

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

The Impact of SAILS Workforce Development

Program on Perception of Job-Specific

Competency and Global Self-Esteem for Youth

with Chronic Illnesses

Culminating Experience - Northwestern University Masters of Public Health

Advisors: Parag Shah, MD, MPH & Rebecca Boudos, LCSW

Nene Takahashi

32 Abstract:

33 **Objective:** To measure the impact of the SAILS (Supporting Adolescents with
34 Independent Life Skills) Workforce Development Program on the perception of job
35 competency and global self-esteem of the participants living with a chronic illness or
36 illnesses.

37 **Methods:** Previous Lurie Children’s Hospital (LCH) patients, aged 18-24, participated in
38 the SAILS Workforce Development program from 2016 to 2017 were selected for this
39 study. The program is a 120 hour paid work experience at a department within the
40 hospital. Data was collected by the LCH transition team, where patients were
41 administered paper-based self-reported surveys both pre- and post- program. The
42 *Susan Harter Self-Perception Profile for Emerging Adults* was used for the intake and the
43 exit survey to measure self-esteem and perceived job competence, and the *Stanford*
44 *SPS-6 Presentism Scale* was used for the exit survey to measure presenteeism. The total
45 scores of the *Susan Harter Self-Perception Profile for Emerging Adults* pre- and post-
46 programs were compared using a two-tailed paired t-test.

47 **Results:** A total of 12 participant data was reviewed and analyzed. The SAILS program
48 may have had a positive effect on the participant’s ability to manage their medication
49 and treatment plan. It appears that more than average job days are missed for these
50 youth with a chronic illness. In both the “Job or occupational competence” and “Global
51 self-esteem” subscales of the *Susan Harter Self-Perception Profile*, the post-program
52 survey scored higher compared to the pre-program survey, however, the findings did

53 not reach statistical significance. The findings also demonstrate high scores on the
54 *Presenteeism Scale*.

55 **Discussion:** Despite the modest sample size, results suggested a positive impact on the
56 program participants' general self-esteem and presenteeism. This indicates the
57 beneficial impact of the SAILS Workforce Development program itself. Further research
58 focusing on various types of chronic illnesses that affect youth in specific ways is
59 needed to understand the disease-specific factors and its impact on work.

60

61 **Introduction:**

62 Chronic illness is defined as a health condition that is expected to last a year or
63 more and requires ongoing medical attention and/or limiting activities of living, and is
64 a condition that affects more than half of all Americans (1, 2). Among those individuals
65 that are affected by chronic conditions, the American Community Survey estimates that
66 over 1.3 million U.S. youth ages 16-20 have a disability (3). Many youth have more than
67 one condition that contributes to daily activity limitation; over a third of adolescents
68 with special health care needs have at least three chronic conditions (4). With physical,
69 mental, and social changes that occur in the adolescent years, successful transition of
70 such young adults from childhood to adulthood is a concern of the Maternal Child
71 Health Bureau (MCHB) and is included among the Healthy People 2010 core outcomes
72 (5, 6, 7).

73 Work is important for youths with chronic illnesses, and it is affected by their
74 medical condition. Having a chronic illness or disability can be difficult for youths to

75 manage while having a job due to barriers such as having to take medication at a
76 certain time of the day. Unemployment rates for individuals with a chronic illness or
77 disability are nearly twice as high as healthy individuals (8). The Bureau of Labor
78 Statistics reported that in 2016, 65.3% of people with no disability were employed,
79 whereas only 17.9% of people with disabilities were employed (8). Physical problems
80 are often reported as a reason for challenges faced in work situations and the reasons
81 for unemployment (9). A recent study showed that patients with chronic illnesses,
82 especially patients under the age of 40, were more often unemployed, worked fewer
83 hours, and had lower incomes than their healthy peers (10). Furthermore, individuals
84 with chronic illnesses are often forced to change or even terminate jobs due to their
85 illness (11). Due to this restriction, youth are limited to certain job choices which put
86 them at risk of losing talent and future career opportunities. A study also revealed that
87 individuals living with chronic illnesses also worked at a lower level than their
88 educational level (12).

89 Additionally, individuals with chronic illnesses are vulnerable to stigmatization,
90 or devaluation, in the workplace. Productivity, competence, and the ability to maintain
91 a regular schedule conflict with the sometimes unpredictable nature of chronic illness
92 symptoms, as well as the need to be away from work for treatment or medical
93 appointments (12). Experiencing these stressors at work can lead to an identity crisis,
94 and perceptions of identity threat may be stressful because they represent devaluation
95 along with likely future harm, such as threats to the job or career success through
96 discrimination (13). Further, youth with chronic illnesses face many social inequities,

97 and are less likely to enroll in post-secondary education/training or have recent work
98 experience (14).

99 Internships and practical training programs have a great impact on personal
100 growth as well as personal skills. Through internships, individuals gain knowledge of
101 the responsibilities and understanding of their skills required in the workplace (15).
102 Internships also help individuals envision their career path through various hands-on
103 experiences and help grow an appreciation for education (15). They also acquire
104 decision-making skills as well as critical thinking skills, which both impact and increase
105 confidence levels. Braswell and Cobia suggest that participation in internships leads to
106 increases in career self-efficacy (16). However, since individuals with chronic illnesses
107 are vulnerable to stigmatization and are limited or do not have the same opportunities
108 compared to their healthy peers, internships that are tailored to people with chronic
109 illnesses are influential and valuable.

110 Ann & Robert H. Lurie Children's Hospital (LCH) of Chicago launched the SAILS
111 (Supporting Adolescents with Independent Life Skills) Workforce Development
112 program in 2011, designed to help youth learn how their chronic illness may affect
113 their experience at work. The SAILS Workforce Development program also serves to
114 introduce youth with chronic illnesses and disabilities to careers in healthcare and
115 build an employment pipeline to inspire, support, and join the healthcare workforce.
116 Many youth who have personal experience with the healthcare system find themselves
117 interested in the medical field. The program helps support young adults ages 17-24,

118 who live with chronic illness or disability, by completing 120 hours of paid work
119 experience within various departments at LCH.

120 Despite the history of the program, no program evaluation has been completed
121 to evaluate the efficacy of the program on the participants' perceived job-specific
122 competency and self-esteem. The specific aims and hypotheses of this study are as
123 follows:

- 124 ● Aim 1: To obtain a cross-sectional view of the patients themselves, before and
125 after the program, and how they feel about their jobs.
 - 126 ○ Hypothesis 1: We hypothesize that participants have a positive self-
127 esteem and higher perceived job competency after the program compared
128 to before the program.
- 129 ● Aim 2: Measure the impact of the SAILS Workforce Development program on the
130 perception of job competency and global self-esteem on the participants living
131 with at least one chronic illness.
 - 132 ○ Hypothesis 2: We hypothesize that the SAILS Workforce Development
133 program positively impacts the participant's perception of job
134 competency and global self-esteem.
- 135 ● Aim 3: To examine the impact of chronic illness on work.
 - 136 ○ Hypothesis 3: We hypothesize that youth with chronic illness will have a
137 significant number of work days missed and low level of presenteeism, or
138 the measure of how present or aware they are at work, due to their effect
139 of the illness.

