intensity was .60. The Hassles and Uplifts Scales were also found to be positively related to each other with frequencies correlating .51 and intensities .28. Face, content, construct, predictive and discriminant validity of the Hassles and Uplifts Scale were also examined (Kanner et al., 1981). The frequency of hassles related to negative affect and psychological symptoms more than the uplifts scale related to positive affect. Reported intensity of hassles and uplifts did not appear to be related to affect, but women tended to report higher intensity than men when data were examined by gender. The findings suggested that uplifts do contribute to stress level in women. Kanner et al. (1981) also found the Hassles and Uplifts scales to be

related to each other which suggests that respondents either have a common response style or a tendency for those who experience many uplifts to also experience, or perceive to experience, many hassles.

Operational Definitions

Hassle as measured by the Hassles Scale (Kanner et al., 1981) is events or situations indicated by parents as having occurred.

Perceived Hassle measures whether or not the event which has been indicated as having occurred was perceived as a negative event by the parent.

Uplift as measured by Uplift Scale (Kanner et al., 1981) is the events or situations identified by parents as having occurred.

Perceived Uplift measures whether or not the event which has been indicated as having occurred was perceived as a positive event by the parent.

Limitations of Design

Obvious limitations to the primary study are related to the small sample size and the use of one style of medical management from the clinics. Data collected was retrospective therefore the information obtained infers how the family is coping with stress in the past and present, but is not able to look into how the parents will cope in the future related to events occurring now. The "multiplier" effect discussed by Kanner et al. (1981), is an important consideration. The sequence of events occurring for a family in the given time frame in which the study was

conducted has an impact on how a family member perceives and responds to questions. A longitudinal study design would help reduce this effect. Looking at intensity of reported hassles and uplifts might improve this investigator's ability to distinguish more stressful experiences from those that have occurred but not been perceived as intense.

Scoring and Data Summarizing Procedures

Data obtained was evaluated by comparing the number of reported items on each of the Hassles and Uplifts scales as occurring and the number of events identified as being either a Hassle or Uplift for parents who have a chronically ill child and parents who do not have a chronically ill child.

Protection of Human Subjects/UCRIHS Approval

The participants of the primary study all were volunteers who gave informed consent. The original study was approved by the University Committee on Research Involving Human Subjects (UCRIHS) (IRB# 89-174). The present study was also approved by UCRIHS (IRB# 98-282). The data was received on computer disc with no identifying information about the family.

Data Processing and Analysis

Descriptive statistics and t-test analysis were used to examine the responses of the parents with and without chronically ill children to the Hassles and Uplifts Scales and determine whether there was a significant difference between the two groups on frequency of Hassles and Uplifts and frequency of perceived Hassles and Uplifts.

RESULTS

The results of this study are the product of 75 parents self reported answers to hassles and uplifts defined by the designated tools. The 75 parents were from two groups: 47 parents of chronically ill children (28 mothers, 19 fathers) and 28 parents of healthy children (17 mothers, 11 fathers). The original study found no significant differences between the chronic illness families and comparison families on target child characteristics (age, sex and birth order), family characteristics (number of parents, number of children, and income) or characteristics of fathers (education, occupation, or full/part time work). Mothers in the comparison families had significantly more education, were significantly more likely to work outside the home and in graduate professional positions and to work full time compared to the mothers of chronically ill children (Spence, 1992).

Hassles

T-test was performed comparing the number of events having occurred listed on the hassles tool. It was not designated whether or not the event was defined as a hassle, rather did it occur (Table 1). No significant differences were found between the groups of parents related to number of events defined as hassles having occurred $p > 0.05$ ($M=31.07$ and $M=31.04$).

Table 1.

Number of Hassles

Parent	n	mean	Std deviation
chronic	46	31.07	15.72
healthy	28	31.04	15.63

T-test for equality of means

t	df	Signif. (2-tailed)
0.008	72	0.994

Perceived Hassles

T-test was performed comparing the number of reported hassles between parents of chronically ill children and parents of healthy children (Table 2). No significant differences were found between the two groups of parents relating to reported hassles $p > 0.05$ ($M=20.76$ and $M=20.54$).

Uplifts

T-test was performed comparing the number of events having occurred listed on the uplifts tool. It was not designated whether or not the event was defined as an uplift, rather did it occur (Table 3). No significant differences were found between the groups of parents related to the number of events defined as uplifts having occurred $p > 0.05$ ($M=65.24$ and $M=62.82$).

Table 2.

Number of Perceived Hassles

Parent	n	mean	Std deviation
chronic	46	20.76	13.02
healthy	28	20.54	10.66

T-test for equality of means

t	df	Signif. (2-Tailed)
0.077	72	0.939

Table 3.

Number of Uplifts

Parent	n	mean	Std deviation
chronic	46	65.24	24.77
healthy	28	62.82	24.44

T-test for equality of means

t	df	Signif. (2-Tailed)
0.409	72	0.684

Perceived Uplifts

T-test was performed comparing the number of reported uplifts between parents of chronically ill children and parents of healthy children (Table 4). There were no

Table 4.

