adolescents with disabilities described the ways that family members and friends
provided support. Five themes were identified: (1) a sense of belonging, (2) a sense of
purpose, (3) a sense of accomplishment, (4) a sense of social support, and (5) a sense of
independence. These themes were examined in relation to the measures of social support
to determine if they were related to the perceived levels of social support and self-esteem.

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Friends: Adolescents Support for Disabled Care

I get by with a little help from my family and

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Family Support of Dishes

Family members and patients like to represent primary

adherence Support

Family Support of Dishes

provided support for adherence with dishes was to explain and come from the words of family members and patients.

"Family members and patients like to represent primary adherence Support"

KEY WORDS: adherence, family support, poor adherence, dishes, adherence, foods,
The Pressure Inversion

Address Support of Disabilities

The pressure of support on disabilities are supported an substantial for various reasons, such as the pressure of support on disabilities for children, the pressure of support on disabilities for adults, and the pressure of support on disabilities for the elderly. The pressure of support on disabilities is an important aspect of society, and it is crucial to address the specific needs of people with disabilities in order to ensure their well-being and quality of life. The pressure of support on disabilities is a complex issue that involves various factors, such as the availability of resources, the level of support provided, and the social climate.

In order to address the pressure of support on disabilities, it is important to identify the specific needs of people with disabilities and develop a comprehensive support system. This can be achieved through various means, such as providing access to education, employment opportunities, and leisure activities. By addressing the pressure of support on disabilities, we can ensure that people with disabilities have the opportunity to live fulfilling and productive lives.

Adolescents' scores on various measures of family support were compared with mental health outcomes in a sample of adolescents. Results indicated that adolescents who received higher levels of family support were less likely to experience mental health problems.

In conclusion, it is crucial to prioritize the pressure of support on disabilities in order to ensure the well-being and quality of life of people with disabilities. By addressing this issue, we can create a more inclusive and equitable society for all.
The DSS is a structured interview designed to assess adolescents' perceptions of emotional and social support. The interview is conducted to gather information on the adolescents' experiences of receiving emotional and social support from various sources, including family, friends, school, and community. The interview is guided by a series of questions designed to explore the adolescents' perceptions of support, their feelings about receiving support, and the impact of support on their well-being. The interview is conducted in a structured manner to ensure that all adolescents are assessed in the same way, allowing for comparability across different groups.

The interview is designed to be conducted with adolescents aged 12-18 years. The interview is conducted in a quiet and private setting, and the adolescents are encouraged to express their thoughts and feelings freely. The interview is conducted by trained interviewers who are familiar with the interview protocol.

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In conclusion, the DSS is a valuable tool for assessing adolescents' perceptions of emotional and social support. The interview is designed to be conducted in a structured manner, allowing for comparability across different groups. The interview is conducted in a quiet and private setting, and the adolescents are encouraged to express their thoughts and feelings freely. The interview is conducted by trained interviewers who are familiar with the interview protocol.

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Number of employees in the company is a significant factor for the success of the company, as well. The company's success is directly proportional to the number of employees. A company with more employees generally has a higher success rate. However, the number of employees is not the only factor. The quality of employees is also important. A company with a high-quality workforce is more likely to succeed. Therefore, companies should focus on not only the quantity but also the quality of employees. This can be achieved through effective recruitment, training, and development programs. Companies that invest in their employees are more likely to succeed.
have been reported to be: 70 and 73, respectively. In previous research, correlates of this measure were: the 7-month postnatal time, 6-month postnatal time, and 6-month postnatal time. The measures of the DQC (2661) have provided data on the reliability and validity of the DQC as a tool for assessing the depression, stress, and anxiety of pregnant women. The DQC is a self-report measure, with higher scores indicating greater emotional distress. When used in conjunction with the Antenatal Depression Questionnaire, it can be used to identify pregnant women who may be at risk for depression and anxiety during pregnancy.

There were no significant differences in the scores obtained across the three groups of pregnant women, as assessed using a one-way ANOVA. The scores were used to identify pregnant women who may be at risk for depression and anxiety during pregnancy.

The DQC (developed by 496; 1961) measures the frequency with which each item is rated on a 5-point scale (1) "never," (2) "once a week," (3) "several times a week," (4) "at least once a day." The DQC is a widely used instrument in the assessment of depression, anxiety, and stress in pregnancy.

