



Social Support Form

FORM CODE: SOC
VERSION A 09/20/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

“Now I have some questions about your relationships with your family and others.”

1a. First, are you married, separated, divorced, widowed or have you never been married? Married M
 Separated S
 Divorced D
 Widowed W
 Never been married N —

1b. How long have you been (married, separated, divorced, widowed)? years

[0–6 months = 00
7–12 months = 01]

2. Are you currently living with your spouse or another person in an intimate relationship? Yes Y
 No N —

3. How much does (did) your (husband/wife/partner/person you live with) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all? [RC #1] A great deal A
 Quite a bit B
 Some C
 A little D
 Not at all E

4. How much do you feel (he/she) (makes/made) too many demands on you? Would you say a great deal, quite a bit, some, a little, or not at all? [RC #1]A great deal A
Quite a bit B
Some C
A little D
Not at all E

5. How many close friends do you have (people you feel at ease with, can talk to about private matters, and can call on for help)? [RC #2]None A
1 or 2 B
3 to 5 C
6 to 9 D
10 or more E

6. How many relatives do you have that you feel close to? [RC #2]None A
1 or 2 B
3 to 5 C
6 to 9 D
10 or more E

7. How many of these friends or relatives do you see at least once per month? [RC #2]None A
1 or 2 B
3 to 5 C
6 to 9 D
10 or more E

8a. Do you belong to any social, recreational, work, church or other community groups? (For example, social clubs, groups, ball clubs, exercise groups, PTA, scouts, charity or community service) Yes Y
 No N

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8b. What is the total number of groups to which you belong?

