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# Exploring the Relationship Between Hope Levels and ADHD

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## **Abstract**

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Thesis

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EXPLORING THE RELATIONSHIP BETWEEN HOPE LEVELS AND ADHD

A THESIS

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APPROVED:  
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## Abstract

Studies have shown that people diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) have significantly lower self-esteem than their peers (Wender, 2000). This, combined with the characteristics of the disorder, suggests that people who are diagnosed with ADHD are more likely to have lower levels of hope. To test this hypothesis, the researchers used two different scales to measure hope levels in 90 undergraduate students, 9 diagnosed with ADHD. This small sample size hindered the ability to draw diverse conclusions. The Hope Index Scale showed a significant difference in Hope levels between the two groups. The Adult Dispositional Hope Scale did not. Further investigation and exploration into the two scales could further define our construct of Hope. Having a larger sample size would help researchers achieve a better understanding of ADHD and its relationship with Hope.

Keywords: ADHD, Student, Hope, Undergraduate

## Exploring the relationship between hope levels and ADHD

Attention-Deficient/Hyperactivity Disorder (ADHD) affects millions of individuals each year (Alexander, 2000). ADHD is estimated by the American Psychiatric Association (APA) to affect 3% to 7% of elementary school children (American Psychiatric Association, 2000). It has been estimated the problems associated with ADHD may continue into adulthood for 10% to 60% of those diagnosed as a child (Mannuzza & Klein, 2000). Because of the large number of people affected by this disorder, it is a worthy subject of study, however most research only focuses upon the symptoms and what might cause them (Berry C.A. & Shaywitz, B.A., 1985; Bussing, R., Zima, B.T. & Perwien, A.R., 2000; Rubin, R., 2003). This paper focuses upon how the symptoms of ADHD are related to the level of hope an individual has. The symptoms of ADHD make it difficult for the diagnosed individuals to predict, or plan for, the future, which is essential to having a high level of hope. It is hypothesized that due to the distress caused by these symptoms, individuals with ADHD experience lower levels of hope when compared to their peers. This knowledge will help psychologists have a more holistic view of how ADHD affects diagnosed individuals' lives and self images.

There are many different ways ADHD can manifest depending on gender, and the age at which diagnosis is made. Children with ADHD may show signs of inattention and hyperactivity at a severity and frequency higher than in non-diagnosed children. According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth edition, Text Revision (*DSM-IV-TR*) (APA, 2000) there are three types of ADHD: inattentive type, hyperactive-impulsive type, or combined type.

The first type of ADHD describes a lack of attention. When children have this type of ADHD their symptoms are more likely to go unnoticed. An individual must have at least six of the following symptoms to meet the criteria for ADHD predominantly inattentive type: the individual must fail to pay close attention to details or make careless mistakes, have difficulty sustaining attention to tasks or play activities, does not seem to listen when spoken to directly, fails to follow through on directions, have difficulty organizing tasks and activities, often avoid, dislike, or is reluctant to engage in tasks that require mental effort, lose things necessary for tasks or activities, is often easily distracted by extraneous stimuli, or is often forgetful in daily activities (APA, 2000).

The second type of ADHD is hyperactive/impulsive (APA, 2000), which is more commonly diagnosed because symptoms are more obvious to recognize (Wender, 2000). According to the *DSM-IV-TR* (APA, 2000) in order for an individual to be diagnosed with this type of ADHD, they must have six or more of the following symptoms: often fidgets with hands or feet, leaves seat in classroom or in other situations in which remaining seated is expected, runs about or climbs excessively, has difficulty playing or engaging in leisure activities quietly, “on the go” or often acts as if “driven by a motor”, talks excessively, blurts out answers before questions have been completed, has difficulty awaiting turn, interrupts or intrudes on others. These symptoms can be extremely disruptive in many settings and because of this this type is more commonly identified and diagnosed.

