

**General Information .****RESEARCHERS:**

**Dr Simon Kim - Sports and Exercise Medicine Registrar**

**Dr Mark Fulcher - Sports and Exercise Physician**

**Dr Sarah Beable- Sports and Exercise Physician**

**Dr Bruce Hamilton - Sports and Exercise Physician**

**I have read and I understand the participant information sheet. I understand that this study is aiming to investigate the prevalence of mood symptoms, associated risk factors and life stressors in elite professional and semi-professional coaches.**

**I understand that taking part in this study is voluntary (my choice), that I can withdraw at any time until data is submitted.**

**I understand that my participation in this study is confidential and that the surveys will be anonymous.**

**No material which could identify me will be used in any reports or publications from this study. I understand that the data from the study will be stored for six years.**

**I understand that the study involves an online or electronic survey. Participation in the study should take approximately 30 minutes.**

**I know whom to contact if I have any questions about this study. I agree to take part in this research. By continuing on this survey I agree to consent to the above.**

**If I feel disturbed, sad or uneasy at the end of this survey I know I can contact my GP, Medical Director for my sport, HPSNZ psychologist, or any of the anonymous helplines listed below:**

**[www.depression.org.nz](http://www.depression.org.nz) 0800 111757 (Depression help line)**

**Lifeline Free phone 0800 543 354**

**[www.thelowdown.co.nz](http://www.thelowdown.co.nz) (text 5626)**

**APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 16-Feb-2018 for 3 years until 16-Feb-2021, Reference Number 020439**

\* 1. By ticking this box I acknowledge that I am age 18 years or over and have read the above information and consent to participating in this survey.

Yes

No

\* 2. How old are you?

- <20 years
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60-69 years
- 70+

\* 3. What is your gender?

- Female
- Male
- Gender diverse

4. What sport do you coach?

- Athletics  Bike  Canoe/Kayak  Equestrian  Football  Hockey  Netball  Paralympics
- Rowing  Rugby Sevens  Sailing/Yachting  Swimming  Triathlon  Winter sports  Other

\* 5. Have you moved from home to be part of a centralised programme with your sport?

- Yes  No

\* 6. Have you ever been diagnosed with depression?

- Yes
- No

7. Have you ever been prescribed antidepressants?

- Yes
- No

8. Are you currently taking an antidepressant medication?

- Yes
- No, not anymore

\* 9. Has anyone in your immediate family been diagnosed with a mood disorder or mental illness?

- Yes  
 No

10. Have you had injuries in the past resulting in concussion?

- Yes  
 No

\* 11. Were you playing/competing at a professional or semi-professional level in your sport prior to moving into coaching?

- Yes  
 No

\* 12. Did your playing career finish due to an injury?

- Yes  
 No

\* 13. Do you currently suffer from or have you ever suffered in the past from an eating disorder?

- Yes  
 No

\* 14. Are you in paid employment other than your sport?

- Yes- full time  
 Yes- part time  
 Very occasionally  
 Not at all

\* 15. Do you have concerns about your alcohol intake?

- Yes  
 No

\* 16. Do you think you have a substance abuse (drug) problem?

Yes

No

\* 17. Are you contemplating retiring from coaching your chosen sport in the next 12 months?

Yes

No

Undecided

## CESD questionnaire.

**Each question below has a statement. For each statement, please indicate how often you have felt this way IN THE PAST TWO WEEKS by selecting the option you most agree with.**

\* 18. My appetite was poor.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 19. I could not shake off the blues

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 20. I had trouble keeping my mind on what I was doing

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 21. I felt depressed.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 22. My sleep was restless.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 23. I felt sad.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 24. I could not get going.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 25. Nothing made me happy.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.



\* 26. I felt like a bad person.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 27. I lost interest in my usual activities.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 28. I slept much more than usual.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 29. I felt like I was moving too slowly.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 30. I felt fidgety.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 31. I wished I were dead.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 32. I wanted to hurt myself.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 33. I was tired all the time.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 34. I did not like myself.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 35. I lost a lot of weight without trying to.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 36. I had a lot of trouble getting to sleep.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

\* 37. I could not focus on the important things.

- Not at all or less than one day last week
- One or two days last week
- Three to four days last week
- Five to seven days last week
- Nearly every day for two weeks.

