

ID: \_\_\_\_\_

DATE: \_\_\_ / \_\_\_ / \_\_\_

Hassles and Uplifts -- Adults

AGE: \_\_\_

MALE: 1 FEMALE: 2

## DAILY HASSLES, HEALTH, AND MOOD

### The Hassles and Uplifts Scale

Hassles are irritants -- things that annoy or bother you; they can make you upset or angry. Uplifts are events that make you feel good; they can make you joyful, glad or satisfied. Some hassles and uplifts occur on a fairly regular basis and others are relatively rare. Some have only a slight effect, others have a strong effect.

This questionnaire lists things that can be hassles and uplifts in day-to-day life. You will find that during the course of a day some of these things will have been only a hassle for you and some will have been only an uplift. Others will have been both, a hassle AND an uplift.

#### DIRECTIONS:

Please think about how much of a hassle and how much of an uplift each item was for you during the course of the last week. Please indicate on the left-hand side of the paper (under "HASSLES") how much of a hassle the item was by circling the appropriate number. Then indicate on the right-hand side of the page (under "UPLIFTS") how much of an uplift it was for you by circling the appropriate number.

**Remember, circle one number on the left-hand side of the page and one number on the right hand side of the page for each item.**

HASSLES AND UPLIFTS SCALE

How much of a hassle was this item for you during the last week?

How much of an uplift was this item for you during the last week?

HASSLES

- 0 - None or not applicable
- 1 - Somewhat
- 2 - Quite a bit
- 3 - A great deal

UPLIFTS

- 0 - None or not applicable
- 1 - Somewhat
- 2 - Quite a bit
- 3 - A great deal

**DIRECTIONS:** Please circle one number on the left-hand side and one number of the right-hand side for each item. Please focus your answers on the LAST WEEK.

HASSLES

UPLIFTS

- |         |                                                         |         |
|---------|---------------------------------------------------------|---------|
| 0 1 2 3 | 1. Your child (ren)                                     | 0 1 2 3 |
| 0 1 2 3 | 2. Your parents or parent-in-law                        | 0 1 2 3 |
| 0 1 2 3 | 3. Other relative(s)                                    | 0 1 2 3 |
| 0 1 2 3 | 4. Your spouse                                          | 0 1 2 3 |
| 0 1 2 3 | 5. Time spent with family                               | 0 1 2 3 |
| 0 1 2 3 | 6. Health or well being of a family member              | 0 1 2 3 |
| 0 1 2 3 | 7. Sex                                                  | 0 1 2 3 |
| 0 1 2 3 | 8. Intimacy                                             | 0 1 2 3 |
| 0 1 2 3 | 9. Family-related obligations                           | 0 1 2 3 |
| 0 1 2 3 | 10. Your friend(s)                                      | 0 1 2 3 |
| 0 1 2 3 | 11. Fellow workers                                      | 0 1 2 3 |
| 0 1 2 3 | 12. Clients, customers, patients, etc.                  | 0 1 2 3 |
| 0 1 2 3 | 13. Your supervisor or employer                         | 0 1 2 3 |
| 0 1 2 3 | 14. The nature of your work                             | 0 1 2 3 |
| 0 1 2 3 | 15. Your work load                                      | 0 1 2 3 |
| 0 1 2 3 | 16. Your job security                                   | 0 1 2 3 |
| 0 1 2 3 | 17. Meeting deadlines or goals on the job               | 0 1 2 3 |
| 0 1 2 3 | 18. Enough money for necessities (e.g., food, clothing, | 0 1 2 3 |

housing, health care, taxes & insurance)

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UPLIFTS

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0	1	2	3	19.	Enough money for education	0	1	2	3
0	1	2	3	20.	Enough money for emergencies	0	1	2	3
0	1	2	3	21.	Enough money for extras, (e.g., entertainment, recreation, vacations)	0	1	2	3
0	1	2	3	22.	Financial care for someone who doesn't live with you	0	1	2	3
0	1	2	3	23.	Investments	0	1	2	3
0	1	2	3	24.	Your smoking	0	1	2	3
0	1	2	3	25.	Your drinking	0	1	2	3
0	1	2	3	26.	Mood-altering drugs	0	1	2	3
0	1	2	3	27.	Your physical appearance	0	1	2	3
0	1	2	3	28.	Contraception	0	1	2	3
0	1	2	3	29.	Exercise	0	1	2	3
0	1	2	3	30.	Your medical care	0	1	2	3
0	1	2	3	31.	Your health	0	1	2	3
0	1	2	3	32.	Your physical abilities	0	1	2	3
0	1	2	3	33.	The weather	0	1	2	3
0	1	2	3	34.	News events	0	1	2	3
0	1	2	3	35.	Your environment (e.g., quality of air, noise level, greenery)	0	1	2	3

- |   |   |   |   |     |                                              |   |   |   |   |
|---|---|---|---|-----|----------------------------------------------|---|---|---|---|
| 0 | 1 | 2 | 3 | 36. | Political or social issues                   | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 37. | Your neighborhood (e.g., neighbors, setting) | 0 | 1 | 2 | 3 |

HASSLES AND UPLIFTS SCALE

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- |   |   |   |   |     |                                                                                                |   |   |   |   |
|---|---|---|---|-----|------------------------------------------------------------------------------------------------|---|---|---|---|
| 0 | 1 | 2 | 3 | 38. | Conserving (gas, electricity, water, gasoline, etc.)                                           | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 39. | Pets                                                                                           | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 40. | Cooking                                                                                        | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 41. | Housework                                                                                      | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 42. | Home repairs                                                                                   | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 43. | Yardwork                                                                                       | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 44. | Car maintenance                                                                                | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 45. | Taking care of paperwork (e.g., paying bills, filling out forms)                               | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 46. | Home entertainment (e.g., TV, music, reading)                                                  | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 47. | Amount of free time                                                                            | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 48. | Recreation and entertainment outside of home (e.g., movies, sports, eating out, walking, etc.) | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 49. | Eating (at home)                                                                               | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 50. | Church or community organizations                                                              | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 51. | Legal matters                                                                                  | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 52. | Being organized                                                                                | 0 | 1 | 2 | 3 |
| 0 | 1 | 2 | 3 | 53. | Social commitments                                                                             | 0 | 1 | 2 | 3 |