140 This topic is relevant to public health as the hallmark is working towards
141 providing working opportunities for youth with chronic illnesses through the SAILS
142 Workforce Development program. Further, in researching the efficacy of the program
143 on the participants' perceived job-specific competency and self-esteem, we can examine
144 the changes necessary for future impacts. With more research, public health
145 interventions such as this program can be improved and replicated around the country.

146

147 **Methods**

148 *Participants and Procedure*

149 The SAILS Workforce Development program is a four to six week paid internship
150 for LCH patients only. Patients from LCH completed 120 hours of paid work experience.
151 The decision to make the program a paid internship was based on studies that suggest
152 that students who have received pay are more likely to get hired compared to those
153 whose work internship has been an unpaid internship (17-21). After applying to the
154 program, eligible LCH patients were enrolled for the next available term. The work
155 schedule for each participant was determined by the patient and the TCH transition
156 team. Through the program, the participants learn how their chronic condition affects
157 their ability to work as well as how to manage both their health condition and work.
158 Currently, about 50 youth have completed the program with 5-15 more currently
159 enrolled in the program. The SAILS Workforce Development program also prepares
160 these patients and their families for the transition to adult health care, college, and
161 work. The team works closely with the participant to tailor their experience to their

162 interest in healthcare, availability, and the individual needs they may have. The
163 program also offers specific orientation sessions that are unique to young adults with
164 their condition. These sessions give informed descriptions of what steps both the
165 patient and the organization can take if issues arise during the work hours. The SAILS
166 Workforce Development program also provides sessions that help build a patient's
167 work profile such as resume building tools, strategies to work with their unique
168 condition, networking tips, and relationship building skills. In the past, interns have
169 received training in LCH units including Audio-Visual, Concierge, Environmental
170 Services, Finance, Human Resources, Information Management, Nursing, and
171 ParentWISE.

172

173 *Intervention*

174 This was an exploratory, cross-sectional study examining youth ages 18-24 who
175 were LCH patients and participated in the SAILS Workforce Development program
176 from 2016 to 2017. All participants had at least one chronic illness and they all
177 completed 120 hours at their employment site. Participants who did not complete the
178 surveys or those who were under the age of 18 were excluded from the study. Data was
179 collected by the LCH transition team, where patients were administered self-reported
180 surveys both pre- and post- program. The *Susan Harter Self-Perception Profile for*
181 *Emerging Adults* was used for the intake survey, and the *Stanford SPS-6 Presentism Scale*
182 and three-item questionnaire were used for the exit survey. All surveys were paper
183 based self-administered surveys. Twelve participants completed the survey. The

184 collected data was de-identified and the scoring of the surveys was completed using the
185 scoring key provided by each survey manual.

186

187 *Measures*

188 1. Susan Harter Self-Perception Profile for Emerging Adults

189 The *Susan Harter Self-Perception Profile for Emerging Adults* was designed for
190 individuals ages 18 to 25, and is a multidimensional instrument that targets emerging
191 adults to bring credibility to a new and distinct transitional period of development (22).

192 The *Susan Harter Self-Perception Profile* is comprised of several domains and each
193 domain measures a construct. *Self-Perception Profile for Emerging Adults* was derived
194 from the *Self-Perception Profile for Children*, which was previously validated for its
195 utility of assessing children’s perceptions (22). The 18 to 25 age group realizes that
196 they are no longer adolescents but have yet to take on adult roles and responsibilities.
197 Youth in this age group undergo many transitions. A major developmental task for
198 emerging adults involves occupational exploration; there is typically a shift from
199 temporary after-school or post-graduation jobs to the commitment to a particular
200 career (22). Such exploration may involve education beyond high school, for example,
201 college or graduate school. Since the SAILS Workforce Developmental Program works
202 specifically with placing youth in employment, we used the “*Job or occupational*
203 *competence*” domain, which is a 4-item subscale that measures the extent to which
204 young adults feel that they are successful at exploring job options where they can
205 perform competently (22).

206 The individual's self-concept may also change during emerging adulthood
207 according to Harter (22). For instance, youth may face the need for social acceptance
208 from peers (23). Various priorities in different domains in life may impact the
209 individual's level of self-esteem to change. To obtain a cross-sectional view of the
210 patients themselves and how they feel about themselves and their performance at their
211 job, the "*Global self-esteem*" domain was used. This domain was a 4-item subscale to
212 obtain the youth's current perception of his or her global self-esteem, that is, how much
213 he or she likes himself or herself as a person (23).

214 Each item on the "*Job or occupational competence*" and "*Global self-esteem*"
215 subscale was scored on a four-point scale where a score of 1 is assigned to the choice of
216 the negative option, rated "Really True", and a score of 2 is assigned to the "Sort of
217 True" rating of the negative statement. A score of 3 is given for selecting the "Sort of
218 True" rating for the positive description and a score of 4 is given to the "Really True"
219 option for the more positive description. Items are counterbalanced, such that for half
220 of the items the description on the left is worded positively, whereas, for the other half
221 of the items, the description on the left is worded negatively. Items, where the choice on
222 the left is positive are scored 4, 3, 2, 1 across the four possible response options,
223 whereas items are scored 1, 2, 3, 4 for items where the description on the left is worded
224 negatively. Scores for the four items are summed and then divided by 4, to obtain a
225 mean score for each subscale. Both the "*Job or occupational competence*" and "*Global*
226 *self-esteem*" subscale is out of a maximum of 16 points, where a higher score reflects
227 higher perceived job competence or higher global self-esteem (22).

228 2. Stanford SPS-6 Presenteeism Scale

229 The *Stanford SPS-6 Presenteeism Scale* was administered post-program. The
230 *Presenteeism Scale* identifies an individual's ability to be mentally present and perform
231 while distracted. This scale was used to examine if the program participant was alert
232 and aware of their responsibility and surrounding at their job site. In the *Stanford SPS-6*
233 *Presenteeism Scale*, answers are given as 1 of 5 points on a Likert-type scale, ranging
234 from 'strongly disagree' to 'strongly agree,' with 'uncertain' being the neutral, third
235 possible answer. Three items are reverse-scored in accordance with the negative
236 wording. The total SPS-6 score is the sum total of positive and reverse scores; this
237 results in the presenteeism score. The *Presenteeism Scale* is out of a maximum of 30
238 points, where a higher score reflects higher presenteeism at their job site (24).