Number of Perceived Uplifts

Parent	n	mean	Std deviation
chronic	46	55.98	23.76
healthy	28	53.29	23.35

T-test for equality of means

t	df	Signif. (2-tailed)
0.476	72	0.636

significant differences found between the two groups of parents relating to uplifts $p > 0.05$ ($M=55.98$ and $M=53.29$).

The results of this study suggest that there is no significant difference in the number of reported hassles and uplifts between parents of chronically ill children and parents of healthy children.

Family Adaptation Model

The conceptual model of adjustment and adaptation would suggest that parents of chronically ill children would experience daily hassles and uplifts at a higher rate than those of healthy children. The presence of a child with chronic illness in the family, perception of daily hassles and uplifts and available resources are impacted as the chronic illness is an ever present demand of its own often at the center of family activities and plans. In families of children with chronic illness, attention directed toward

the illness, treatments of the illness, and limitations on activity, may deplete resources available for coping with the daily hassles and uplifts thus altering the perception of the event occurring. In turn this could effect coping mechanisms and overall functioning within the family over time. The results of this study do not support that common belief.

DISCUSSION

Methods

There are multiple characteristics of the methodology that may influence the data interpretation. The sample size is small and the demographics of families are relatively homogenous, therefore, the findings cannot be generalized to all populations. The subjects were all volunteers and it can be assumed that the subjects had enough time and emotional resources to participate and complete the study. Significant differences in the educational level of the mothers may also influence the results, however, no specific data relating to educational level and coping was found. Another issue related to the findings of the study is that the tools used identified specific events and labeled them as hassles or uplifts. These may or may not be a stressor to an individual or family. Additionally, other events in an individual's life may be perceived as a hassle or uplift but not be designated as one on the tools. Another issue in evaluating the data is the cross sectional nature of data collection. Data was collected at one period in time, the sequence and timing of events could have an impact on the

perception of the event at the time of self reporting for this study.

Current Literature

The current literature suggests that parents of children with chronic illness experience more stress and have more tasks and burdens relating to the illness in daily life, but the literature is scarce relating to parental perception of hassles and uplifts in daily life. The findings of this study indicate that in spite of the added burdens related to having a chronically ill child, parents of these children do not perceive hassles and uplifts of daily life any more frequently than parents of healthy children. This suggests that parents learn to cope and find a balance of adjustment within the family whatever the list of burdens.

Implications for Advanced Practice Nursing

Implications for Advanced Practice Nursing are to continually assess the family's coping and adjustment skills both in healthy families and in those with children with chronic illness. As families develop and change over time, the equilibrium of adjustment and coping skills acquired will also continue to change and find new balance. By allowing parents opportunity to discuss issues and concerns, the Advanced Practice Nurse can facilitate the development of these coping and adjustment skills through teaching and counseling. Acknowledging stresses related to hassles and uplifts in the lives of parents and the disruption they bring to families, will help parents to see that through

communication and work within the family, another level of equilibrium in the area of adjustment and coping will be achieved as the family continues to develop. Advanced practice nurses can also be involved in educating the public, developing support programs and advocating on behalf of families of children with chronic illness. With increased public awareness and understanding, support and programs available will add to the available resources to families with chronically ill children. Legislative bills such as the family leave act recently signed and implemented is a start to public understanding and awareness. Other laws such as this one will help facilitate support and coping amongst families who must deal with chronic illness and thus increase overall functionality amongst families in the United States.

Implications for Further Research

Further research related to hassles and uplifts could be conducted on a larger sample and increase the ability to generalize the findings to a broader population. Evaluating perceived intensities of hassles and uplifts would also be helpful in determining whether the parents of chronically ill children experience them differently from parents of healthy children. Adapting a tool that allowed subjects to identify events perceived as a hassle or uplift which did not appear on the given tool may give a more accurate account as to the number of significant events. A longitudinal study would be more effective in evaluating the long term level of stress and the "multiplier effect"

related to hassles and uplifts in everyday life. Another important consideration in evaluating the data would be to consider the number of parents and stage of the family development related to the number of reported hassles and uplifts.

Implications for Nursing Education

This study is relevant in nursing education at all levels. Considering families as holistic, interacting, and ever-changing systems allows nurses to provide nursing care at different levels according to the level of the family's readiness and ability to accept information. As the family develops and experiences different levels of stress, the nurse can guide the family to and through various levels of coping. It is important for the nurse to understand the ever changing needs as a family develops as well as how individual perceptions differ within and between families experiencing similar situations.

Summary

In summary, though every family unit has individual ways of coping with stresses related to hassles and uplifts in everyday life, there continues to be a common thought that those families with chronically ill children experience them differently than their counterparts with healthy children. The advanced practice nurse can facilitate healthy growth and development and encourage the acquisition of effective coping skills amongst all families. Through acknowledgment and awareness that events in everyday life, whether a hassle or an uplift, stressors can be tools the

family uses to develop the next level of adaptation in the process of family development.