Other criteria that individuals must meet in order to be diagnosed with ADHD are that they must be diagnosed prior to the age of seven, symptoms must be present in two or more settings (e.g., at school, work, or home), and there must be clear evidence of

significant impairment in social, academic, or occupational functioning. Symptoms also do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder, and are not better accounted for by another mental disorder (APA, 2000). As mentioned previously, individuals can also be diagnosed with having a combined type of ADHD in which an individual meets the criteria for both inattention and hyperactive/impulsive type. Although it is unusual for individuals to have the symptoms of both inattention and hyperactive/impulsive, it is becoming more commonly diagnosed (Wender, 2000).

The symptoms of ADHD can pose barriers to success in school and in the workplace because individuals diagnosed with this disorder can have a hard time completing tasks. This is especially apparent in educational settings because it is easier to see children, or adolescents, not performing to the same level as their peers (APA, 2000). This constant failure to perform seemingly normal expectations can have harsh effects on a child's self-esteem. Children with ADHD "are constantly beaten down by a sense of failure and feel left out from all activity that could be rewarding" (Joseph, 1992). This is only one factor of many affecting self-esteem for these children due to the manifestations of ADHD. Studies have also shown that teachers dislike working with boys diagnosed with ADHD (Ohan, J. & Johnston, C., 2002). Eisenberg and Schneider (2007) found that both parents' and teachers' perceptions were substantially more negative for ADHD-diagnosed girls than non-diagnosed girls. Researchers have also found that children with ADHD have significantly lower scores than their peers on many standardized tests (Pisecco, S., Wristers, K., Swank, P., Silva, P.A. & Baker, D.B., 2001). Such attitudes and results could be the reason that children diagnosed with ADHD report

significantly lower academic self-concept than their peers (Ohan, J. & Johnston, C., 2002). This lower academic self-concept can be exasperated by gender, age of diagnosis and available treatments.

The American Psychiatric Association (2000) estimated that ADHD is diagnosed in males four times more often than in females. Among individuals seeking treatment for ADHD in clinics, researchers have found that males outnumber females nine to one (Ohan, J. & Johnson, C., 2002). Many researchers believe that girls have been greatly under-diagnosed and fail to receive the treatment that they need (Berry, C.A. & Shaywitz, B.A., 1985). The manifestation of the disorder in females typically presents less noticeably than it presents in males. Females are not usually as hyperactive as males and a study found that only seven percent of girls diagnosed with ADHD had the predominantly hyperactive type (Thurber, J. & Heller, L., 2002). In this study, fifty-nine percent of the girls had the combined type of ADHD in which they were both inattentive and hyperactive. Girls diagnosed with ADHD have been shown to have an even harder time making and keeping friends and are often rejected by their peers. Other times they can act withdrawn, distracted, and often depressed (Watkins, n.d.). All of these factors can manifest into low self-esteem because of the lack of social acceptance and support for girls diagnosed with ADHD.

ADHD does not only impact diagnosed females' social relationships and self-esteem. Both sexes diagnosed with ADHD have been found to be aggressive and forward when interacting with their peers (Ingram, Hetchman & Morgenstern, 1999). This can lead to rejection by their peers, which can have a significant impact on their self-esteem and self-concept, especially if symptoms are present at a young age. Dumas

and Pelletier (1999) performed a study on the self-perception of hyperactive children. They found that all of the dimensions of self-perception were lower among the diagnosed children than among the control group, except in the area of athletic competence, for which children diagnosed with ADHD actually scored higher than the control group. While much is known about younger children and the affects of ADHD on their performance in school, as well as the impact on their self-esteem, not as much research has been conducted focusing upon college students diagnosed with ADHD.