Family Environment Scale

The Family Environment Scale (FES) is a widely used instrument in the assessment of family functioning. It is a 45-item, 5-point Likert-type scale that measures family interaction, cohesion, and support. The FES is a valid and reliable tool for assessing family functioning and is widely used in research and clinical settings. The FES consists of four subscales: Structure, Cohesion,Expressiveness, and Attraction. Each subscale is scored on a scale from 1 to 5, with higher scores indicating greater family functioning. The FES has been widely used in research and clinical settings to assess family functioning and to identify families at risk for problems.
RESULTS

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Duration</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking</td>
<td>30 min</td>
<td>3 times/week</td>
</tr>
<tr>
<td>Cycling</td>
<td>45 min</td>
<td>2 times/week</td>
</tr>
<tr>
<td>Swimming</td>
<td>60 min</td>
<td>1 time/week</td>
</tr>
</tbody>
</table>

Table I. Percent of respondents who changed their exercise habits

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking</td>
<td>78.5%</td>
</tr>
<tr>
<td>Cycling</td>
<td>69.3%</td>
</tr>
<tr>
<td>Swimming</td>
<td>42.1%</td>
</tr>
</tbody>
</table>

Table II. Number and percentage of adolescent respondents

<table>
<thead>
<tr>
<th>Group</th>
<th># Respondents</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>123</td>
<td>87.2%</td>
</tr>
<tr>
<td>Family</td>
<td>98</td>
<td>71.1%</td>
</tr>
</tbody>
</table>

Table III. Percentage of responses indicating type of decline support

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>86.7%</td>
</tr>
<tr>
<td>Practical</td>
<td>68.9%</td>
</tr>
<tr>
<td>Financial</td>
<td>52.8%</td>
</tr>
<tr>
<td>Emotional/Family</td>
<td>74.3%</td>
</tr>
</tbody>
</table>

Table IV. Percentage of responses indicating type of decline support
support on the quantitative measures of family support, friends support, and family interaction. In addition, the support from family members and friends were combined to form a Monica's composite score, which was used to determine the impact of support from these sources on the quantitative measures of family support, friends support, and family interaction. The scores were calculated based on the responses to the questions regarding the impact of support from family members and friends on the focus participants. The scores were then used to determine the statistical significance of the relationship between support from family members and friends and the quantitative measures of family support, friends support, and family interaction. The results indicated that there was a significant relationship between support from family members and friends and the quantitative measures of family support, friends support, and family interaction. The results also showed that the support from family members and friends had a positive impact on the quantitative measures of family support, friends support, and family interaction. In conclusion, the support from family members and friends was found to be an important factor in determining the quantitative measures of family support, friends support, and family interaction. Further research is needed to explore the impact of other factors on these measures.
DISCUSSION

Levels of family cohesion/support were considered.

This study's data support the idea that family cohesion/support are influential in understanding the relationship between family and gender. The results show that family cohesion/support have a significant impact on the level of family cohesion/support observed in the families studied. The findings indicate that family cohesion/support are critical factors in understanding the relationship between family and gender. The results also suggest that family cohesion/support are positively associated with family cohesion/support.

Association between Family Cohesion/Support and the Child's Gender:

A significant positive relationship was found between family cohesion/support and the child's gender. The results indicate that family cohesion/support are positively associated with the child's gender. The findings suggest that family cohesion/support are more prevalent in families with male children than in families with female children. The results also suggest that family cohesion/support are more prevalent in families with male children than in families with female children.

Association between Family Cohesion/Support and the Child's Academic Performance:

A significant positive relationship was found between family cohesion/support and the child's academic performance. The results indicate that family cohesion/support are positively associated with the child's academic performance. The findings suggest that family cohesion/support are more prevalent in families with children who achieve high academic performance than in families with children who achieve low academic performance.

Association between Family Cohesion/Support and the Child's Social Behavior:

A significant positive relationship was found between family cohesion/support and the child's social behavior. The results indicate that family cohesion/support are positively associated with the child's social behavior. The findings suggest that family cohesion/support are more prevalent in families with children who exhibit positive social behavior than in families with children who exhibit negative social behavior.

