

Part I. Question 1 to 10, you should choose the answer closest in meaning to the underlined word or phrase. **One answer only.** 2 points each.

- Regarding the presidential campaign, he does not see eye to eye with his wife.
(A) have any affection for (B) have any interest (C) agree with (D) show any passion as
- He suffered a massive hemorrhage and was immediately sent to the hospital.
(A) severe (B) compact (C) critical (D) immense
- A novel idea suddenly came to her mind, she immediately went to see her boss.
(A) imaginary (B) new (C) developed (D) realistic
- The voters opted for this presidential candidate because he promised to reduce taxes.
(A) chose (B) forgave (C) opposed (D) advocated
- He was put through university with money left by his grandfather.
(A) was admitted to (B) successfully finished (C) gave a mission to (D) carried a responsibility for
- The lectures in our university are quite liberal and broad minded.
(A) preeminent (B) obsessed (C) renowned (D) permissive
- In *Sense and Sensibility*, one sister ends up in a happy marriage while the other loses her first suitor and must fall back on a boring alternative suitor.
(A) fail to accomplish (B) slip and hit the ground (C) change seasons (D) accept a second choice
- University of California report warns that unless China radically changes its energy policies, its increases in greenhouse gases will be several times larger than the cuts in emissions being made by rich nations under the Kyoto Protocol.
(A) oil consumption (B) discharge of smoke (C) production of coal (D) energy saving
- As a spectator, it's quite easy to pick holes in other people's work.
(A) come up with (B) keep pace with (C) get even with (D) find fault with
- The students in our school are predominantly from the South.
(A) mostly (B) scarcely (C) particularly (D) partially

Part II. Question 11-15, please choose the answer that best completes the sentence. Question 16-25 you should choose the best answer to fill each of the numbered blanks in the passage. **One answer only.** 2 points for each.

The media [of an increasing number of surgical makeovers] says a lot about Korea's own 11 makeover. Not long ago, many people saw the country as a decidedly uncool industrial park pumping out cheap cars and appliances. But that started to change in the late 1990s, when the Korean government decided that entertainment could be an export industry. The film business in particular 12 government help and a big influx of private capital...

The popularity of Korean stars is 13 Korean 14 features as a standard of beauty across the region. Some sociologists see a subtext in the craze: a rebellion by Asian people against the images of Caucasian good looks that 15 much of the international trend.

- (A) country (B) image (C) race (D) medicine
- (A) benefitted from (B) inherited (C) messed up with (D) suffered from
- (A) naturalizing (B) blurring (C) establishing (D) diminishing
- (A) ethnic (B) export (C) prominent (D) legendary
- (A) export (B) in charge (C) take over (D) dominate

Question 16 -18

The topic of thought is one area of psychology, and many observers have considered this aspect in connection with robots and computers: Some of the old worries about AI (artificial intelligence) 16 the question of

whether computers could think. The first massive electronic computers, capable of rapid (if often unreliable) computation and little or no creative activity, were soon dubbed 'electronic brains.' A reaction to this terminology quickly followed. 17, computers were called 'high-speed idiots,' and effort to protect human vanity. In such a climate, the possibility of computers actually 18 was rarely considered: It was bad enough that computers might be capable of thought.

16. (A) link closely to (B) is linking closely to (C) have close linked (D) be closely linked
 17. (A) Putting them in their place (B) They are in their place
 (C) To put them in their place (D) With putting them in their place
 18. (A) being alive (B) could be alive (C) which alive (D) are alive

Question 19-20

The average American produces about 20 tons of the major greenhouse gas carbon dioxide (CO₂) every year. That might sound like a lot — and Americans do have among the biggest carbon footprints in the world — but the entire world emits around 27 billion tons of CO₂ each year, 19 transportation, electricity use, deforestation. Look at those numbers for a moment, and you'll realize there's very little that any of us can do on an individual level to stop climate change. Live like a monk, take away your 20 tons — stop breathing if you'd like — and you'll 20 scratch the surface.

19. (A) by (B) in (C) through (D) with
 20. (A) often (B) barely (C) strongly (D) constantly

Question 21-25

Why do Mickey Mouse, Ronald McDonald, and Superman have 21? They are all easily identified and powerful symbols of what some people call American 'cultural imperialism.' Most Americans would be surprised that these beloved cultural icons are often unwelcome by many overseas.