239 Individuals who are working and who have a chronic illness may also be
240 reluctant to complete a survey about their chronic illness out of fear that their reports
241 would get back to their employer. It was, therefore, critical that the presenteeism
242 survey be anonymous.

243 Because the surveys did not include any protected health information and were
244 done on adults, an exemption was granted by the Lurie Children's Institutional Review
245 Board.

246

247 **Statistical Analysis**

248 Preliminary analyses examined frequencies and distributions of the variables of
249 interest for the analytic sample (n=12). Continuous data are presented as the mean and

250 standard deviation (SD) of the *Susan Harter Self-Perception Profile for Emerging Adults*
251 were compared between pre- and post- SAILS Workforce Development program using a
252 two-tailed paired t-test. Microsoft Excel was used for conducting the statistical analysis.

253

254 **Results**

255 Descriptive statistics are reported in **Table 1**, reporting the age and gender of
256 the sample, as well as the year they participated in the program. Participants were on
257 average 19 years of age (mean=19.08, SD=2.06) and there were had more male
258 participants (66.6%) than female participants (33.3%). **Table 2** reports both the effect
259 of work on the ability to take medication and ability to follow their treatment plan. Fifty
260 percent, or six of the survey participants, reported that the SAILS program had no effect
261 on their ability to take medication for their chronic condition, 33.33% responded that
262 the SAILS program had helped their ability to take medication, 8.33% reported that the
263 program did not help, and 8.33% reported 'not applicable'. Further, 50% of participants
264 reported that the SAILS program had no effect on their ability to follow their treatment
265 for their chronic condition, 33.33% responded that the SAILS program had helped their
266 ability to follow their treatment, none reported that the program did not help, and
267 16.67% reported 'not applicable'.

268 **Figure 1** shows the frequency of participants categorized by the number of
269 missed days from work. The mean missed days from work was 2.16.

270 **Table 3** and **Table 4** reports the "*Job or occupational competence*" and "*Global*
271 *self-esteem*" survey score for both before and after the program for each patient. The

272 difference between the pre- and post-program scores, the mean of the differences, and
273 the standard deviation (SD) of the differences are also reported. The mean job-
274 competence score was 11.83 (SD=2.62) and 12.08 (SD=3.11) out of a total of 16 points
275 each, for pre- and post-program respectively. The mean of the difference between the
276 pre- and post-program scores was 0.25 with an SD of 3.93. However, the findings did
277 not reach statistical significance (p=0.83). Further, the mean global self-esteem score,
278 which is out of a total of 16 points, was 12.41 (SD=2.53) and 13.41 (SD=2.23), for pre-
279 and post-program respectively. The mean of the difference between the pre- and post-
280 program scores was 1.00 with an SD of 2.08. However, the findings did not reach
281 statistical significance (p=0.13)

282 **Table 5** displays the *Stanford SPS-6 Presenteeism Scale* score for each patient.
283 The mean total score was 27 out of a total of 30 points with an SD of 3.49. One patient
284 response was removed due to a missing item.

285

286 **Discussion**

287 The results of the study demonstrated that the effect of chronic illness on
288 working was variable for our program participants. Our findings suggest high scores of
289 the *Susan Harter Self-Perception Profile for Emerging Adults* in both the “*global self-*
290 *esteem*” and “*job or occupational competence*” subscales. Working may have improved
291 presenteeism based on the high score of the *Stanford SPS-6 Presentism Scale*. The
292 average reported missed days was 2.16 days, and working in the SAILS Workforce
293 Development program may have helped the program participants with their treatment

294 plans and medications. Despite our modest sample size, our results demonstrate the
295 additional value of youth workforce programs that engage youth to learn and acquire
296 positive self-esteem and higher perceived job competency. Thus, this gives support for
297 the hypothesis that the program had a positive impact on perceived job-competency
298 and high self-esteem compared to before the program.

299 Although we did not have the total number of days our participants worked,
300 from the nature of the program we know that the participants worked four to six hours
301 a day for 20 to 30 days to fulfill the requirement of the 120 hours of employment.
302 According to the CDC, in 2007, men aged 18-24 years missed 2.1 days of work, and
303 women aged 18-24 years missed 2.6 days of work (25). The study reported the average
304 missed days from work is relatively high compared to the CDC reports. This gives
305 support for the hypothesis that youth with chronic illness have a significant number of
306 work days missed compared to youth without chronic illnesses. However, these are
307 crude comparisons and further research with large sample sizes and information on the
308 types of chronic illnesses is required to make further conclusions on the impact of
309 illness on missed work days.

310 Koopman et al. evaluated the validity of the *Stanford Presenteeism Scale*. The
311 study reported that the *Stanford Presenteeism Scale* (SPS-6) total score obtained by
312 employees reporting a work or non-work related disability was significantly lower,
313 with a mean score of 21 and SD of 3.9, compared with employees with no disability
314 with a mean of 23.5 and SD of 3.8 (26). Compared to Koopman et al., our findings
315 scored higher on the *Stanford Presenteeism Scale*. This gives support for the hypothesis

316 that the program had a positive impact on the participant, specifically on their
317 perceived individual performance and productivity.

318 This research could impact prospective program planning by influencing future
319 research endeavors. Despite the modest sample size, results suggesting a positive
320 impact on job competency, self-esteem, and presenteeism indicate the beneficial impact
321 of the SAILS Workforce Development program itself. For future program improvement,
322 looking at the negative impact of chronic illness on work may help uncover hidden
323 themes. Prior to the start of the program, having an orientation or providing centralized
324 information for participants on what to expect during the program could benefit them.
325 Providing information on how to manage their medication while on a work schedule, or
326 informing them that being in a new work environment and adjusting to a new
327 environment may potentially discourage them from being at work can also help them
328 mentally prepare for their responsibilities as an employee.

329 Additionally, focusing on the types of chronic illnesses that affect youth in
330 specific ways is needed to understand the disease-specific factors and its impact on
331 work. There is likely variation in experiences of stigma based on illness type. For
332 example, mental illnesses are typically more stigmatized than illnesses with primarily
333 physical manifestations. The study could also be improved by comparing the challenges
334 faced by youth with non-visible disabilities to those with visible disabilities. It may also
335 be interesting to note the ability to work while following treatment for the various
336 psychological or emotional causes of distraction, if applicable. Further, looking at the
337 number of missed work days, and the reasoning for being absent, are some questions to

338 ask during the investigation. It is also important to assess challenges and self-
339 perception on youth with varying severity of disability to have a comprehensive
340 understanding of what youth suffering from chronic illness feel at their work
341 environment. Additionally, examining how the severity of the disability is associated
342 with missed days and their perception of their job is a possible question to tackle. Other
343 specific mediators such as school absenteeism, cognitive impairment, parent financial
344 stress, and psychiatric illness should also be investigated (27).