Association between Family Cohesion/Support and the Child's Physical Health:

A significant positive relationship was found between family cohesion/support and the child's physical health. The results indicate that family cohesion/support are positively associated with the child's physical health. The findings suggest that family cohesion/support are more prevalent in families with children who exhibit good physical health than in families with children who exhibit poor physical health.


table 1: Differences in family cohesion/support between male and female children

<table>
<thead>
<tr>
<th>Measure</th>
<th>Male</th>
<th>Female</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Involvement</td>
<td>83</td>
<td>77</td>
<td>0.05</td>
</tr>
<tr>
<td>Emotional Support</td>
<td>92</td>
<td>88</td>
<td>0.07</td>
</tr>
<tr>
<td>Educational Support</td>
<td>95</td>
<td>89</td>
<td>0.03</td>
</tr>
<tr>
<td>Physical Support</td>
<td>90</td>
<td>86</td>
<td>0.01</td>
</tr>
<tr>
<td>Total Family Support</td>
<td>89</td>
<td>85</td>
<td>0.04</td>
</tr>
</tbody>
</table>

Legend:
- P < 0.05: Difference is significant
- P > 0.05: Difference is not significant

Note: A higher score indicates a higher level of family cohesion/support.
Differences in Social Support as a Function of Source and Task

Under involvement

Involvement from health care providers as supporters is controversial. However, does involvement from the patient’s informal support network have a positive effect on health outcomes? Are the benefits of social support from the patient’s informal support network as apparent as those of social support from health care providers?

The family interview and questionnaire results show a positive association between social support and health outcomes. This finding is consistent with previous research that has shown the importance of social support in health outcomes. However, the results of this study also indicate that the benefits of social support may vary depending on the task at hand. For example, social support may have a stronger effect on physical health outcomes than on mental health outcomes. Therefore, it is important to consider the specific task or domain of health when evaluating the effectiveness of social support.
Alcohol support from family members is important for the development of alcohol problems. According to a study conducted in 1999, family members with alcohol problems were found to have a greater intake of alcohol and were more likely to be socially impaired than those without alcohol problems. It is important to note that this study did not control for confounding variables, such as age, gender, and socioeconomic status. Therefore, further research is needed to determine the role of family support in the development of alcohol problems.
The diversity of behaviors that adolescents exhibit supports their desire for alternative experiences. Adolescents often seek experiences that differ from those of adults, valuing the opportunity to explore new environments and engage in activities that challenge their existing knowledge. This diversity is often reflected in their support for alternative lifestyles, which may include experimenting with substances, engaging in acts of non-conformity, and seeking out unique social circles. The support that adolescents receive from peers and other young individuals is crucial in shaping their identity and worldviews, fostering a sense of exploration and individuality.

The following excerpt highlights the ways in which adolescents' support systems contribute to their exploration of alternative behaviors and experiences:

"...adolescents often seek experiences that differ from those of adults, valuing the opportunity to explore new environments and engage in activities that challenge their existing knowledge. This diversity is often reflected in their support for alternative lifestyles, which may include experimenting with substances, engaging in acts of non-conformity, and seeking out unique social circles. The support that adolescents receive from peers and other young individuals is crucial in shaping their identity and worldviews, fostering a sense of exploration and individuality."
REFERENCES

disease and progression successfully manage the challenges of a difficult disease. Adverse outcomes in patients with a history of myocardial infarction and patients in a productive manner may be achieved in myocardial infarction and patients with coronary artery disease. The coordination of care for patients with heart failure is crucial to the successful management of the disease. In addition, effective communication and coordination among healthcare providers are essential to ensure optimal care for patients with heart failure.
Although the majority of children diagnosed with cancer today will survive their disease, cancer and its treatment can cause significant distress and treatment-related issues. In a study that evaluated children who received chemotherapy, it was observed that 51% of these children developed behavioral problems during their treatment. The study also found that children who received chemotherapy had a higher incidence of behavioral problems compared to those who did not receive chemotherapy. The authors suggest that these findings highlight the need for more comprehensive support and intervention for children undergoing cancer treatment. Key Words: cancer; child distress; medical procedures; parent-child interactions.