The cries of cultural imperialism are a 22 phenomenon. 23 western colonial empires in Asia, Africa and South America, nationalists in the newly independent countries often became outraged over the staying power of colonial cultures. These nationalists named the presence and domination of Western culture as 'cultural imperialism.' Paul Harrison in his book, 24, described it this way, "And so there grew up, alongside political and economic imperialism, that more insidious form of control --- cultural imperialism. It conquered not just the bodies, 25 the souls of its victims."

21. (A) in general (B) in this respect (C) in common (D) in short
 22. (A) relatively recent (B) recently relative (C) relative recent (D) recent relative
 23. (A) In order shrink of (B) Shrinking of (C) Upon shrinking of (D) With the shrinking of
 24. (A) is called *Inside the Third World* (B) *Inside the Third World*
 (C) who writes *Inside the Third World* (D) that names *Inside the Third World*
 25. (A) and (B) so (C) as (D) but

Part III. Reading Comprehension. In this part, you will read several passages. Each one is followed by one question or a number of questions about it (them). Question 26-40, you should choose the **ONE** best answer to each question. 2 points each.

Why don't people consult an herbalist and take his advice instead? One reason is that only a few herbalists have made a thorough analysis of herbal medicine. Most of the time, some herbalists don't know what makes up the herbal medicine they are prescribing. It is not uncommon that some people, especially young children, may suffer great pain because the herbal medicine qualifications of some herbalists are sometimes called into question. Some

of them have never received enough formal medical education. At best, they have just passed a test, which is given to make sure that they know the names of certain herbal drugs and their composition; at worst, they are no more than quacks. Finally, few large-scale experiments with herbal drugs are conducted.

Yet some people still ask herbalists for advice. They do so when doctors declare that no chemical medicine can treat a certain disease. Under the circumstances, people may gamble with their own lives, acting human guinea pigs for herbalists.

26. According to this passage, people may take herbs like ginger for several reasons. Which of the following is NOT one of them?

- (A) The herbs are cheap and easy to come by. (B) Their illness may not be serious enough
(C) The herbs may taste good (D) The herbs may really help them recover

27. In this passage, three reasons are given to explain why people won't go to see an herbalist. Which of the following is NOT one of them?

- (A) Qualification tests are not credible. (B) Herbalists are poorly educated
(C) Experiments are not widely conducted. (D) The components of herbal medicine are poisonous.

28. By saying "people may gamble with their own lives," the author suggests that it is _____ to ask an herbalist for advice.

- (A) sensitive (B) inevitable (C) risky (D) expensive

29. According to this passage, people may go to see an herbalist when their illness is _____.

- (A) unknown (B) incurable (C) infectious (D) serious

In the past, writing was considered exclusive and time-consuming. The advent of the printing press popularized the written word and ushered in the gradual rise in global literacy. The speed and legibility of writing was greatly improved by the typewriter. But all of these were eclipsed when the personal computer came of age as the standard tool for writing. But what new dimensions and drawbacks, if any, does it offer?

30. The expression 'ushered in' is closest in meaning to _____.

- (A) hindered (B) instigated (C) procured (D) harmonized

31. Which of the following could best replace the word 'eclipsed'?

- (A) taken over (B) redeemed (C) outshined (D) reproached

The rules of etiquette in American restaurants depend upon a number of factors: the physical location of the restaurant, e.g., rural or urban; the type of restaurant, e.g., informal or formal; and certain standards that are more universal. In other words, some standards of etiquette vary significantly while other standards apply almost everywhere. Learning the proper etiquette in a particular type of restaurant in a particular area may sometimes require instruction, but more commonly it simply requires sensitivity and experience. For example, while it is acceptable to read a magazine in a coffee shop, it is inappropriate to do the same in a more luxurious setting. And, if you are eating in a very rustic setting, it may be fine to tuck your napkin into your shirt, but if you are eating in a very rustic setting it may be fine to demonstrate a lack of manners. It is safe to say, however, that in virtually every restaurant it is unacceptable to indiscriminately throw your food on the floor. The conclusion we can most likely draw from the above is that while the types and locations of restaurants determine etiquette appropriate to them, some rules apply to all restaurants.