345 Continued efforts are needed to support children growing up with chronic
346 illnesses to become successful adults, particularly interventions that target educational
347 attainment and vocational readiness. Youth workforce programs like the SAILS
348 Workforce Development Program can play a role in promoting successful young adult
349 outcomes by recognizing that such patients are at increased risk of educational,
350 vocational, and financial problems. Boundary flexibility and job self-efficacy may be
351 critical variables to target for interventions directed toward this worker population.

352

353 *Limitations*

354 Several limitations should be acknowledged for this study. First, the small
355 sample size limits the ability to detect changes over time; although we found positive
356 trends for both subscales in the *Susan Harter Self-Perception Profile*, due to the small
357 sample size the results were not statistically significant. Further the small sample size
358 limits the power of the study and the generalizability of the study to greater
359 populations. Due to the limited sample size, we could not make any associations

360 between certain chronic conditions to any outcomes such as the number of missed days
361 from work. The program also limited participants to those who do not have any
362 behavioral disabilities and are mostly independent, due to the workplace limitation that
363 no one-on-one coaching was available. Further, since the collected data relies on self-
364 reports, the results may be at risk of response bias. Additionally, there was no control
365 group that did not undergo the internship, thus the true isolated impact of the
366 internship could not be assessed. Moreover, no baseline data for the *Susan Harter Self-
367 Perception Profile for Emerging Adults* exists. Therefore this lack of data limits us from
368 comparing our small sample size population to the general population with respect to
369 their perceived job-competency and global self-esteem.

370

371 Conclusion

372 Chronic illness is a large and growing issue for individuals and the organizations
373 that employ them, yet empirical research on this population is lacking (28). The
374 majority of young adults with chronic illness graduate high school, however, many are
375 at increased risk for poor educational, vocational and financial outcomes. Further,
376 social factors such as stigmatization and discrimination further limits these youth from
377 exploring and achieving their career goals.

378 This data analysis project illuminates the benefits of workforce programs such as
379 the SAILS Workforce Development program, that provides new opportunities for young
380 adults with chronic illnesses. It is an empowering, inclusive program that educates and
381 motivates youth to take responsibility for their work requirements while living with

382 their chronic health condition. With appropriate support systems and opportunities,
383 youth with chronic illnesses can overcome their obstacles and discover their career
384 path that suits them best.

385 For future improvements, we hope to increase the sample size for greater power
386 and a more robust analysis. Further research focusing on various types of chronic
387 illnesses that affect youth in specific ways is also needed to understand the disease-
388 specific factors and its impact on work attendance and performance. Future efforts
389 should be made to achieve maximum survey responses to ensure complete surveys are
390 available for research purposes.

391

392

393

394

395

396

397

398

399

400

401

402

403

404 References

- 405 1. Anderson G, Horvath J. The growing burden of chronic disease in America. Public
406 Health Reports [Internet]. [Cited 2004]119(3):263-270.
407 doi:10.1016/j.phr.2004.04.005.
- 408 2. DeVol R, Bedroussian A, Charuworn A, Anusuya C, Kim IK, Kim S, et al. An
409 Unhealthy America: The Economic Burden of Chronic Disease. Project Report
410 [Internet]. [cited 2011 Apr 3]
- 411 3. Erickson, W., Lee, C. and von Schrader, S. 2015 Disability Status Report.
412 [Internet] Disabilitystatistics.org. Available from:
413 [http://www.disabilitystatistics.org/StatusReports/2015-PDF/2015-](http://www.disabilitystatistics.org/StatusReports/2015-PDF/2015-StatusReport_US.pdf)
414 [StatusReport_US.pdf](http://www.disabilitystatistics.org/StatusReports/2015-PDF/2015-StatusReport_US.pdf).
- 415 4. Data Resource Center for Child & Adolescent Health. National Survey of Children
416 with Special Health Care Needs [Internet]. Childhealthdata.org. Available from:
417 <http://childhealthdata.org/learn/NS-CSHCN>
- 418 5. Lotstein DS, McPherson M, Strickland B, Newacheck PW. Transition planning for
419 youth with special health care needs: results from the National Survey of
420 Children with Special Health Care Needs. Pediatrics [Internet]. Jun; 2005
421 115(6):1562–1568.
- 422 6. Draft 10-Year HRTW/Transition Plan. Institute for Child Health Policy, Healthy
423 People 2010 Healthy and Ready to Work Transition Group [Internet]. 2000.
424 Available from: <http://hctransitions.ichp.edu/policypapers/HP2010Draft.pdf>

- 425 7. Gortmaker SL, Perrin JM, Weitzman M, Homer CJ, Sobol AM. An Unexpected
426 Success Story: Transition to Adulthood in Youth with Chronic Physical Health
427 Conditions. *Journal of Research on Adolescence* [Internet]. 1993;3(3):317–336.
- 428 8. “Table 1. Employment Status of the Civilian Noninstitutional Population by
429 Disability Status and Selected Characteristics, 2016 Annual Averages.” U.S.
430 Bureau of Labor Statistics, U.S. Bureau of Labor Statistics [Internet]. [Cited 2017
431 Jun 21]. Available from: www.bls.gov/news.release/disabl.t01.htm.
- 432 9. Ladouceur M, Iserin L, Cohen S, Legendre A, Boudjemline Y, Bonnet D. Key issues
433 of daily life in adults with congenital heart disease. *Arch Cardiovasc Dis*
434 [Internet]. [Cited 2013]106(6–7):404–12. Available from:
435 <http://www.sciencedirect.com/science/article/pii/S187521361300065X>
- 436 10. Zomer AC, Vaartjes I, Uiterwaal CS, van der Velde ET, Sieswerda GJ, Wajon EM, et
437 al. Social burden and lifestyle in adults with congenital heart disease. *Am J*
438 *Cardiol* [Internet]. [Cited 2012 Jun 1]109(11):1657–63.
- 439 11. Sluman M, de Man S, Mulder B, Sluiter JK. Occupational challenges of young adult
440 patients with congenital heart disease. *Neth Heart J* [Internet]. [Cited 2014 Feb
441 22] 22:216–224. DOI 10.1007/s12471-014-0540-1
- 442 12. Beatty JE, Joffe R. (2006). An Overlooked Dimension Of Diversity: The Career
443 Effects of Chronic Illness. *Organizational Dynamics* [Internet]. 35(2), 182-195.
444 Available from: <http://dx.doi.org/10.1016/j.orgdyn.2006.03.006>