LIST OF REFERENCES

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Boyce, W.T., Chesney, M., Alkon, A., Tschann, J.M., Adams, S., B., Cohen, F., Kaiser, P., Folkman, S. & Wara, D. (1995). Psychobiologic reactivity to stress and childhood respiratory illness: Results of two prospective studies. Psychosomatic Medicine, 57, 411-422.

Cadman, D., Rosenbaum, P., Boyle, M. & Offord, D.R. (1991). Children with chronic illness: Family and parent demographic characteristics and psychosocial adjustment. Pediatrics, 87(6), 884-889.

Cohen, M.H. (1993). The unknown and the unknowable: Managing sustained uncertainty. Western Journal of Nursing Research, 15(1), 77-96.

Cohen, S. (1990). Social support and physical illness. Advances 7(1), 35-47.

DeLongis, A., Folkman, S. & Lazarus, R.S. (1988). The impact of daily stress on health and mood: Psychological and social resources as mediators. Journal of Personality and Social Psychology, 54(3), 486-495.

Folkman, S., & Lazarus, R.S. (1988). Manual for ways of coping questionnaire (research ed.). Palo Alto, CA: Consulting Psychologist Press.

Gibson, C. (1988). Perspective in parental coping with a chronically ill child: The case of cystic fibrosis. Issues in Comprehensive Pediatric Nursing, 11, 33-41.

Hamlett, K.W., Pellegrini, D.S. & Katz, K.S. (1992). Childhood chronic illness as a family stressor. Journal of Pediatric Psychology, 17, 33-47.

Hauser, S.T., Jacobson, A.M., Wertlieb, D., Weiss-Perry, B., Follansbee, D., Wolfsdorf, J.I., Herskowitz, R.D., Houlihan, J. & Rajapark D.C. (1986). Children with recently diagnosed diabetes: Interactions within their families. Health Psychology, 5(3), 273-296.

Heaman, D.J. (1995). Perceived stressors and coping strategies of parents who have children with developmental disabilities: A comparison of mothers with fathers. Journal of Pediatric Nursing, 10(5), 311-320.

Hill, R. (1958). Generic features of families under stress. Social Casework, 39, 32-52.

Hymovich, D.P. & Baker, C.D. (1985). The needs, concerns and coping of parents of children with cystic fibrosis. Family Relations, 34, 91-97.

Ievers, C.E. & Drotar, D. (1996). Family and parental functioning in cystic fibrosis. Journal of Developmental and Behavior Pediatrics, 17(1), 48-55.

Kanner, A.D., Coyne, J.C., Schaefer, C. & Lazarus, R.S. (1981). Comparison of two modes of stress measurement: Daily hassles and uplifts versus major life events. Journal of Behavioral Medicine, 4(1), 1-39.

Kanner, A.D. & Feldman, S.S. (1991). Control over uplifts and hassles and it's relationship to adaptational outcomes. Journal of Behavioral Medicine, 4(2), 187-201.

Lavigne, J.V. & Burns, W.J. (1981). The impact of a chronic illness on the family. In Pediatric Psychology: An Introduction for Pediatricians and Psychologists. New York: Grune & Stratton, Inc. pps. 331-353.

Lazarus, R.S. (1966). Psychological stress and the coping process. New York: McGraw Hill.

McCubbin, H.I., McCubbin, M.A., Patterson, J.M., Cauble, A.E., Wilson, L.R. & Warwick, W. (1983a). CHIP-Coping health inventory for parents: An assessment of parental coping patterns in the care of the chronically ill child. Journal of Marriage and the Family, 48, 359-370.

McCubbin, H.I. & Patterson, J.M. (1983b). The family stress process: The double ABCX model of adjustment and adaptation. In H.I. McCubbin, M.A. Sussman, & J.M. Patterson (Eds.). Social Stress and the Family: Advances in Family Stress Theory and Research. New York: The Haworth Press, pp 7-37.

Patterson, J. & Blum, R.W. (1996). Risk and resilience among children and youth with disabilities. Archives of Pediatric and Adolescent Medicine, 150, 692-698.

Patterson, J.M. & McCubbin, H.I. (1983a). Chronic Illness: Family stress and coping. In C.R. Figley, & McCubbin, H.I. (Eds.). Stress and the Family, Vol. II.: Coping with Catastrophe. New York: Brunner/Mazel, Publishers, pp. 21-36.

Patterson, J.M. & McCubbin, H.I. (1983b). The impact of family life events and changes on the health of a chronically ill child. Family Relations, 32, 255-64.

Quittner, A.L., Opipari, L.C., Regoli, M.J., Jacobsen, J. & Eigen, H. (1992). The impact of caregiving and role strain on family life: Comparisons between mothers of children with cystic fibrosis and matched controls. Rehabilitation psychology, 37, 275-290.

Rubin, R.R. & Peyrot, M. (1992). Psychosocial problems and interventions in diabetes: A review of the literature. Diabetes Care, 15(11), 1640-1657.

Schulz, R.M., Dye, J., Jolicoeur, L., Cafferty, T. & Watson, J. (1994). Quality of life factors for parents of children with asthma. Journal of Asthma, 31(3), 209-219.