32. With what topic is this passage primarily concerned?

- (A) rules of etiquette (B) instructions in proper etiquette
(C) the importance of good manners (D) variable and universal standards of etiquette

33. According to the passage, which of the following is a universal rule of etiquette?

- (A) tucking a napkin in your shirt (B) not throwing food on the floor
(C) reading a magazine at a coffee shop (D) eating in rustic settings

Now scientists are beginning to find that the most sexual part of the human body is the brain and it is inherently different in men and women. Scientific literature contains abundant evidence that males and females, even when little boys and girls, fall into distinct behavioral stereotypes. But with the advent of ever more powerful brain scanners, it seems these distinctions are the result of physical differences in the chemistry and neural circuitry of the brain that are laid down at birth.

34. This passage might be from an article on

- (A) Human Revolution (B) Men and Women: Minds Apart
(C) Difference in Sexuality between Men and Women (D) The Newly developed brain scanner

35. "That men are better in target-directed motor skills, whereas women are stronger in precision manual tasks" would be a good example of _____.

- (A) behavioral distinctions between males and females.
(B) the fact that brain is inherently different in men and women.
(C) cultural influences (D) men being more capable than women

British people have mixed opinions about the Americans, reflecting the close but sometimes troubled relationship between the two nations. When people get to know Americans as individuals they have a lot more respect and affections for them than the popular, rather negative stereotype based on a casual meeting or on television programs might suggest. For many British people the US is associated with power in international politics, Hollywood, money and violence. Although Americans believe they rule the world, few of them know much about anything outside the US. The British think that money matters more than anything else to Americans, and they also think the US is a dangerous place where cannot walk in the streets or subways without fear of being attacked. Despite this, many want to go there for their holidays. And Young people generally have a much more positive attitude and love everything that comes out of America.

On the other hand, the US once belonged to Britain, and many Americans have British ancestors, so when Americans think of Britain, they think of a place that seems very familiar. Americans watch British television programs, especially period dramas, see James Bond films, and read detective stories by Agatha Christie. On the basis of these experiences, which are common even to people who are not of British origin, most Americans know more about Britain than about any other county. However, many Americans would have difficulty drawing map of Britain. They think the country consists of London and a village in Scotland where one of their ancestors came from. Every British has a servant and has great respect to the Queen. Americans admire the behavior of the British believing that they are quaint, although they themselves would never want all their social rules. British people, to them, are perfectly polite and proper, always knowing which knife and fork to use, saying "please" and "Excuse me." However, they are often conceived as being snobbish and do not seem friendly. The famous British reserve seems cold to Americans who are more used to an open enthusiastic way of communicating. Thus a result, when British say: "That's no problem" when they know that it will be a big problem, it confuses the Americans.

36. What might be a proper title for this reading?

- (A) What British people think of Americans. (B) What Americans think of British people.
(C) Great Britain, the ancestors of the Americans. (D) Cultural stereotypes.

37. What do British usually think of Americans?

- (A) They have mixed feelings. (B) They feel indifferent.
(C) They never want to have any association with American. (D) They admire everything that is American.

38. Which of the following is true about the US from British perspective?

- (A) Most Americans know a lot about the world outside the US.
(B) Few Americans know a lot about the world outside the US.
(C) Americans value power more than anything else.
(D) The US subway is the only public transportation available.

39. When Americans think of Britain, what do they usually feel?

- (A) They feel indifferent. (B) They feel annoyed.
(C) They feel familiar. (D) They never want to be associated with Britain.

40. According to the reading, which of the following is true?

- (A) American can easily draw a British map.
(B) Many Americans watch British television programs.
(C) Americans never wanted to be associated with Britain because they once belonged to Britain.
(D) Americans think only the British movie stars can have servants.

Part IV. Essay. 20 points.

Please write a well-structured essay in 150 to 200 words on the following topic:

As a global citizen, what do you think your responsibilities and rights are supposed to be? Please use examples to support your statements.