- 445 13. Petriglieri J. Under Threat: Responses to and the Consequences of Threats to
446 Individuals' Identities. *The Academy of Management Review* [Internet]. [Cited
447 2011] 36(4), 641-662. Available from: <http://www.jstor.org/stable/41318089>
- 448 14. Lipscomb S, Halmson J, Liu, AY, Burghardt J, Johnson DR, Thurlow, M. Preparing
449 for life after high school: The characteristics and expectations of youth in special
450 education. Volume 1: Comparisons with other youth. Findings from the National
451 Longitudinal Transition Study 2012 [Internet]. [Cited 2017] U.S. Department of
452 Education Institute of Education Sciences. Available from:
453 <https://ies.ed.gov/ncee/pubs/20174016/pdf/20174018.pdf>
- 454 15. Novotorov A. Perceived impact of internship and practical training programs on
455 professional and personal growth: implications to agricultural and extension
456 education/ 2001. *Retrospective Theses and Dissertations* [Internet]. 1069.
457 Available from: <http://lib.dr.iastate.edu/rtd/1069>
- 458 16. Braswell C, Cobia D. The Effect of Internship and a Personal Trait on Career
459 Development [Internet]. [Cited 2000]. ERIC. Available from:
460 <https://eric.ed.gov/?id=ED450231>
- 461 17. Callahan G and Benzing C. Assessing the role of internships in the career-
462 oriented employment of graduating college students. *Education & Training*
463 [Internet]. [Cited 2004] 46(2), 82-89.
- 464 18. D'Abate, C. Developmental interactions for business students: Do they make a
465 difference? *Journal of Leadership & Organizational Studies* [Internet]. [Cited
466 2010] 17(2), 143-155.

- 467 19. Gault J, Redington J, Schlager T. Undergraduate business internships and career
468 success: Are they related? Journal of Marketing Education [Internet]. [Cited
469 2000] 22(1), 45.
- 470 20. Knouse S, Tanner J, Harris, E. The relation of college internships, college
471 performance, and subsequent job opportunity. Journal of Employment
472 Counseling [Internet]. [Cited 1999] 36 (1), 35-43.
- 473 21. Knouse SB, Fontenot G. Benefits of the business college internship: A research
474 review. Journal of Employment Counseling [Internet]. [Cited 2008] 45(2), 61-66.
- 475 22. Harter S. The Self-Perception Profile for Emerging Adults: Manual and
476 Questionnaire. University of Denver [Internet]. Cited [2016]
- 477 23. Harter, S. The construction of the self: A developmental perspective. New York:
478 Guilford Press [Internet]. [Cited 1999]
- 479 24. O'donnell JE, "Presenteeism: A Comparative Analysis". Masters Theses 1911 -
480 February 2014. 317. [Internet]. [Cited 2009]. Available from:
481 <http://scholarworks.umass.edu/theses/317>
- 482 25. QuickStats: Average Number of Work-Loss Days During the Preceding 12 Months
483 Among Persons Aged 18--64 Years,* by Age Group and Sex --- National Health
484 Interview Survey, United States, 2007 [Internet]. Centers for Disease Control and
485 Prevention. Centers for Disease Control and Prevention; 2009 [Cited 2018 Mar
486 5]. Available from:
487 <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a5.htm>

488 26. Koopman C, Pelletier K, Murray J, Sharda CE, Berger ML, Turpin RS, et al.
489 Stanford Presenteeism Scale: Health Status and Employee Productivity. *J Occup*
490 *Environ Med* [Internet]. [Cited 2002 Jan] 44(1):14-20.

491 27. Maslow GR, Haydon AA, Ford CA, Halpern CT. Young Adult Outcomes of Children
492 Growing Up With Chronic Illness. *Arch Pediatr Adolesc Med* [Internet]. [Cited
493 2011 March];165(3):256-61.

494 28. McGonagle AK, Barnes-Farrell JL. Chronic Illness in the Workplace: Stigma,
495 Identity Threat and Strain, *Stress Health* [Internet]. [Cited 2014]30, 310-321.

496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523

524 **Table and Figures**
 525
 526

Table 1. Patient Demographic

Patient	Participant Age During Program (yr)	Gender	Term Year Participated
1	24	M	Fall 2016
2	18	M	Fall 2016
3	18	M	Summer 2016
4	18	M	Summer 2016
5	18	M	Summer 2016
6	18	F	Summer 2016
7	18	M	Summer 2016
8	18	F	Summer 2016
9	22	M	Summer 2017
10	18	F	Summer 2017
11	21	M	Summer 2017
12	18	F	Summer 2017

Age Mean (yr)	19.08
SD	2.07
Gender	M (66.6%)
	F (33.3%)

527
 528

	SAILS Program Helped n (%)	SAILS Program had No Effect n (%)	SAILS Program Did Not Help n (%)	N/A n (%)
Ability to transition	4 (33.33%)	6 (50%)	1 (8.33%)	1 (8.33%)
Ability to implement plan	4 (33.33%)	6 (50%)	0 (0%)	2 (16.67%)

Table 3. Job or Occupational Competence Survey Pre- and Post-Program

	Job Competency Pre-Program Survey Score	Job Competency Post-Program Survey Score	Difference between Pre & Post-Program Survey Score
Patient 1	15	15	0
Patient 2	13	13	0
Patient 3	12	13	1
Patient 4	13	8	-5
Patient 5	13	13	0
Patient 6	6	11	5
Patient 7	15	14	-1
Patient 8	13	8	-5
Patient 9	12	16	4
Patient 10	9	11	2
Patient 11	9	16	7
Patient 12	12	7	-5

	Pre-Program Survey	Post-Program Survey
Mean	11.83	12.08
SD	2.62	3.12

Mean of differences:	0.25
SD of differences:	3.93
p-value	0.83

Table 4. Global Self-Esteem Survey Pre- and Post-Program

	Global Self-Esteem Survey Pre- and Post-Program		Difference between Pre & Post-Program Survey Score
	Pre-Program Survey Score	Post-Program Survey Score	
Patient 1	15	11	-4
Patient 2	14	16	2
Patient 3	13	14	1
Patient 4	10	11	1
Patient 5	10	12	2
Patient 6	8	10	2
Patient 7	11	16	5
Patient 8	16	16	0
Patient 9	16	16	0
Patient 10	11	12	1
Patient 11	12	14	2
Patient 12	13	13	0