Ingram, Hetchtman and Morgenstern (1999) found that roughly 80% of children diagnosed with ADHD still show symptoms into their adolescent years. Not surprisingly, they found that this can lead to depression and significantly lowered self-esteem. The researchers proposed this is not only because of the complications of living with the symptoms of ADHD, but also because of the lowered self-perceptions and self-esteem issues formed early on in the diagnosed individual's life. While a lot of research has been done regarding these disorders, it is not fully clear how they affect the adult population, including adults who were diagnosed as children, and adults who display ADHD tendencies who were never diagnosed as children. Researchers found only about 20 percent of adults who meet criteria for ADHD have been diagnosed (Rubin, 2003). There has been limited research on the effects of ADHD on adults, and there are still questions about how these disorders can manifest and if the symptoms manifest differently over a lifetime.

Adults do not usually display signs of hyperactivity, but show signs of attention problems and disorganization (Ingram, Hetchtman & Morgenstern, 1999). Other adult symptoms include impulsivity, mood swings, inability to complete tasks, short and hot

temper, and low stress tolerance. Because these symptoms can be seen in many adults, they have to be severe enough to interfere in an individual's normal daily life (Wender, 2000). Studies have shown that being diagnosed at a later age does not affect self-esteem as greatly as when one is diagnosed early on, though the adult manifestation of ADHD can still hurt the prospect of being socially accepted (Pisecco, S., Wristers, K., Swank, P., Silva, P.A. & Baker, D.B., 2001). With the mood swings and temper issues typically presented, one could hypothesize that adults would also have a lower self-confidence level. Adults diagnosed with ADHD also have a hard time meeting long term goals, or even thinking into the future about what might occur to them (Rubin, 2003). Because of their comparatively lower self-confidence levels, even if they do think about the future, they will think of less lofty goals because they do not expect themselves to complete or succeed in riskier adventures (Pedrotti, J.T., 2003).

All manifestations of ADHD can result in having lower self-esteem caused by the symptoms of the disorder and the expectations of society (Wender, 2000). Diagnosed individuals also have a hard time focusing for long periods of time, and completing detail work. This interferes with their ability to set and fulfill long-term goals. This combination of low self-esteem and lack of successfully achieving long-term goals can cause a lower level of hope in the individual.

There is no universally accepted definition of hope, although there are certain elements present in most definitions. The definition presented by Staats and Stassen (1985) combines most of those elements by defining hope as the "expectation of a future event and an affective aspect, i.e. the things that we hope for are pleasant events or good outcomes" (p. 47). They stated happiness not only depended on past events but also

expected, or hoped for, positive outcomes of future events. Researchers stated “hope is not only a present feeling but also cognition about the future that influences behavior” (p.48). Individuals must not only expect a good thing to happen to them, they also must act in a way to cause this good thing to happen. In other words people must have long-term goals and expect to achieve them. Such goals are more difficult for people diagnosed with ADHD because they have a harder time planning for the future and delaying gratification (Dumas, D. & Pelletier, L., 1999).

According to Snyder, Rard and Sigmon (2002) hope is a somewhat controversial term with no universally accepted definition, although most definitions fall into two different categories: emotion-based or cognitive-based. In many of the emotion-based definitions, cognitive factors play a role, and vice versa. Emotion-based definitions also have the environment playing a larger role for hope levels. In emotion-based definitions, a person creates a goal based on emotions. For example, an individual’s “passion” for a subject would lead him/her to create a goal around that particular subject. Some emotion-based definitions of hope also take into account cultural and societal norms.

Cognitive-based definitions describe hope as an essential element of cognitive development (Pedrotti, 2003). Cognitive-based definitions imply that humans consciously create goals and set paths to complete them. Creating goals under such conditions are not emotionally driven. Stotland explained hope as “an expectation greater than zero of achieving a goal” (1969, p.6). He also stated that the degree of hope was to be determined by the perceived probability of achieving the goal, and the importance of the goal itself. “Cognitively, hope is seen as the communication between

these [positive or negative] expectations and the desires behind them” (Snyder, K., Rard & Sigmon D., 2003, p.93).