Schwam, J.S. (1987). Assisting the parent of a child with asthma. Journal of Asthma, 24(1), 45-54.

Silverstein, J.H. & Johnson, S. (1994). Psychosocial challenge of diabetes and the development of a continuum of care. Pediatric Annals, 23(6), 300-305.

Spence, L.J. (1992). Family adaptation to chronic childhood illness. Unpublished doctoral dissertation, Michigan State University, East Lansing, MI.

Spirito, A., Stark, L.J., Gil, K.M. & Tyc, V.L. (1995). Coping with everyday and disease-related stressors by chronically ill children and adolescents. Journal of American Academy of Child and Adolescent Psychiatry, 34(3), 283-290.

U.S. Department of Health and Human Services (1992). Healthy people 2000: National health promotion and disease prevention objectives. Boston: Jones & Bartlett.

VanSciver, M.M., D'Angelo, E.J., Rappaport, L. & Woolf, A.D. (1995). Pediatric compliance and the roles of distinct treatment characteristics, treatment attitudes, and family stress: A preliminary report. Developmental and Behavioral Pediatrics, 16(5), 350-358.

APPENDIX A

UCRIHS Approval Letter

MICHIGAN STATE
UNIVERSITY

May 11, 1998

TO: Linda Spence
A230 Life Sciences

RE: IRB#: 98-282
TITLE: PARENTS WITH A CHRONICALLY ILL CHILD: THE HASSLES AND UPLIFTS OF EVERYDAY LIFE
REVISION REQUESTED: N/A
CATEGORY: 1-E
APPROVAL DATE: 05/08/98

The University Committee on Research Involving Human Subjects (UCRIHS) review of this project is complete. I am pleased to advise that the rights and welfare of the human subjects appear to be adequately protected and methods to obtain informed consent are appropriate. Therefore, the UCRIHS approved this project and any revisions listed above.

RENEWAL: UCRIHS approval is valid for one calendar year, beginning with the approval date shown above. Investigators planning to continue a project beyond one year must use the green renewal form (enclosed with the original approval letter or when a project is renewed) to seek updated certification. There is a maximum of four such expedited renewals possible. Investigators wishing to continue a project beyond that time need to submit it again for complete review.

REVISIONS: UCRIHS must review any changes in procedures involving human subjects, prior to initiation of the change. If this is done at the time of renewal, please use the green renewal form. To revise an approved protocol at any other time during the year, send your written request to the UCRIHS Chair, requesting revised approval and referencing the project's IRB # and title. Include in your request a description of the change and any revised instruments, consent forms or advertisements that are applicable.

PROBLEMS/ CHANGES: Should either of the following arise during the course of the work, investigators must notify UCRIHS promptly: (1) problems (unexpected side effects, complaints, etc.) involving human subjects or (2) changes in the research environment or new information indicating greater risk to the human subjects than existed when the protocol was previously reviewed and approved.

If we can be of any future help, please do not hesitate to contact us at (517)355-2180 or FAX (517)432-1171.

Sincerely,

David E. Wright, Ph.D.
UCRIHS Chair

DEW:bed

cc: Susan C. Aula

OFFICE OF
RESEARCH
AND
GRADUATE
STUDIES

University Committee on Research Involving Human Subjects (UCRIHS)
Michigan State University
246 Administration Building
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48824-1046

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APPENDIX B

Hassle Tool

SUBJECT # _____
DATE _____

THE HASSLES SCALE

INSTRUCTIONS:

Every day people experience irritating, frustrating, or distressing events that we call HASSLES. Hassles can range from minor annoyances to major pressures, problems, or difficulties. Hassles can occur few or many times.

Listed below are several ways in which a person can feel hassled. Please read each event. If the event happened to you during the past month, circle the word YES. (If the event did not occur, do not circle YES and go on to the next event.)

If the event occurred, then indicate whether the event was a hassle for you by circling either YES or NO.

If the event was a hassle (YES was circled) then rate the severity of the hassle by circling either 1 or 2 or 3. 1 is SOMEWHAT SEVERE; 2 is MODERATELY SEVERE; and 3 is EXTREMELY SEVERE.

HASSLES	Did event occur?	If YES, was event a HASSLE?	If event was a hassle, indicate severity: SOMEWHAT SEVERE	MODERATELY SEVERE	EXTREMELY SEVERE
EXAMPLES:					
Got caught in the rain.....	YES	YES NO	1	2	3
Overslept.....	YES	YES NO	1	2	3
Burned dinner.....	YES	YES NO	1	2	3
1. Misplacing or losing things.....	YES	YES NO	1	2	3
2. Troublesome neighbors.....	YES	YES NO	1	2	3
3. Social obligations.....	YES	YES NO	1	2	3
4. Inconsiderate smokers.....	YES	YES NO	1	2	3
5. Troubling thoughts about your future.....	YES	YES NO	1	2	3
6. Thoughts about death.....	YES	YES NO	1	2	3
7. Health of a family member....	YES	YES NO	1	2	3
8. Not enough money for clothing.....	YES	YES NO	1	2	3
9. Not enough money for housing.....	YES	YES NO	1	2	3
10. Concerns about owing money.....	YES	YES NO	1	2	3
11. Someone owes you money.....	YES	YES NO	1	2	3