	Pre-Program Survey	Post-Program Survey
Mean	12.42	13.42
SD	2.54	2.23

Mean of differences:	1
SD of differences:	2.09
p-value	0.13

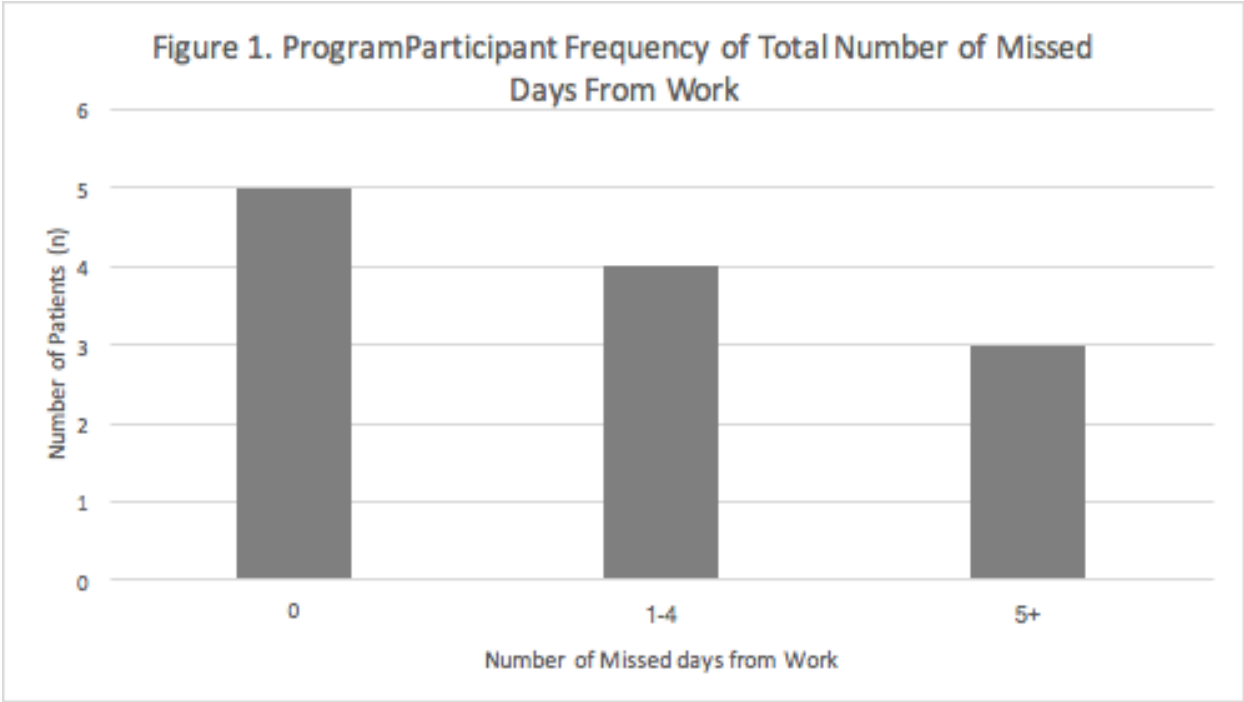
Table 5. Stanford Presenteeism Scale Score

Patient	Question 4	Question 5*	Question 6	Question 7	Question 8*	Question 9*	Total
1	5	4	5	1	5	3	23
2	5	5	5	5	5	4	29
3	4	5	3	5	5	4	26
4	5	5	5	5	5	5	30
5	5	5	5	5	1	5	26
6	4	5	3	5	4	5	26
7	5	5	4	5	5	5	29
8	5	5	5	5	5	5	30
9	3	4	2	1	4	5	19
10	5	5	5	5	5	5	30
11	5	5	5	5	5	4	29
12**	4	5	-	4	2	5	20

Total Presenteeism Score	
Mean	27
SD	3.49

*Item was reverse-scored in accordance with the negative wording.

**Patient data excluded due to missing entry.

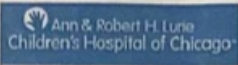


533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559

560 **Appendix**

561

562 1. Post-SAILS Program Survey (*Stanford presenteeism scale*)



Health Survey

Please help us improve our program. We are interested in your honest opinions, whether they are positive or negative. All answers are anonymous and will be kept private.

1. In the last month, how many days did you *not* work on your scheduled day because of your particular condition? (*Days that you couldn't come or had to reschedule*)
 Days

2. How did working affect your ability to take your medications?
 - Working helped me take my medications on schedule.
 - Working had no effect on me being able to take my medications.
 - Working made it harder to take my medications on schedule.
 - Not Applicable – I don't take any medications.

3. How did working affect your ability to follow your treatment plan for your particular condition?
 - Working helped me follow my plan better.
 - Working had no effect on following my treatment plan.
 - Working made it harder to follow my treatment plan.
 - Not Applicable

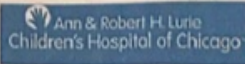
Directions: Please describe your experiences in the past month. These experiences may be affected by many environmental as well as personal factors, and may change from time to time. For each of the following statements, please check one of the following responses to show your agreement or disagreement with this statement in describing your work experiences in the past month.

	Strongly Disagree	Somewhat Disagree	Uncertain	Strongly Agree	Somewhat Agree
4. Because of my health condition, the stresses of my job were much harder to handle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Despite having my health condition, I was able to finish hard tasks in my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My health condition distracted me from taking pleasure in my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt hopeless about finishing certain work tasks, due to my health condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. At work, I was able to focus on achieving my goals despite my health condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Despite having my health condition, I felt energetic enough to complete all my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

563

564 *Stanford presenteeism scale* shown in items 4-9.

565 2. Pre- and Post-SAILS Program Survey



What I am Like

Date: _____

Intern Code: For use by staff only _____

Instructions. The following questionnaire contains statements that allow young adults to describe themselves. This is NOT a test! There are no right or wrong answers, only what is true for you. Each item contains a statement on the left and a statement on the right. First decide which of those statements is more like YOU. Then, go that side of the statement, either on the left or the right and choose how true that statement is for you: *Really True* or *Sort of True* and check the box on that side of the item. Sometimes the statement that is more like you will be on the left and sometimes it will be on the right. You will just check ONE of the four boxes for each item (Do NOT check both sides on a given item). Think particularly about what you are like NOW as a young adult. There is a sample item about what you prefer to do in your spare time, go to the movies (on the left) or engage in outdoor activities (on the right). First think about which of the two statements better describes YOU, typically, and then check whether that particular statement is *Really True* for you or just *Sort of True*. Only check one of the four boxes.

