



**Participant ID:**

**Participant Initials:**

**Site:**

**Visit Number:**

**CRF Date:**

**RC ID:**

## SOCIAL SUPPORT AND NETWORKS

### Display Name- 24 hours: Social Support and Networks

Family: considering the people to whom you are related, either by birth or marriage...

	None	1	2	3 or 4	5-8	9 or more
1. How many relatives do you see or hear from at least once a month?						
2. How many relatives do you feel at ease with that you can talk about private matters?						
3. How many relatives do you feel close to such that you could call on them for help?						

Friendships: Considering all of your friends, including those who live in your neighborhood...

	None	1	2	3 or 4	5-8	9 or more
1. How many of your friends do you see or hear from at least once a month?						
2. How many friends do you feel at ease with that you can talk about private matters?						
3. How many friends do you feel close to such that you could call on them for help?						

Thank You for Completing this Questionnaire!