	Did event occur?	If YES, was event an HASSLE?		If event was a hassle, indicate severity: SOMEWHAT SEVERE	MODERATELY SEVERE	EXTREMELY SEVERE
12. Cutting down on electricity, water, etc.....	YES	YES	NO	1	2	3
13. Smoking too much.....	YES	YES	NO	1	2	3
14. Use of alcohol.....	YES	YES	NO	1	2	3
15. Personal use of drugs.....	YES	YES	NO	1	2	3
16. Too many responsibilities.	YES	YES	NO	1	2	3
17. Non-family members living in your house.....	YES	YES	NO	1	2	3
18. Care for pet.....	YES	YES	NO	1	2	3
19. Planning meals.....	YES	YES	NO	1	2	3
20. Concerned about the meaning of life.....	YES	YES	NO	1	2	3
21. Trouble relaxing.....	YES	YES	NO	1	2	3
22. Trouble making decisions..	YES	YES	NO	1	2	3
23. Problems getting along with fellow workers.....	YES	YES	NO	1	2	3
24. Inside home maintenance...	YES	YES	NO	1	2	3
25. Concerns about job security.....	YES	YES	NO	1	2	3
26. Laid-off or out or work...	YES	YES	NO	1	2	3
27. Do not like current work duties.....	YES	YES	NO	1	2	3
28. Do not like fellow workers.....	YES	YES	NO	1	2	3
29. Not enough money for basic necessities.....	YES	YES	NO	1	2	3
30. Not enough money for food.	YES	YES	NO	1	2	3
31. Unexpected company.....	YES	YES	NO	1	2	3
32. Too much time on hands....	YES	YES	NO	1	2	3
33. Having to wait.....	YES	YES	NO	1	2	3
34. Concerns about accidents..	YES	YES	NO	1	2	3
35. Being lonely.....	YES	YES	NO	1	2	3
36. Fear of confrontation.....	YES	YES	NO	1	2	3
37. Silly practical mistakes..	YES	YES	NO	1	2	3
38. Inability to express yourself.....	YES	YES	NO	1	2	3
39. Physical illness.....	YES	YES	NO	1	2	3
40. Side effects of medication	YES	YES	NO	1	2	3
41. Concerns about medical treatment.....	YES	YES	NO	1	2	3
42. Physical appearance.....	YES	YES	NO	1	2	3
43. Fear of rejection.....	YES	YES	NO	1	2	3
44. Concerns about health in general.....	YES	YES	NO	1	2	3

	Did event occur?	If YES, was event an HASSLE?		If event was a hassle, indicate severity: SOMEWHAT SEVERE	MODERATELY SEVERE	EXTREMELY SEVERE
45. Not seeing enough people..	YES	YES	NO	1	2	3
46. Friends or relatives too far away.....	YES	YES	NO	1	2	3
47. Preparing meals.....	YES	YES	NO	1	2	3
48. Wasting time.....	YES	YES	NO	1	2	3
49. Problems with employees...	YES	YES	NO	1	2	3
50. Declining physical abilities.....	YES	YES	NO	1	2	3
51. Being exploited.....	YES	YES	NO	1	2	3
52. Concerns about bodily functions.....	YES	YES	NO	1	2	3
53. Rising prices of common goods.....	YES	YES	NO	1	2	3
54. Not getting enough rest...	YES	YES	NO	1	2	3
55. Not getting enough sleep..	YES	YES	NO	1	2	3
56. Problems with aging parents.....	YES	YES	NO	1	2	3
57. Problems with persons younger than yourself.....	YES	YES	NO	1	2	3
58. Problems with your lover..	YES	YES	NO	1	2	3
59. Difficulties seeing or hearing.....	YES	YES	NO	1	2	3
60. Overloaded with family responsibilities.....	YES	YES	NO	1	2	3
61. Too many things to do.....	YES	YES	NO	1	2	3
62. Unchallenging work.....	YES	YES	NO	1	2	3
63. Concerns about meeting high standards.....	YES	YES	NO	1	2	3
64. Job dissatisfactions.....	YES	YES	NO	1	2	3
65. Worries about decisions to change jobs.....	YES	YES	NO	1	2	3
66. Trouble with reading, writing, or spelling abilities.....	YES	YES	NO	1	2	3
67. Problems with divorce or separation.....	YES	YES	NO	1	2	3
68. Trouble with arithmetic skills.....	YES	YES	NO	1	2	3
69. Gossip.....	YES	YES	NO	1	2	3
70. Legal problems.....	YES	YES	NO	1	2	3
71. Concerns about weight.....	YES	YES	NO	1	2	3
72. Not enough time to do the things you need to do.....	YES	YES	NO	1	2	3
73. Television.....	YES	YES	NO	1	2	3
74. Not enough personal energy	YES	YES	NO	1	2	3