What I am Like							
	Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
Sample Item							
a.	<input type="checkbox"/>	<input type="checkbox"/>	Some young adults prefer to go to the movies in their spare time	BUT	Other young adults prefer to engage in outdoor activities in their spare time	<input type="checkbox"/>	<input type="checkbox"/>
1.	<input type="checkbox"/>	<input type="checkbox"/>	Some young adults believe they have found a rewarding job where they can develop their talents	BUT	Other young adults have <i>not</i> found such a rewarding job opportunity	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	Some young adults do <i>not</i> feel that they are moving in the right direction in terms of selecting a promising education	BUT	Other young adults <i>do</i> feel that that they are moving in the right occupational direction	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	In exploring job possibilities, some young adults feel confident that they will do well at the work that they have chosen	BUT	Other young adults do not feel confident about their abilities at their current choice of jobs	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	Some young adults do not feel competent at their current job because they have not clarified their employment goals	BUT	Other young adults do feel competent at the job they selected as their occupational goals have become clearer	<input type="checkbox"/>	<input type="checkbox"/>

Page 1 of 2

What I am Like

	Really True for Me	Sort of True for Me			Sort of True for Me	Really True for Me	
5.	<input type="checkbox"/>	<input type="checkbox"/>	Some young adults like the kind of person they are becoming	BUT	Other young adults do not like the kind of person they seem to be, they wish they could be different	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	Some young adults do not feel good about themselves overall; they experience low self-esteem	BUT	Other young adults do feel good about themselves; they have high self-esteem	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	Some young adults are typically pleased with themselves	BUT	Other young adults are often disappointed with themselves	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	Some young adults are unhappy with how they are currently leading their lives	BUT	Other young adults are pretty pleased with the way they are presently leading their lives	<input type="checkbox"/>	<input type="checkbox"/>

567
568
569
570
571

Items 1-4 is taken from the *Susan Harter Self-Perception Profile for Emerging Adults* "Job or occupational competence" domain and items 5-8 are from the "Global self-esteem" domain.

572 3. Stanford Presenteeism Scale (SPS-6)

APPENDIX B
INSTRUMENT

Stanford Presenteeism Scale⁺
(SPS-6)

Directions: Please describe your work experiences **in the past month**. These experiences may be affected by many environmental as well as personal factors, and may change from time to time. For each of the following statements, please check one of the following responses to show your agreement or disagreement with this statement in describing *your* work experiences **in the past month**.

Please use the following scale:

... I strongly disagree with the statement
 ... I somewhat disagree with the statement
 ... I am uncertain about my agreement with the statement
 ... I somewhat agree with the statement
 ... I strongly agree with the statement

	Strongly disagree	Somewhat disagree	Uncertain	Somewhat agree	Strongly agree
1. Because of my (health problem)*, the stresses of my job were much harder to handle.	()	()	()	()	()
2. Despite having my (health problem)*, I was able to finish hard tasks in my work.	()	()	()	()	()
3. My (health problem)* distracted me from taking pleasure in my work.	()	()	()	()	()
4. I felt hopeless about finishing certain work tasks, due to my (health problem)*.	()	()	()	()	()
5. At work, I was able to focus on achieving my goals despite my (health problem)*.	()	()	()	()	()
6. Despite having my (health problem)*, I felt energetic enough to complete all my work.	()	()	()	()	()

** Note that the words 'back pain,' 'cardiovascular problem,' 'illness,' 'stomach problem,' or other similar descriptors can be substituted for the words 'health problem' in any of these items.*

⁺The Stanford Presenteeism Scale (SPS-6; 2001 version) is jointly owned by Merck & Co., Inc., and Stanford University School of Medicine.

90

573
 574 O'donnell, James E., "Presenteeism: A Comparative Analysis". Retrieved from:
 575 <http://scholarworks.umass.edu/theses/317>

The Self-Perception Profile for Emerging Adults

Harter, 2016

What I Am Like

SCORING KEY

Transfer scores to master coding sheets

	Really True for me	Sort of True for me			Sort of True for me	Really True for me
1. <i>Intell</i>	1	2	Some young adults do <i>not</i> feel mentally able to cope with the situations they now must face	BUT	Other young adults do feel mentally capable of coping with their new life situations	3 4
2. <i>Job</i>	4	3	Some young adults believe that they have found a rewarding job where they can develop their talents	BUT	Other young adults have <i>not</i> found such a rewarding job opportunity	2 1
3. <i>Athl</i>	1	2	Some young adults, since high school, have <i>not</i> been able to find outlets for their athletic energies	BUT	Other young adults have found rewarding avenues where they can demonstrate their athletic skills	3 4
4. <i>App</i>	4	3	Some young adults currently like their physical appearance; it is appropriate for their age and social situation	BUT	Other young adults do <i>not</i> like their current physical appearance	2 1
5. <i>Peer</i>	4	3	Some young adults have been able to establish new and meaningful social relationships since leaving high school	BUT	Other young adults have found it difficult to establish new and meaningful relationships	2 1
6. <i>IntRel</i>	4	3	Some young adults feel that they are developing the capacity to engage in relationships that are more intimate than casual dating	BUT	Other young adults feel that they have yet to experience this capacity	2 1

	Really True for me	Sort of True for me			Sort of True for me	Really True for me
7. PRel	4	3	Some young adults feel that they are able to maintain a close relationship with their parents while at the same time beginning to be their "own person"	BUT	Other young adults do <i>not</i> seem to be able to do both	2 1
8. Moral	4	3	Some young adults feel that their moral principles are becoming clearer and more crystallized	BUT	Other young adults are struggling to establish their own clear moral standards	2 1
9. Hum	4	3	Some young adults are able to laugh at some ironies of life that now confront them	BUT	Other young adults are more cynical and less able to laugh about their unexpected current life experiences	2 1
10. Daily	4	3	In the face of current living arrangements, some young adults feel that they are managing pretty well	BUT	Other young adults are having difficulty adjusting to current living arrangements	2 1
11. Optim	4	3	Some young adults are optimistic about creating and achieving their future goals	BUT	Other young adults are more pessimistic about whether they can create and achieve future goals	2 1
12. TFSelf	4	3	Some young adults feel that they are able to be their <i>true</i> selves in most current situations	BUT	Other young adults find that they put on a false self much of the time	2 1
13. SE	4	3	Some young adults like the kind of person they are becoming	BUT	Other young adults do <i>not</i> like the kind of person they seem to be, they wish they could be different	2 1
14. Intell	4	3	Some young adults feel intellectually equipped to meet the problem-solving demands of this period of their life	BUT	Other young adults do <i>not</i> feel intellectually equipped	2 1
15. Job	1	2	Some young adults do <i>not</i> feel that they are moving in the right direction in terms of selecting a promising occupation	BUT	Other young adults <i>do</i> feel that that they are moving in the right occupational direction	3 4
16. Athl	4	3	Some young adults have been able to find opportunities to use their physical abilities	BUT	Other young adults have <i>not</i> been able to find such opportunities	2 1
17. App	4	3	Some young adults like the way they look, although their standards have changed since high school	BUT	Other young adults do <i>not</i> like the way they look in the face of changing standards	2 1