1. 請詳述與 frontal lobe 有關的主要認知功能。(20%)
2. 請詳述職業輔導評量的四種主要評量方式。(20%)
3. scientific papers 或原著 (original article) 的內容通常需涵蓋五個主要的架構 (sections)。請說明每一部份應陳述的重點。(20%)
4. 請敘述下列小兒職能治療參考架構 (frames of reference) 的①假說 (postulates)；②評估及介入內容 (interventions)；③臨床應用 (clinical applications)；④預期的改變 (expected outcomes)。
 - (1) 感覺統合參考架構 (Sensory Integration Frame of Reference)
 - (2) 視知覺參考架構 (Visual Information Analysis Frame of Reference)
 - (3) 動作技巧獲得參考架構 (Motor Skill Acquisition Frame of Reference)
5. 請根據 Human Activity Assistive Technology (HAAT) model，詳述如何幫助一位 complete spinal cord injury at the T4 level 選擇適當的 manual wheelchair。(20%)

Please answer the following questions after reading the journal paper titled

“Self-esteem in an acute stroke rehabilitation sample: a control group comparison”.

1. Please briefly describe the research design in the study. 20%
2. The researchers applied Bonferroni correction to control type I error; thus, the P-level for significance in this analysis was established at 0.005. Why? 15%
3. What were the major findings in the study? 20%
4. What were the clinical message from the study? 30%
5. What were the major study limits in the study? 15%

Self-esteem in an acute stroke rehabilitation sample: a control group comparison

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Studies exploring the self-esteem of individuals with medical illnesses or disabling injuries generally suggest that these individuals report lower levels of self-esteem as compared to control samples.^{2,10,16} Prior works have indicated that stroke has a negative impact on self-esteem,¹⁷⁻¹⁹ but the results of these studies were not based on control group comparison or used relatively small samples of stroke and control groups. While these works are a first step in the exploration of this topic, comparison of survivors' self-esteem ratings with those of a large, demographically matched control group may provide further insight. In addition to providing a more accurate appraisal of the psychological effects of stroke, a matched-group design with a large sample size would be helpful in exploring if the associations between self-esteem and other related constructs (e.g. depression) are similar between stroke survivors and controls. Measures of self-esteem generally show correlations ranging from 0.40 to 0.60²⁰ with measures of depression in neurologically intact samples; however, higher correlations between self-esteem and depression measures (in the 0.70s and 0.80s) are seen in studies of stroke survivors^{11,14} and other neurological samples, such as traumatic brain injury survivors.⁹

The current study presents data comparing the self-esteem ratings of acute-stage stroke survivors to those of a large, demographically matched control group. This study was guided by two main hypotheses: (1) that stroke survivors would endorse significantly lower self-esteem ratings than the control group; and (2) that ratings of self-esteem would have a higher correlation with ratings of depressive symptoms in the stroke survivors than in the control sample.

Introduction

Self-esteem, or global judgement of self-worth or acceptance,¹ has emerged as a potentially important variable in the health care setting. Lower self-esteem has been associated with emotional dysfunction,²⁻⁵ maladaptive coping strategies,⁵ poorer adjustment to disability,⁶ and poorer functional outcome following treatment or rehabilitation⁷⁻⁹ in individuals with cardiac illness,^{2,7} spinal cord injury,^{3,8} cancer,⁴ and traumatic brain injury.^{5,9,10} Similar findings are observed in the limited literature exploring self-esteem and stroke. Available reports indicate that poorer self-esteem is associated with emotional dysfunction^{11,12} and lower functional status upon discharge from acute rehabilitation¹³⁻¹⁵ in stroke samples. These findings highlight the need to further explore self-esteem following stroke as a potentially important factor in psychological adjustment and functional outcome in this condition.

Method

Participants

Stroke group

Participants in this group were a convenience sample of 80 patients admitted to an inpatient rehabilitation programme immediately following acute hospitalization for stroke, and were referred for neuropsychological services. Patients were excluded based on history of pre-existing dementia (i.e. Alzheimer's disease), other non-stroke neurological process (e.g. multiple sclerosis), severe psychiatric disturbance (e.g. schizophrenia), or were suffering from an acute delirium state (e.g. medication-induced delirium) during their rehabilitation stay. Patients with receptive aphasia of such severity as to preclude evaluation with the measures described below were also excluded. Approximately 90% of individuals admitted to the Methodist Rehabilitation Center following a stroke are referred for neuropsychological services. Individuals not referred were patients of one physician who does not routinely refer for these services.