	Did event occur?	If YES, was event an HASSLE?		If event was a hassle, indicate severity: SOMEWHAT SEVERE	MODERATELY SEVERE	EXTREMELY SEVERE
75. Concerns about inner conflicts	YES	YES	NO	1	2	3
76. Feel conflicted over what to do	YES	YES	NO	1	2	3
77. Regrets over past decisions	YES	YES	NO	1	2	3
78. Menstrual (period) problems	YES	YES	NO	1	2	3
79. The weather	YES	YES	NO	1	2	3
80. Nightmares	YES	YES	NO	1	2	3
81. Concerns about getting ahead	YES	YES	NO	1	2	3
82. Hassles from boss or supervisor	YES	YES	NO	1	2	3
83. Difficulties with friends	YES	YES	NO	1	2	3
84. Not enough time for family	YES	YES	NO	1	2	3
85. Transportation problems	YES	YES	NO	1	2	3
86. Not enough money for transportation	YES	YES	NO	1	2	3
87. Not enough money for entertainment and recreation	YES	YES	NO	1	2	3
88. Shopping	YES	YES	NO	1	2	3
89. Prejudice and discrimination from others	YES	YES	NO	1	2	3
90. Not enough time for entertainment and recreation	YES	YES	NO	1	2	3
91. Yardwork or outside home maintenance	YES	YES	NO	1	2	3
92. Concerns about news events	YES	YES	NO	1	2	3
93. Noise	YES	YES	NO	1	2	3
94. Crime	YES	YES	NO	1	2	3
95. Traffic	YES	YES	NO	1	2	3
96. Pollution	YES	YES	NO	1	2	3
97. Concerns about money for emergencies	YES	YES	NO	1	2	3
98. Decisions about having children	YES	YES	NO	1	2	3
99. Customers or clients give you a hard time	YES	YES	NO	1	2	3
100. Too many interruptions	YES	YES	NO	1	2	3
101. Not enough money for health care	YES	YES	NO	1	2	3

	Did event occur?	If YES, was event an HASSLE?	If event was a hassle, indicate severity: SOMEWHAT SEVERE	MODERATELY SEVERE	EXTREMELY SEVERE
102. Financial security.....	YES	YES NO	1	2	3
103. Sexual problems that result from physical problems.....	YES	YES NO	1	2	3
104. Sexual problems other than those resulting from physical problems.....	YES	YES NO	1	2	3
105. Auto maintenance.....	YES	YES NO	1	2	3
106. Filling out forms.....	YES	YES NO	1	2	3
107 Neighborhood deterioration...	YES	YES NO	1	2	3
108. Problems on job due to being a woman or man.....	YES	YES NO	1	2	3
109. Financial dealings with friends or acquaintances....	YES	YES NO	1	2	3
110. Too many meetings.....	YES	YES NO	1	2	3
111. Concerns about getting credit.....	YES	YES NO	1	2	3
112. Financial responsibility for someone who does not live with you.....	YES	YES NO	1	2	3
113. Concerns about retirement...	YES	YES NO	1	2	3
114. Difficulties with getting pregnant.....	YES	YES NO	1	2	3
115. Financing children's education.....	YES	YES NO	1	2	3
116. Problems with your children.	YES	YES NO	1	2	3
117. Property, investments, or taxes.....	YES	YES NO	1	2	3
118. Being hospitalized.....	YES	YES NO	1	2	3

Have we missed any of your hassles? If so, please write them in below.

/rsw
186b:7
5/19/87

APPENDIX C

Uplift Tool

SUBJECT _____
DATE _____

THE UPLIFTS SCALE-P

INSTRUCTIONS:

Every day people experience events that make them feel good. We call these events UPLIFTS. Uplifts can be sources of peace, satisfaction, pleasure, or joy. Some uplifts occur often, others are rare.

Listed below are several ways in which a person can feel uplifted. Please read each event. If the event occurred to you in the past month circle the word YES. If the event did not occur, do not circle YES and go to the next event.

If the event occurred indicate whether the event was or was not an uplift.

If the event was an uplift then rate the pleasure of the uplift by circling either 1 or 2 or 3. 1 is SOMEWHAT PLEASURABLE, 2 is MODERATELY PLEASURABLE, and 3 is EXTREMELY PLEASURABLE.

		If the event was an uplift, indicate how pleasurable.			
UPLIFTS	Did event occur?	If YES, was event an UPLIFT?	SOMEWHAT PLEASURABLE	MODERATELY PLEASURABLE	EXTREMELY PLEASURABLE
EXAMPLES:					
Received a letter from a friend.....	YES	YES NO	1	2	3
Won the daily lottery.	YES	YES NO	1	2	3
Found a dime in the street....	YES	YES NO	1	2	3
1. Getting enough sleep..	YES	YES NO	1	2	3
2. Practicing your hobby.	YES	YES NO	1	2	3
3. Being lucky.....	YES	YES NO	1	2	3
4. Saving money.....	YES	YES NO	1	2	3
5. Enjoying nature.....	YES	YES NO	1	2	3
6. Liking fellow workers.	YES	YES NO	1	2	3
7. Not working (on vacation,laid off)...	YES	YES NO	1	2	3
8. Gossiping; "shooting the bull.".....	YES	YES NO	1	2	3
9. Being rested.....	YES	YES NO	1	2	3
10. Feeling healthy.....	YES	YES NO	1	2	3
11. Finding something presumed lost.....	YES	YES NO	1	2	3
12. Recovering from illness.....	YES	YES NO	1	2	3
13. Staying or getting in good physical shape...	YES	YES NO	1	2	3
14. Being with children...	YES	YES NO	1	2	3