## Daily Hassles Questionnaire

**Hassles are irritants that can range from minor annoyances to fairly major pressures, problems, or difficulties. Hassles can occur few or many times in any given time period.**

**Listed below are a number of ways in which a given person can feel hassled.**

**We know there's a few but please answer every question. As this is a validated questionnaire there will be some questions that do not apply to you. For these ones you should tick 'None/Did not occur.'**

**In regards to the below statements:**

**How much was this a HASSLE for you in the past MONTH?**

\* 38. Misplacing or losing things

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 39. Troublesome neighbours

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 40. Social obligations

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 41. Inconsiderate smokers

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 42. Troubling thoughts about your future

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 43. Thoughts about death

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 44. Health of a family member

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 45. Not enough money for clothing

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 46. Not enough money for housing

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 47. Concerns about owing money

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 48. Concerns about getting credit/loan

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 49. Concerns about money for emergencies

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 50. Someone owes you money

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 51. Financial responsibilities for someone who doesn't live with you

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 52. Cutting down on water, electricity, etc

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 53. Smoking too much

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 54. Use of alcohol

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 55. Personal use of drugs

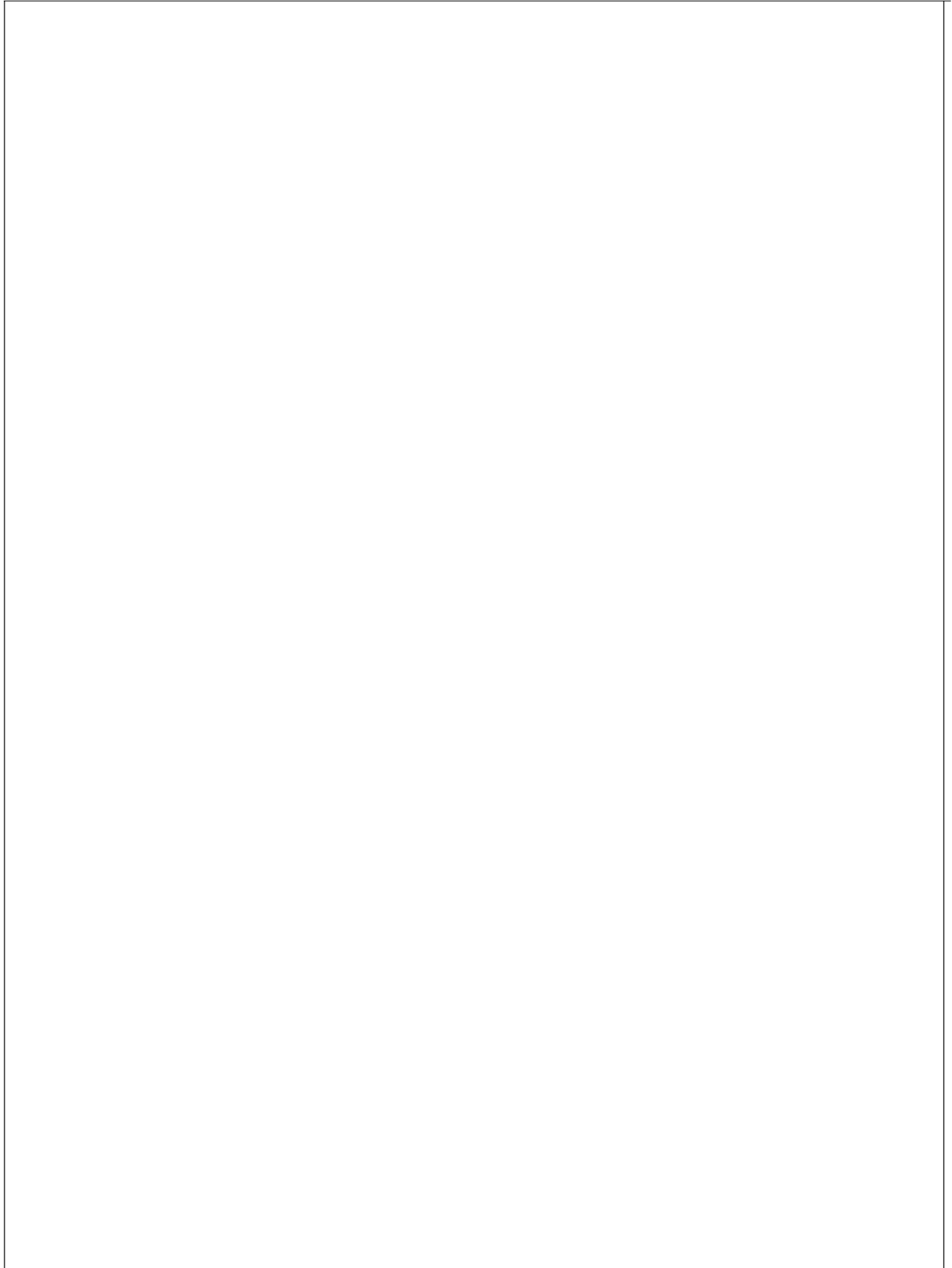
0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 56. Too many responsibilities

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 57. Decisions about having children

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe



## Daily Hassles Questionnaire continued

**How much was the below a HASSLE for you in the past MONTH?**

\* 58. Non-family members living in your house

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 59. Care for pet

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 60. Planning meals

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 61. Concerned about the meaning of life