The definition used for the current research purpose was created by Snyder, Harris, Anderson, Holleran, and Irving (1991), which is a combination of both cognitive and emotional theories. This theory defines hope as “goal-directed thinking in which people perceive that they can produce routes to desired goals (pathway thinking) and the requisite motivation to use those routes” (1991, p. 573). In this definition there are two key terms: pathway and motivation. Pathway thinking is when the mind thinks of ways that one can accomplish a goal, if that is to make a plan or to do positive self-talk so that one feels excited about accomplishing the goal. This can be difficult for people diagnosed with ADHD because lowered levels of self-esteem and higher rates of depression (APA, 2000) might make it harder to accomplish this positive self-talk. The other key term is motivation, which is extremely important because if the work to reach a goal is more than it is worth, one will not have much motivation to complete the goal.

The hope theory addresses the issue of how emotions affect and influence hope levels. If there are forces impeding one’s goal, then this creates stress. And if someone successfully completes a goal, or completes a step leading towards a goal, then this creates happiness. The negative side of this outlook is if people have repeatedly not met established goals then it makes it harder for them to have positive self-talk with all later goals, which is essential in this theory (Snyder, Rard & Sigmon, 2002). This negative self-talk can lead to lower self-esteem and lowered expectations of self.

People who scored as having high hope levels also report having a higher amount of positive emotions, including self-confidence. People who reported having a low level

of hope usually have a lower self-esteem and also have a hard time dealing with obstacles blocking the completion of their goal. People with high hope look at these obstacles as a positive thing, something they can grow from or view as a challenge. On the other hand, the low hope group members report obstacles as frustrating and as potential barriers to completing their goal (Snyder, Sympson, Michael & Cheavens, 2000).

Research has shown people diagnosed with ADHD report a lower amount of self-esteem than comparable control groups not diagnosed with the disorder (Pisecco, 2001). We propose that because people diagnosed with ADHD have a lower level of self-esteem they will also have a lower level of positive self-talk because they will see the obstacles blocking their goals as negative instead of positive challenges. We hypothesize that people diagnosed with ADHD will have a lower sense of hope when compared to peers that are not diagnosed with this disorder because people diagnosed with ADHD will have a lower level of self-esteem and the symptoms of ADHD make it harder for them to predict or plan for the future, which is essential for higher hope levels. To do this, researcher's propose to use two different scales that both claim to be accurate predictors of hope levels.

The Adult Dispositional Hope Scale was designed to examine the cognitive side of hope and focuses upon specific events and outcomes versus a general focus (Snyder, 1996). This scale contains 12 questions that ask the participant if each statement is true or false. Out of the 12 questions, four questions are distracter questions so the participant will not know exactly what is being tested of them. The scale focuses on one's self opinion and the likelihood of accomplishing a goal, and one's self-opinion based on past experiences and outcomes.

The Hope Index examines hope in terms of self-reporting negative and positive expectations in an individual's life (Staats & Stassen, 1985). In this scale, there are two sets of questions per statement. One question asks to what extent would you wish for a particular item or event and the other question asks to what extent you expect this thing to happen. Each of the questions are based on a zero to five scale where zero means "not at all" and five means "very much".

The two scales take a different approach to measure the construct of hope upon which they are focusing. Past research would predict that people diagnosed with ADHD would score low on The Hope Index because individuals with ADHD would expect positive events to happen to them less often as compared to the control group because of their lowered sense of self-esteem. The participants with ADHD also would be expected to have a lower score on the Adult Dispositional Hope Scale because of their lowered self opinion. This scale indicates that a major characteristic of hope involves completing goals and how one acts when faced with obstacles blocking their goals. As discussed previously, people diagnosed with ADHD have a harder time completing long term goals. Because of this we propose people diagnosed with ADHD would score lower on this scale because of its definition of what makes up the construct of hope. Both of these scales give attention to unique aspects of hope and because of this the understanding of hope levels in ADHD diagnosed individuals will be more holistic and complete. This will hopefully lead to better treatment of the disorder and, if it is found that ADHD can be an indicator of low hope levels, then researchers can address this important aspect of clients' presentation.