	Really True for me	Sort of True for me			Sort of True for me	Really True for me
18. Peer	1	2	Some young adults have <i>not</i> made friends in their current work or educational environment	BUT	Other young adults <i>have</i> been able to make satisfying friendships at their work or in their educational environment	3 4
19. IntRel	1	2	Some young adults question whether they will have the ability to move into a committed relationship	BUT	Other young adults <i>do</i> feel that they have the ability to commit to a serious relationship, eventually	3 4
20. PRel	4	3	Some young adults are learning to balance their developing independence from parents with different and more mature types of dependence upon parents for support	BUT	Other young adults have difficulty achieving this balance between independence from, and dependence upon, parents	2 1
21. Moral	1	2	Some young adults are having difficulty developing their own independent ethical guidelines	BUT	Other young adults are more successful at creating personal ethical guidelines, separate from those imposed by others	3 4
22. Hum	1	2	Some young adults find it difficult to find humor in uncomfortable situations that face them at this point in their lives	BUT	Other young adults can maintain a sense of humor in the face of new and sometimes awkward situations	3 4
23. Daily	1	2	Some young adults are facing challenges coping with the need to make their own day-to-day decisions	BUT	Other young adults seem to be able to cope with their new decision-making responsibilities	3 4
24. Optim	1	2	Some young adults feel rather hopeless about whether they can fulfill personal aspirations	BUT	Other young adults are hopeful that they will fulfill their personal aspirations	3 4
25. TFSelf	1	2	Some young adults feel that currently they need to act phony in order to cope socially	BUT	Other young adults <i>do not</i> have to be phony in order to cope pretty well in social situations	3 4
26. SE	1	2	Some young adults <i>do not</i> feel good about themselves overall; they experience low self-esteem	BUT	Other young adults <i>do</i> feel good about themselves; they have high self-esteem	3 4
27. Intell	1	2	Some young adults now question whether they are very intelligent	BUT	Other young adults <i>do</i> feel that they are quite intelligent	3 4

	Really True for me	Sort of True for me			Sort of True for me	Really True for me
28. Job	4	3	In exploring job possibilities, some young adults feel confident that they will do well at the work that they have chosen	BUT	Other young adults do <i>not</i> feel confident about their abilities at their current choice of jobs	2 1
29. Athl	1	2	Some young adults have <i>not</i> found ways to get the physical exercise they need	BUT	Other young adults have been successful at finding ways to get needed physical exercise	3 4
30. App	1	2	Some young adults are currently unhappy with their body and weight, wishing they were different	BUT	Other young adults <i>are</i> happy with their body and weight right now	3 4
31. Peer	1	2	Some young adults feel that they are <i>not</i> accepted by their peers given their current life situation	BUT	Other young adults currently feel that there are peers who do accept them	3 4
32. IntRel	4	3	Some young adults feel that a genuine, deep love relationship may be possible	BUT	Other young adults question whether this will be possible	2 1
33. PRel	1	2	Some young adults are having difficulty negotiating their changing relationship with their parents	BUT	Other young adults are negotiating these changes pretty successfully	3 4
34. Moral	1	2	Some young adults are still searching for a solid sense of their own core personal values	BUT	Other young adults seem to be developing personal values that they feel are very solid	3 4
35. Hum	4	3	Some young adults don't take themselves too seriously and can laugh off situations that might be a cause for embarrassment	BUT	Other young adults find it hard to see the humor in situations that might be personally embarrassing	2 1
36. Daily	1	2	Some young adults struggle with the need to structure their time and meet the current obligations in their everyday life	BUT	Other young adults are able to handle these demands pretty successfully	3 4
37. Optim	4	3	Some young adults display optimism about creating a rewarding future life	BUT	Other young adults experience pessimism about the life they face ahead of them	2 1
38. TFSelf	4	3	Some young adults are able to be their true selves, their real selves inside	BUT	Other young adults struggle to act like the self they really are inside	2 1
39. SE	4	3	Some young adults are typically pleased with themselves	BUT	Other young adults are often disappointed with themselves	2 1

	Really True for me	Sort of True for me			Sort of True for me	Really True for me
40. Intell	4	3	Some young adults feel that they have the “smarts” to successfully compete with others at this point in their development	BUT	Other young adults feel that they lack the “smarts” to compete	2 1
41. Job	1	2	Some young adults <i>do not</i> feel competent at their current job because they have not clarified their employment goals	BUT	Other young adults <i>do</i> feel competent at the job they selected as their occupational goals have become clearer	3 4
42. Athl	4	3	Some young adults have been able to find sports partners or teams that allow them to perform at their highest level of play	BUT	Other young adults have been <i>unable</i> to find sports partners or teams that allow them to perform at their highest level	2 1
43. App	1	2	Some young adults <i>do not</i> feel that they are physically attractive, given their goals for how they want to look	BUT	Other young adults <i>do</i> feel satisfied that they are meeting their goals for attractiveness	3 4
44. Peer	4	3	Some young adults have been able to make new and supportive friends since leaving high school	BUT	Other young adults have had difficulty developing new and supportive friendships	2 1
45. IntRel	4	3	Some young adults have entertained the idea of moving into a serious and rewarding long-term intimate relationship as they mature	BUT	Other young adults have doubts about whether such an intimate relationship will ever be possible for them	2 1
46. PRel	1	2	Some young adults seem unable to establish their autonomy from their parents while retaining a sense of connectedness	BUT	Other young adults have found a way to combine autonomy from parents with a modified sense of connectedness to parents	3 4
47. Moral	4	3	Some young adults are aware that knowing right from wrong requires new moral standards	BUT	Other young adults are <i>not</i> so concerned with issues of morality at this point in their development	2 1
48. Hum	4	3	Some young adults can laugh at themselves when things don’t always go as they personally planned	BUT	Other young adults have a hard time finding any humor at their expense, when things don’t go as planned	2 1
49. Daily	4	3	Some young adults seem to be able to successfully manage the current requirements of daily life (for example, household chores, meals, expenses, getting to work or classes on time)	BUT	Other young adults are having difficulty managing the current requirements of daily life	2 1

	Really True for me	Sort of True for me			Sort of True for me	Really True for me
50. Optim	1	2	Some young adults often feel hopeless, fearing that they cannot create a rewarding future life	BUT	Other young adults feel hopeful about creating a rewarding future life	3 4
51. TFSelf	1	2	Some young adults feel compelled to adopt a false self in order to survive socially at this point in their lives	BUT	Other young adults are able to rely on their true selves in order to both survive and succeed socially	3 4
52. SE	1	2	Some young adults are unhappy with how they are currently leading their lives	BUT	Other young adults are pretty pleased with the way they are presently leading their lives	3 4

583
584
585
586

“*Job or occupational competence*” domain are shown in items 2, 15, 28 and 41. “*Global self-esteem*” domain are shown in items 13, 26, 39 and 52.