

# SOCIAL SUPPORT QUESTIONNAIRE

## REVISED

PLEASE READ ALL DIRECTIONS  
ON THIS PAGE BEFORE STARTING

Please list each significant person in your life on the right. Consider all the people 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. List as many people as apply in your case.

- spouse or partner
- significant other
- family member or relative
- neighbor
- friend
- work associate
- health care provider
- counselor or therapist
- minister/priest/rabbi
- other/please specify

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 filling in the appropriate response from the following scale..

n/a = not applicable

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. \_\_\_\_\_
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20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_

[EMO1]

Question 2:

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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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.

For each person you listed, please answer the following questions by filling in the appropriate response from the following scale..

n/a = not applicable

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. \_\_\_\_\_
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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. \_\_\_\_\_
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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.

For each person you listed, please answer the following questions by filling in the appropriate response from the following scale..

n/a = not applicable

0 = not at all

1 = a little

2 = moderately

3 = quite a bit

4 = a great deal

Question 5:

If you needed immediate help, how much could this person usually help?

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

[AID5]

Question 6:

If you needed help for several weeks, how much could this person help you?

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

[DURATION]

Question 8:

How frequently do you usually have contact with this person? (Phone calls, visits, texts, email, 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. \_\_\_\_\_
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21. \_\_\_\_\_
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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?

- \_\_\_\_\_ 1. No
- \_\_\_\_\_ 2. 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]
- \_\_\_\_\_ significant other [LOSS2]
- \_\_\_\_\_ family members or relatives [LOSS3]
- \_\_\_\_\_ neighbors [LOSS4]
- \_\_\_\_\_ friends [LOSS5]
- \_\_\_\_\_ work associates [LOSS6]
- \_\_\_\_\_ health care providers [LOSS7]
- \_\_\_\_\_ counselor or therapist [LOSS8]
- \_\_\_\_\_ minister/priest/rabbi [LOSS9]
- \_\_\_\_\_ other (specify) [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