## Method

### *Participants*

Participants for this study were recruited from two groups of undergraduate students. Group one is comprised of those diagnosed with ADHD and ADD, and group two is comprised of those who were not diagnosed with the disorders. All participants were 18 years of age or older. Subjects were recruited for participation in the study through advertisements and announcements for the study. Participants did not receive any form of payment and electronically signed a written consent form prior to filling out the survey stating that they understand the procedures involved in the study.

### *Materials*

This study used two scales, The Hope Index (Stassen & Staats, 1988), and the Adult Dispositional Hope Scale (Snyder, Harris, Anderson, Holleran & Irving, 1991). These two scales have been found to have a high rate of internal reliability. The Adult Dispositional Hope Scale (see Appendix A) has a .70-.80 rating and has outstanding construct validity (Snyder, K., Rard & Sigmon, D., 2002). Generalized Expectancy for Success Scale, which assesses cross-situational expectancies for attaining goals, was administered in prior research samples and the correlations with the Adult Dispositional Hope scale were .55 and .54 (Gibb, 1990). The Hope Index (see Appendix B) has high test-retest reliability, ranging from .53 to .75, and the construct validity was powerfully supported (Lopez & Snyder, 2003).

In addition to these two hope scales, the researcher added some questions to the survey regarding the participants' age and whether or not they had been diagnosed with ADHD, along with some demographic questions, including gender. ADHD research has indicated that diagnosed females' self-esteem might be affected more than males with the disorder (Berry, C. & Shaywitz, B., 1985). Another demographic question would be the age of participant at present time and the age of ADHD diagnosis, because research has shown that the later one is diagnosed the less harmful ADHD is to one's self-esteem (Rubin, 2003). Also, diagnosed participants were asked if they were receiving treatment for their disorder and, if so, the type of treatment they were receiving.

### *Procedures*

A 15 minute survey was administered to each participant online. The survey was a compilation of the two hope scales and additional demographic questions. The survey was administered to participants by providing them with a link to the researchers' online survey. Before beginning the survey, participants were asked to read a consent form and asked to confirm their understanding and agreement of the consent form by checking yes. Also at any time participants would be granted the opportunity to withdraw from the study.

### *Scoring*

The researcher scored both the Adult Dispositional Hope Scale and The Hope Index by following the procedures that were stated in Snyder, Rard and Sigmon (2002). The directions stated, to score the Adult Dispositional Hope Scale, the researcher must disregard questions 3, 5, 7, and 11 because they were considered as distracters. This means the score for the Adult Dispositional Hope Scale is the sum of the remaining eight

questions based on an eight-point scale: 1=definitely false, 2=mostly false, 3=mostly true and 4=definitely true. Therefore the highest possible self-sense of hope score based on the Adult Dispositional Hope Scale was 32 and the lowest was 8.

For The Hope Index the researcher would multiply the numerical score for “wish” (1 to 6) by the numerical score for “expects” (1 to 6) for each of the 16 statements. Afterwards, the researcher would add together each of the 16 products to get the score for each of the participants. The possible scores range from 16 to 576.

### Results

Ten percent of our sample size reported to have been diagnosed with ADHD. Table 1 presents descriptives of the sample. The small sample size of the ADHD-population limited the statistics that could be run. The scores for the ADHD population, for both scales, do not show normality when graphed and because of this we had to run non-parametric tests.

Scale	Participants	Mean	Std. Dev.	N
Staats Hope Scale	With ADHD	165.86	42.49	7
	W/O ADHD	213.97	54.46	71
	All	209.65	55.03	78
Adult Dispositional Hope Scale	With ADHD	24.78	3.19	9
	W/O ADHD	25.47	2.76	81
	All	25.40	2.80	90

Results for the Hope Index Scale rejected the null hypothesis that the scores are the same among ADHD participants and their non-diagnosed peers ( $W=115.5, p < .05$ ).

