

## SOCIAL SUPPORT QUESTIONNAIRE

PLEASE READ ALL DIRECTIONS  
ON THIS PAGE BEFORE STARTING

Please list each significant person in your life on the right. Consider all the persons who provide personal support for you or who are important to you.

Use only first names or initials, and then indicate the relationship, as in the following example:

Example:

First Name or Initials	Relationship
1. <u>Mary T</u>	<u>friend</u>
2. <u>Bob</u>	<u>brother</u>
3. <u>M T</u>	<u>mother</u>
4. <u>Sam</u>	<u>friend</u>
5. <u>Mrs. R</u>	<u>neighbor</u>
etc.	

Use the following list to help you think of the people important to you, and list as many people as apply in your case.

- spouse or partner
- family members or relatives
- friends
- work or school associates
- neighbors
- health care providers
- counselor or therapist
- minister/priest/rabbi
- other

You do not have to use all 24 spaces. Use as many spaces as you have important persons in your life.

WHEN YOU HAVE FINISHED YOUR LIST, PLEASE TURN TO PAGE 2.

Note: Before use, pages 1-4 should be cut along the dashed center line to allow the response lines for Questions 1-6 to align with the Personal Network list on page 5.

For each person you listed, please answer the following questions by writing in the number that applies.

- 0 = not at all
- 1 = a little
- 2 = moderately
- 3 = quite a bit
- 4 = a great deal

Question 1:

How much does this person make you feel liked or loved?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

21. \_\_\_\_\_

22. \_\_\_\_\_

23. \_\_\_\_\_

24. \_\_\_\_\_

[EMO1]

Question 2:

How much does this person make you feel respected or admired?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

21. \_\_\_\_\_

22. \_\_\_\_\_

23. \_\_\_\_\_

24. \_\_\_\_\_

[EMO2]

Note: Before use, pages 1-4 should be cut along the dashed center line to allow the response lines for Questions 1-6 to align with the Personal Network list on page 5.

0 = not at all  
1 = a little  
2 = moderately  
3 = quite a bit  
4 = a great deal

Question 3:

How much can you confide in  
this person?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
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14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_

[EMO3]

Question 4:

How much does this person  
agree with or support your  
actions or thoughts?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
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23. \_\_\_\_\_
24. \_\_\_\_\_

[EMO4]

Note: Before use, pages 1-4 should be cut along the dashed center line to allow the response lines for Questions 1-6 to align with the Personal Network list on page 5.

0 = not at all  
1 = a little  
2 = moderately  
3 = quite a bit  
4 = a great deal

Question 5:

If you needed to borrow \$10, a ride to the doctor, or some other immediate help, how much could this person usually help?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
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17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_

[AID5]

Question 6:

If you were confined to bed for several weeks, how much could this person help you?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
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23. \_\_\_\_\_
24. \_\_\_\_\_

[AID6]

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Question 7:

How long have you known  
this person?

- 1 = less than 6 months
- 2 = 6 to 12 months
- 3 = 1 to 2 years
- 4 = 2 to 5 years
- 5 = more than 5 years

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_  
8. \_\_\_\_\_  
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22. \_\_\_\_\_  
23. \_\_\_\_\_  
24. \_\_\_\_\_

[DURATION]

Question 8:

How frequently do you  
usually have contact with this  
person? (Phone calls, visits,  
or letters)

- 5 = daily
- 4 = weekly
- 3 = monthly
- 2 = a few times a year
- 1 = once a year or less

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_  
8. \_\_\_\_\_  
9. \_\_\_\_\_  
10. \_\_\_\_\_  
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12. \_\_\_\_\_  
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21. \_\_\_\_\_  
22. \_\_\_\_\_  
23. \_\_\_\_\_  
24. \_\_\_\_\_

[FREQCON]

PERSONAL NETWORK

First Name or Initials                      Relationship

1. _____	_____	[SOU1]
2. _____	_____	[SOU2]
3. _____	_____	[SOU3]
4. _____	_____	[SOU4]
5. _____	_____	[SOU5]
6. _____	_____	[SOU6]
7. _____	_____	[SOU7]
8. _____	_____	[SOU8]
9. _____	_____	[SOU9]
10. _____	_____	[SOU10]
11. _____	_____	[SOU11]
12. _____	_____	[SOU12]
13. _____	_____	[SOU13]
14. _____	_____	[SOU14]
15. _____	_____	[SOU15]
16. _____	_____	[SOU16]
17. _____	_____	[SOU17]
18. _____	_____	[SOU18]
19. _____	_____	[SOU19]
20. _____	_____	[SOU20]
21. _____	_____	[SOU21]
22. _____	_____	[SOU22]
23. _____	_____	[SOU23]
24. _____	_____	[SOU24]

PLEASE BE SURE YOU HAVE RATED EACH PERSON ON  
EVERY QUESTION. GO ON TO THE LAST PAGE.

9. During the past year, have you lost any important relationships due to moving, a job change, divorce or separation, death, or some other reason?

\_\_\_\_\_ 0. No  
\_\_\_\_\_ 1. Yes

[LOSS]

IF YOU LOST IMPORTANT RELATIONSHIPS DURING THIS PAST YEAR:

- 9a. Please indicate the number of persons from each category who are *no longer available* to you.

_____ spouse or partner	[LOSS1]
_____ family members or relatives	[LOSS2]
_____ friends	[LOSS3]
_____ work or school associates	[LOSS4]
_____ neighbors	[LOSS5]
_____ health care providers	[LOSS6]
_____ counselor or therapist	[LOSS7]
_____ minister/priest/rabbi	[LOSS8]
_____ other (specify) _____	[LOSS9]
	[LOSSNO]

- 9b. Overall, how much of your support was provided by these people who are no longer available to you?

[LOSSAMT]

\_\_\_\_\_ 0. none at all  
\_\_\_\_\_ 1. a little  
\_\_\_\_\_ 2. a moderate amount  
\_\_\_\_\_ 3. quite a bit  
\_\_\_\_\_ 4. a great deal