	Did event occur?	If YES, was event an UPLIFT?		If the event was an uplift, indicate how pleasurable. SOMEWHAT PLEASURABLE	MODERATELY PLEASURABLE	EXTREMELY PLEASURABLE
15. "Pulling something off" getting away with something.....	YES	YES	NO	1	2	3
16. Visiting, phoning, or writing someone.....	YES	YES	NO	1	2	3
17. Relating well with your spouse or lover..	YES	YES	NO	1	2	3
18. Completing a task.....	YES	YES	NO	1	2	3
19. Giving a compliment...	YES	YES	NO	1	2	3
20. Meeting family responsibilities.....	YES	YES	NO	1	2	3
21. Relating well with friends.....	YES	YES	NO	1	2	3
22. Being efficient.....	YES	YES	NO	1	2	3
23. Meeting your responsibilities.....	YES	YES	NO	1	2	3
24. Quitting or cutting down on alcohol.....	YES	YES	NO	1	2	3
25. Quitting or cutting down on smoking.....	YES	YES	NO	1	2	3
26. Solving an ongoing practical problem.....	YES	YES	NO	1	2	3
27. Daydreaming.....	YES	YES	NO	1	2	3
28. Desired weight gain or loss.....	YES	YES	NO	1	2	3
29. Friendly neighbors....	YES	YES	NO	1	2	3
30. Having enough time to do what you want.....	YES	YES	NO	1	2	3
31. Getting a divorce or separating.....	YES	YES	NO	1	2	3
32. Eating out.....	YES	YES	NO	1	2	3
33. Having enough personal energy.....	YES	YES	NO	1	2	3
34. Resolving inner conflicts.....	YES	YES	NO	1	2	3
35. Being with older people.....	YES	YES	NO	1	2	3
36. Finding no prejudice or discrimination when you expect it.....	YES	YES	NO	1	2	3
37. Cooking.....	YES	YES	NO	1	2	3
38. Capitalizing on an unexpected opportunity	YES	YES	NO	1	2	3
39. Using drugs or alcohol	YES	YES	NO	1	2	3
40. Life being meaningful.	YES	YES	NO	1	2	3

	Did event occur?	If YES, was event an UPLIFT?		If the event was an uplift, indicate how pleasurable. SOMEWHAT PLEASURABLE	MODERATELY PLEASURABLE	EXTREMELY PLEASURABLE
41. Being well-prepared...	YES	YES	NO	1	2	3
42. Eating.....	YES	YES	NO	1	2	3
43. Relaxing.....	YES	YES	NO	1	2	3
44. Having the "right" amount of things to do.....	YES	YES	NO	1	2	3
45. Being visited, phoned, or sent a letter.....	YES	YES	NO	1	2	3
46. Enjoying the weather..	YES	YES	NO	1	2	3
47. Thinking about the future.....	YES	YES	NO	1	2	3
48. Spending time with family.....	YES	YES	NO	1	2	3
49. Home (inside) pleasing to you.....	YES	YES	NO	1	2	3
50. Being with younger people.....	YES	YES	NO	1	2	3
51. Buying things for the house.....	YES	YES	NO	1	2	3
52. Reading.....	YES	YES	NO	1	2	3
53. Shopping.....	YES	YES	NO	1	2	3
54. Smoking.....	YES	YES	NO	1	2	3
55. Buying clothes.....	YES	YES	NO	1	2	3
56. Giving a present.....	YES	YES	NO	1	2	3
57. Getting a present.....	YES	YES	NO	1	2	3
58. Traveling or commuting.	YES	YES	NO	1	2	3
59. Doing yardwork or outside housework.....	YES	YES	NO	1	2	3
60. Health of a family member improving.....	YES	YES	NO	1	2	3
61. Resolving conflicts over what to do.....	YES	YES	NO	1	2	3
62. Thinking about health.	YES	YES	NO	1	2	3
63. Being a "good" listener.....	YES	YES	NO	1	2	3
64. Socializing (going to parties, being with friends).....	YES	YES	NO	1	2	3
65. Making a friend.....	YES	YES	NO	1	2	3
66. Sharing something.....	YES	YES	NO	1	2	3
67. Having someone listen to you.....	YES	YES	NO	1	2	3
68. Your yard or outside of house is pleasing.....	YES	YES	NO	1	2	3
69. Having enough money for entertainment and recreation.....	YES	YES	NO	1	2	3
70. Entertainment (movies, concerts, TV).....	YES	YES	NO	1	2	3