We are 95% confident that pseudo-median of ADHD participants taking the Hope Index Scale is at least 18 points lower than their peers (pseudo-median  $< -18$ ). Cronbach's Alpha was .838, respectively, for the scale, indicating high internal consistency.

Interestingly there was no significant difference between the scores on Adult Dispositional Hope Scale ( $W=336$ ,  $p>.05$ ). The 95% confident interval for the pseudo-median for the difference between ADHD participants and their non-diagnosed peers taking the Adult Dispositional Hope Scale includes zero (pseudo-median  $< 1$ ). Cronbach's Alpha was found to be .745, which indicates high internal consistency for the scale.

## Discussion

### *Implications of Study*

The limited sample size hindered the ability to produce reliable implications. With this limitation in mind the finding that indicted a significant difference in hope levels between the two groups for the Hope Index Scale supported the hypothesis that individuals diagnosed with ADHD have lower levels of hope. The Adult Dispositional Hope Scale did not find a significant difference between the two groups. If one looks at the two scales individually some theories as to why this result was obtained can be created.

The Adult Dispositional Hope Scale is focused on specific events and outcomes as opposed to general ideals (Snyder, 1996). It focuses upon one's self opinion that is formed by past events. The results obtained for this scale could be indicative of the population tested. College students diagnosed with ADHD might not have had the same outcomes the general population would have. The students might endorse "meeting goals

I set for myself" (appendix A) more often than diagnosed individuals who are not enrolled in college. Diagnosed individuals who are undergraduate students, versus those of which who are not, could indicate a higher probability for meeting goals which could be an area of future research. This could also help increase our knowledge of hope levels in diagnosed individuals and if a difference is found, further investigation of why it is present would shed a lot of light on how to minimize the effects of ADHD on diagnosed individual's lives.

The Hope Index, in comparison, assesses hope levels by looking at the expectations one has. It has a general, broad and future focus to the questions. This is opposite of the questions on the Adult Dispositional Hope Scale. One could speculate the reason this scale showed a significant difference is due to a more cynical outlook on the world in general for individuals diagnosed with ADHD. Also it could be due to lowered expectation of good things to happen due to their past experiences of difficulties relating to the symptoms of ADHD. Sadly because of the small sample size we were unable to run a factor analysis or a principle components analysis on the two scales to help explain the difference between them and further our knowledge of the results obtained. This is an area of future study that needs to be addressed.

#### *Limitations of the Study*

The small sample size was a major limitation to the study. The small size of diagnosed individuals prevented us from comparing among the different types of ADHD, gender or age of diagnosis. This hindered our ability to see how earlier diagnosis of ADHD could affect hope levels and we could not statistically test for a difference in genders. The small sample size also prevented us from testing the effects of various

treatments to see if one had a greater likelihood of increasing, or decreasing, one's hope level. The limited sample, which only included college students, was also not a representative sample of the population. One could speculate individuals in college could be less negatively impacted by their ADHD diagnosis than their diagnosed peers who are not enrolled. This would be something of interest to study and explore. There was also a high early dropout rate for the study and because of this we had a great diversity of participants between the two scales, which limited our ability to run different statistical analyses. This could be due to the online format of this study and it is recommended in the future to use a physical paper administration.

The two scales used in this study also had limitations. The lack of internal validity measures could be a potential problem and creating some questions with reverse scoring in the scales could help decrease this risk. Non-standardized scoring and administering made it difficult to determine if previous research could be used to compare results. Some previous studies used a larger Likert scale for the Adult Dispositional Hope Scale (Snyder, Rard & Sigmon, 2002) and the Hope Index Scale has changed names twice since its creation. The correlation between the two scales was .296 which is surprising because they both claim to measure the same construct and have high content validity when compared to other scales. Further research focusing on the differences of the two scales could be useful in furthering our knowledge of the construct. Creating a standard administration would assist researchers in creating a linear, reliable, research base for each scale.