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 62. Trouble relaxing

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 63. Trouble making decisions

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 64. Problems getting along with fellow workers

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 65. Customers or clients giving you a hard time

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 66. Home maintenance- inside

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 67. Concerns about job security

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

**\* 68. Concerns about retirement**

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

**\* 69. Laid off or out of work**

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

**\* 70. Don't like current work duties**

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

**\* 71. Don't like fellow workers**

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

**\* 72. Not enough money for basic necessities**

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

**\* 73. Not enough money for food**

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

**\* 74. Too many interruptions**

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

**\* 75. Unexpected company**

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

**\* 76. Too much time on hands**

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

**\* 77. Having to wait**

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

**\* 78. Concerns about accidents**

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe



## Daily Hassles Questionnaire continued

**How much was the below a HASSLE for you in the past MONTH?**

\* 79. Being lonely

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 80. Not enough money for health care

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 81. Fear of confrontation

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 82. Financial security

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 83. Silly practical mistakes

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 84. Inability to express yourself

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 85. Physical illness

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 86. Side effects of medication

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 87. Concerns about medical treatment

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 88. Physical appearance

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 89. Fear of rejection

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 90. Difficulties with getting pregnant

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 91. Sexual problems that result from physical problems

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 92. Sexual problems other than those resulting from physical problems

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 93. Concerns about health in general

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 94. Not seeing enough people

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 95. Friends or relatives too far away

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 96. Preparing meals

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 97. Wasting time

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

## Daily Hassles Questionnaire continued

**How much was the below a HASSLE for you in the past MONTH?**

\* 98. Car maintenance

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 99. Filling out forms

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 100. Neighbourhood deterioration

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 101. Financing children's education

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 102. Problems with employees

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 103. Problems at work/job due to being a woman or a man

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 104. Declining physical abilities

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 105. Being exploited

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 106. Concerns about bodily functions

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 107. Rising prices of common goods

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 108. Not getting enough rest

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 109. Not getting enough sleep

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 110. Problems with ageing parents

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 111. Problems with your children

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 112. Problems with persons younger than yourself

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 113. Problems with your lover

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 114. Difficulties seeing or hearing

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 115. Overloaded with family responsibilities

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 116. Too many things to do

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 117. Unchallenging work

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

## Daily Hassles Questionnaire continued

**How much was the below a HASSLE for you in the past MONTH?**

\* 118. Concerns about meeting high standards

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 119. Financial dealings with friends or acquaintances

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 120. Job dissatisfactions

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 121. Worries about decisions to change jobs

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 122. Trouble with reading, writing or spelling abilities

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 123. Too many meetings

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 124. Problems with divorce or separation or break up

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 125. Trouble with arithmetic skills

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 126. Gossip

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 127. Legal problems

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 128. Concerns about weight

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 129. Not enough time to do the things you need to do

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 130. Television

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 131. Not enough personal energy

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 132. Concerns about inner conflicts

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 133. Feel conflicted about what to do

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 134. Regrets over past decisions

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 135. Menstrual problems

0- None /Did Not Occur/Not applicable  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 136. The weather

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 137. Nightmares

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 138. Concerns about getting ahead

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

## Daily Hassles Questionnaire continued

**How much of the below was a HASSLE for you in the past MONTH?**

\* 139. Hassles from boss or supervisor

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 140. Difficulties with friends

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 141. Not enough time for family

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 142. Transportation problems

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 143. Not enough money for transportation

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 144. Not enough money for entertainment and recreation

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 145. Shopping

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 146. Prejudice and discrimination from others

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 147. Property, investments and taxes

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 148. Not enough time for entertainment and recreation

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 149. Gardening or outside home maintenance

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 150. Concerns about news events

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 151. Noise

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 152. Crime

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 153. Traffic

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe

\* 154. Pollution

0- None /Did Not Occur  1- Somewhat Severe  2- Moderately Severe  3- Extremely Severe



## Thank you

**Thank you for taking the time to complete this survey. It is really appreciated! You are reminded your individual responses are anonymous. Once surveys are completed and data analysed a summary of the findings will be available from your national sporting organisation.**

**Your personal well being and safety is important. If you are concerned you might be depressed or 'not quite right' or if completing this has been disturbing for you in any way please see your GP, medical director, team psychologist or contact any of the below mentioned anonymous support groups:**

**[www.depression.org.nz](http://www.depression.org.nz)**

**0800 111757 (Depression help line)**

**Lifeline Free phone 0800 543 354**

**[www.thelowdown.co.nz](http://www.thelowdown.co.nz) (text 5626)**

### **Hassles and Uplifts Scale**

**Authors: Susan Folkman, Ph.D. & Richard S. Lazarus, Ph.D.**

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