Control group

Participants in the control group consisted of 80 volunteers gathered from various sources in the community (hospital employees and their friends/family, church groups, and civic organizations). Potential participants were excluded if they reported a history of neurological illness or injury (e.g. stroke, seizures, traumatic brain injury) or severe psychiatric illness. All control participants were living independently in the community in their own residences. These control participants were derived from a larger sample of community volunteers in a validation study described elsewhere.²¹

Materials

Visual Analogue Self-Esteem Scale¹¹

The Visual Analogue Self-Esteem Scale consists of 10 pairs of line drawings representing opposite poles of self-descriptive constructs with written labels above the appropriate drawing

(e.g. 'Confident'-'Not confident,' 'Outgoing'-'Not outgoing'). Responses are indicated by selecting one of two signs ('++' representing 'very true of me' and '+' representing 'true of me') underneath whichever picture is more descriptive of the individual, or by indicating '0' which represents a neutral opinion of the self on that dimension. Individual item scores range from 1 ('++' under the 'negative' self-descriptive picture, e.g. 'not confident, very true of me') to 5 ('++' under the 'positive' picture, e.g. 'confident, very true of me'), and the item responses are summed to provide a total raw score ranging from 10 to 50. This total raw score was used in subsequent analyses. Internal consistency (Cronbach's α) of the Visual Analogue Self-Esteem Scale in the present study was 0.88 for both the stroke and control groups.

Rosenberg Self-Esteem Scale¹

The Rosenberg Self-Esteem Scale measures global feelings of self-worth with 10 items rated on a 4-point scale. Total scores range from 0 to 30, and this score was used in subsequent analyses. Internal consistency (α) was 0.85 for the stroke group and 0.83 in the control group in the present study.

Geriatric Depression Scale²²

The Geriatric Depression Scale is a 30-item measure of depressive symptoms that uses a yes-no response format based on how individuals have been feeling over the past week. Items with a positive endorsement reflecting depressive symptomatology are summed to obtain a total score, and this total score was used in subsequent analyses. While the Geriatric Depression Scale was originally designed for use in elderly samples, studies have also demonstrated its utility in younger individuals.²³ Internal consistency (Kuder-Richardson-20 formula for dichotomous data) was 0.92 in the stroke sample and 0.80 in the control sample in the present study.

Procedure

This study was approved by the Institutional Review Board of Methodist Rehabilitation Center.

All participants were approached by the first author who explained the study and gathered written informed consent. Stroke survivors were administered the Visual Analogue Self-Esteem Scale, Rosenberg Self-Esteem Scale and Geriatric Depression Scale as part of a larger assessment of emotional and cognitive functioning approximately eight days (range 3-25 days) following admission to the inpatient rehabilitation programme. A neuropsychologist or trained technician read the individual Rosenberg Self-Esteem Scale and Geriatric Depression Scale items to the patients during an assessment session. Control group participants were given the Visual Analogue Self-Esteem Scale, Rosenberg Self-Esteem Scale and Geriatric Depression Scale as part of a larger packet of measures of psychological functioning for a separate study providing validation of the Visual Analogue Self-Esteem Scale.²¹ Control group participants filled out the measures individually or in group settings, and received \$5.00 upon completion.

Matching procedure

Each stroke group participant was matched to a control group participant based on age (± 3 years) and education (± 1 year). In regards to education matching, stroke and control participants were matched only within intuitive education groupings (less than 12 years education, 12 years education, and greater than 12 years education). For example, an individual with 11 years of education could only be matched with someone with 10 years of education; the individual with 11 years would not be matched with someone who graduated from high school with 12 years of education. Likewise, someone who attended college for one year (13 years education total) could only be matched with someone who attended two years of college (14 years total); the individual with 13 years of education would not be matched with someone who graduated from high school but did not attend college. Matching by age and education was considered as a first priority, since previous works²¹ noted small but significant correlations between these demographic variables and the Visual Analogue Self-Esteem Scale. Gender and race (Caucasian versus African Americans) were matched secondarily, since these variables do not show significant correlations with the Visual Analogue Self-Esteem Scale in prior work.²¹