	Did event occur?	If YES, was event an UPLIFT?		If the event was an uplift, indicate how pleasurable. SOMEWHAT PLEASURABLE	MODERATELY PLEASURABLE	EXTREMELY PLEASURABLE
71. Good news on local or world level.....	YES	YES	NO	1	2	3
72. Getting good advice...	YES	YES	NO	1	2	3
73. Recreation (sports, games, hiking).....	YES	YES	NO	1	2	3
74. Using skills well at work.....	YES	YES	NO	1	2	3
75. Growing as a person...	YES	YES	NO	1	2	3
76. Being complimented....	YES	YES	NO	1	2	3
77. Having good ideas at work.....	YES	YES	NO	1	2	3
78. Improving or gaining new skills.....	YES	YES	NO	1	2	3
79. Having free time.....	YES	YES	NO	1	2	3
80. Expressing yourself well.....	YES	YES	NO	1	2	3
81. Laughing.....	YES	YES	NO	1	2	3
82. Vacationing without spouse or children....	YES	YES	NO	1	2	3
83. Liking work duties....	YES	YES	NO	1	2	3
84. Listening to or playing good music.....	YES	YES	NO	1	2	3
85. Getting unexpected money.....	YES	YES	NO	1	2	3
86. Changing jobs.....	YES	YES	NO	1	2	3
87. Dreaming.....	YES	YES	NO	1	2	3
88. Having fun.....	YES	YES	NO	1	2	3
89. Going someplace that is different.....	YES	YES	NO	1	2	3
90. Enjoying non-family members living in your house.....	YES	YES	NO	1	2	3
91. Having pets.....	YES	YES	NO	1	2	3
92. Neighborhood improving.	YES	YES	NO	1	2	3
93. Things going well with employee(s).....	YES	YES	NO	1	2	3
94. Pleasant smells.....	YES	YES	NO	1	2	3
95. Getting love.....	YES	YES	NO	1	2	3
96. Making decisions.....	YES	YES	NO	1	2	3
97. Thinking about the past.....	YES	YES	NO	1	2	3
98. Giving good advice....	YES	YES	NO	1	2	3
99. Praying.....	YES	YES	NO	1	2	3
100. Fresh air.....	YES	YES	NO	1	2	3
101. Confronting someone or something.....	YES	YES	NO	1	2	3
102. Being accepted.....	YES	YES	NO	1	2	3

	Did event occur?	If YES, was event an UPLIFT?		If the event was an uplift, indicate how pleasurable. SOMEWHAT PLEASURABLE	MODERATELY PLEASURABLE	EXTREMELY PLEASURABLE
103.Giving love.....	YES	YES	NO	1	2	3
104.Boss pleased with your work.....	YES	YES	NO	1	2	3
105.Being alone.....	YES	YES	NO	1	2	3
106.Feeling safe.....	YES	YES	NO	1	2	3
107.Working well with fellow workers.....	YES	YES	NO	1	2	3
108.Knowing your job is secure.....	YES	YES	NO	1	2	3
109.Feeling safe in your neighborhood.....	YES	YES	NO	1	2	3
110.Doing volunteer work..	YES	YES	NO	1	2	3
111.Contributing to a charity.....	YES	YES	NO	1	2	3
112.Learning something....	YES	YES	NO	1	2	3
113.Being "one" with the world.....	YES	YES	NO	1	2	3
114.Fixing/repairing something (besides at your job).....	YES	YES	NO	1	2	3
115.Making something (besidesat your job)..	YES	YES	NO	1	2	3
116.Exercising.....	YES	YES	NO	1	2	3
117.Meeting a challenge...	YES	YES	NO	1	2	3
118.Hugging and/or kissing.	YES	YES	NO	1	2	3
119.Flirting.....	YES	YES	NO	1	2	3
120.Having sexual relations.....	YES	YES	NO	1	2	3
121.Having enough money for health care.....	YES	YES	NO	1	2	3
122.Having enough money for transportation....	YES	YES	NO	1	2	3
123.Paying off debts.....	YES	YES	NO	1	2	3
124.Past decisions "panning out.".....	YES	YES	NO	1	2	3
125.Job satisfying despite discrimination due to your sex.....	YES	YES	NO	1	2	3
126.Deciding to have children.....	YES	YES	NO	1	2	3
127.Car working/running well.....	YES	YES	NO	1	2	3
128.Successfully avoiding or dealing with bureaucracy or institutions.....	YES	YES	NO	1	2	3
129.Meditating.....	YES	YES	NO	1	2	3

	Did event occur?	If YES, was event an UPLIFT?		If the event was an uplift, indicate how pleasurable. SOMEWHAT PLEASURABLE	MODERATELY PLEASURABLE	EXTREMELY PLEASURABLE
130. Successful financial dealings.....	YES	YES	NO	1	2	3
131. Financially supporting someone who does not live with you.....	YES	YES	NO	1	2	3
132. Looking forward to retirement.....	YES	YES	NO	1	2	3
133. Having good credit....	YES	YES	NO	1	2	3
134. Enjoying your children's accomplishments.....	YES	YES	NO	1	2	3

Have we missed any of your uplifts? If so, please write them in below.