### *Conclusions*

This study did find a significant difference in scores on the Hope Index between diagnosed individuals and their undiagnosed peers. This could indicate that individuals diagnosed with ADHD do have lower hope levels, which could be due to lower self-esteem levels past research has found (Pisecco, S., Wristers, K., Swank, P., Silva, P.A. & Baker, D.B., 2001). A small sample size hindered the ability to draw confident conclusions from the findings. Further research needs to be done not only on the assessment of hope levels on individuals diagnosed with ADHD but also on the concept of hope. Another area for future research is refining the construct of hope. Further studies comparing and contrasting the Hope Index and Adult Dispositional Scale would be useful because both inventories have shown to have good psychometric properties, though there are limited amounts of research for each scale. This study showed that there is a relationship between ADHD and hope levels though because of a small sample size further research needs to be done to explore this relationship.

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## Appendix A

## Adult Dispositional Hope Scale

## Directions

Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

1= definitely false 2= mostly false 3= mostly true 4=definitely true

- \_\_\_ 1. I can think of many ways to get out of a jam.
- \_\_\_ 2. I energetically pursue my goals.
- \_\_\_ 3. I feel tired most of the time.
- \_\_\_ 4. There are lots of ways around any problem.
- \_\_\_ 5. I am easily downed in an argument.
- \_\_\_ 6. I can think of many ways to get the things in life that are most important to me.
- \_\_\_ 7. I worry about my health.
- \_\_\_ 8. Even when others get discouraged, I know I can find a way to solve the problem.
- \_\_\_ 9. My past experiences have prepared me well for my future.
- \_\_\_ 10. I've been pretty successful in life.
- \_\_\_ 11. I usually find myself worrying about something.
- \_\_\_ 12. I meet the goals that I set for myself.

## Appendix B

## Hope Index Scale

## Instructions

Read the item below and circle 1, 2, 3, 4, 5, or 6 on the left-hand side to indicate the extent that you would wish for the item mentioned. Then circle 1, 2, 3, 4, 5, or 6 on the right-hand side to indicate the extent to which you expect the thing mentioned to occur.

To what extent  
would you wish  
for this?

1= not much  
6=very much

To what extent  
do you expect  
this?

1=not much  
6=very much

*Item*

1 2 3 4 5 6	1.To do well in school, in job, or in daily tasks.	1 2 3 4 5 6
1 2 3 4 5 6	2.To have more friends.	1 2 3 4 5 6
1 2 3 4 5 6	3.To have good health	1 2 3 4 5 6
1 2 3 4 5 6	4.To be competent.	1 2 3 4 5 6
1 2 3 4 5 6	5.To achieve long range goals.	1 2 3 4 5 6
1 2 3 4 5 6	6.To be happy.	1 2 3 4 5 6
1 2 3 4 5 6	7.To have money	1 2 3 4 5 6
1 2 3 4 5 6	8.To have leisure time.	1 2 3 4 5 6
1 2 3 4 5 6	9.Other people to be helpful.	1 2 3 4 5 6
1 2 3 4 5 6	10.The crime rate to go down.	1 2 3 4 5 6
1 2 3 4 5 6	11.The country to be more productive.	1 2 3 4 5 6
1 2 3 4 5 6	12.Understanding by my family.	1 2 3 4 5 6
1 2 3 4 5 6	13.Justice in the world.	1 2 3 4 5 6
1 2 3 4 5 6	14.Peace in the world.	1 2 3 4 5 6
1 2 3 4 5 6	15.Personal Freedom.	1 2 3 4 5 6
1 2 3 4 5 6	16.Resources for all.	1 2 3 4 5 6