Statistical analyses

Descriptive statistics for each group were calculated. Preliminary analyses using independent-sample *t*-tests for continuous variables and chi-square for categorical variables explored differences between the groups on demographic variables. In addition, preliminary *t*-test analyses explored variability in the study measures within the stroke group by comparing individuals' scores on these measures as a function of laterality of stroke (only right versus left; those with bilateral strokes were excluded) and history of prior stroke (prior stroke versus no prior stroke). A series of independent-sample *t*-tests was conducted to compare the mean total scores of the Visual Analogue Self-Esteem Scale, Rosenberg Self-Esteem Scale and Geriatric Depression Scale between the stroke and control groups. In addition, the mean scores of the 10 individual items of the Visual Analogue Self-Esteem Scale were compared between the two groups. The number of statistical procedures in this item analysis necessitated the use of Bonferroni correction to control type I error; thus, the *P*-level for significance in this analysis was established at 0.005.

A series of Pearson's *r* correlational analyses was calculated to explore the relationships between the Visual Analogue Self-Esteem Scale, Rosenberg Self-Esteem Scale and Geriatric Depression Scale within each group, with follow-up between-group statistical comparison of the resulting correlations with the Fisher's *z_r* procedure to explore possible group differences in how these constructs are related.

A series of follow-up exploratory hierarchical regression analyses investigated if self-esteem ratings were measuring a construct independent of depressive symptom ratings, or if self-esteem ratings were merely a reflection of elevated depressive mood. These analyses were conducted for both stroke and control groups for comparison purposes. In the first regression analysis, Rosenberg Self-Esteem Scale total score was the dependent variable. Geriatric Depression Scale total score was entered into the first block of the

model to control for depressive symptoms. Visual Analogue Self-Esteem Scale total score was entered into the next block to explore if ratings on this self-esteem measure contributed unique, significant variance to the prediction of self-esteem ratings on the Rosenberg Self-Esteem Scale above the variance predicted by the Geriatric Depression Scale. In the second regression analysis, the Visual Analogue Self-Esteem Scale was the dependent variable, with the Geriatric Depression Scale and Rosenberg Self-Esteem Scale, respectively, entered into the model as the independent variables. Each self-esteem measure was used as the dependent variable in the two separate regression analyses to assess for consistency of the relationships (i.e. to investigate if the relationships were different due to the idiosyncratic relationship of depressive mood to one particular self-esteem measure). Since the results of hierarchical regression procedures are dependent on the order in which variables are entered, two additional follow-up regression

analyses were conducted. The order of entry for the independent variables was reversed (e.g. the Visual Analogue Self-Esteem Scale was entered into the first block, Geriatric Depression Scale entered in the second block). Thus, a total of four regression analyses were conducted for each group.

Results

Descriptive data and preliminary analyses

The stroke group participants were admitted to rehabilitation approximately 14 days following their stroke (*SD* = 13; range 3–58 days). This group was on average 62 years of age (*SD* = 13; range 24–85 years) with 13 years of education (*SD* = 2; range 7–20). Fifty-two per cent (*n* = 42) were female and 59% (*n* = 47) were Caucasian, with the remainder of race representation comprised of African Americans. Fifty-one per cent (*n* = 41) had right hemisphere strokes, 45% (*n* = 36) had left hemisphere strokes, and 4% (*n* = 3) had bilateral strokes according to neuroradiological reports. Twenty-five per cent (*n* = 20) of this sample had a history of prior stroke, as noted in medical records and/or neuroradiological reports. The control group

participants were on average 62 years of age (*SD* = 13; range 22–87 years) with 13 years of education (*SD* = 2; range 8–20). Fifty-six per cent (*n* = 45) were female and 60% (*n* = 48) were Caucasian, with the remainder of race representation comprising African Americans. Preliminary independent-sample *t*-tests determined that there were no significant group differences in age or education, nor were there gender or race distribution differences between the stroke and control groups by chi-square analysis.

Independent-sample *t*-tests showed no significant group differences between patients with right versus left hemisphere strokes on the Visual Analogue Self-Esteem Scale, Rosenberg Self-Esteem Scale or Geriatric Depression Scale, nor were there significant group differences between patients with prior strokes and those with no prior stroke on these measures.

Stroke versus control group comparisons

Mean comparisons

The results of this set of analyses are presented in Table 1. As can be seen, the stroke participants endorsed significantly lower scores on the Visual Analogue Self-Esteem Scale and Rosenberg

Self-Esteem Scale total scores than the control participants. In addition, the stroke participants endorsed significantly higher levels of depressive symptoms on the Geriatric Depression Scale. The stroke participants also endorsed significantly (after Bonferroni correction) lower scores on the Cheerful, Not mixed up, Intelligent, Not trapped, and Not frustrated Visual Analogue Self-Esteem Scale items.

Correlational analyses

Table 2 presents the Pearson's r correlations between the study measures by group and between-group statistical comparison of the correlations. As can be seen, all correlations between self-esteem ratings and depressive mood were strong, as were the correlations between the self-esteem measures themselves. However, the correlations between the study measures in the stroke group tended to be stronger. These results suggest that the strength of relationship between self-esteem scores and depressive mood is different between the stroke and control samples, with self-esteem and depression ratings having a stronger association in the stroke group.

Exploratory regression analyses

Table 3 presents the results of the four regression analyses by group described above. The results indicate that while depressive mood on the Geriatric Depression Scale accounted for a significant amount of variance in self-esteem scores, the measures of self-esteem accounted for significant additional variance. These results obtained regardless of the self-esteem measure used as the dependent variable or order of entry of the independent variables into the regression model. Furthermore, the results were consistent between the stroke and control groups; self-esteem ratings accounted for a significant amount of variance after controlling for depressive mood in both groups.

Table 1 Mean total score comparisons of the Visual Analogue Self-Esteem Scale, Rosenberg Self-Esteem Scale, and Geriatric Depression Scale and Visual Analogue Self-Esteem Scale individual items between the stroke ($n=80$) and control ($n=80$) groups

	Stroke		Control		P-value of t -test
	M	SD	M	SD	
VASES total score	37.0	8.8	41.0	5.9	0.001
Being understood	3.9	1.2	4.1	0.80	0.201
Confident	3.9	1.1	4.0	0.88	0.386
Cheerful	3.7	1.2	4.2	0.83	0.002
Outgoing	3.5	1.4	4.0	0.81	0.008
Not mixed up	3.5	1.4	4.1	0.77	0.001
Intelligent	3.6	1.3	4.1	0.74	0.003
Not angry	4.1	1.2	4.2	0.92	0.879
Not trapped	3.6	1.4	4.1	0.95	0.004
Optimistic	3.8	1.2	4.1	0.88	0.058
Not frustrated	3.3	1.4	4.0	0.83	<0.001
RSES total score	21.2	6.4	23.8	4.4	0.003
GDS total score	9.4	7.5	5.6	4.3	<0.001

VASES, Visual Analogue Self-Esteem Scale; RSES, Rosenberg Self-Esteem Scale; GDS, Geriatric Depression Scale.

Table 2 Pearson's r correlations of study measures by group and between-group statistical comparison of correlations using Fisher's z_r transformation

Correlated measures	Stroke	Control	Between-group correlation difference (z -score)	P-value of difference
RSES and VASES	0.74	0.55	2.06	0.020
RSES and GDS	-0.75	-0.51	2.54	0.006
VASES and GDS	-0.77	-0.65	1.52	0.064

RSES, Rosenberg Self-Esteem Scale; VASES, Visual Analogue Self-Esteem Scale; GDS, Geriatric Depression Scale.

Table 3 Multiple regression models for prediction of self-esteem ratings after controlling for depressive mood by group

Dependent variable	Stroke group			Control group		
	Independent variables in order of entry	Standardized beta weight	Change in R^2	Independent variables in order of entry	Standardized beta weight	Change in R^2
RSES	GDS	-0.439***	0.565***	GDS	-0.273***	0.264***
	VASES	0.404***	0.066***	VASES	0.373***	0.081**
VASES	GDS	-0.492***	0.597***	GDS	-0.493***	0.417***
	RSES	0.374***	0.061***	RSES	0.296**	0.065**
RSES	VASES	0.404***	0.553***	VASES	0.373**	0.302***
	GDS	-0.439***	0.078***	GDS	-0.273*	0.044*
VASES	RSES	0.374***	0.553***	RSES	0.296**	0.302***
	GDS	-0.492***	0.105***	GDS	-0.493***	0.179***

RSES, Rosenberg Self-Esteem Scale; GDS, Geriatric Depression Scale; VASES, Visual Analogue Self-Esteem Scale.

* $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$.