



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

LUBBEN SOCIAL NETWORK SCALE – 6™

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

- | | | |
|---|--|---|
| 1. How many relatives do you see or hear from at least once a month? | <input type="checkbox"/> ₀ None | <input type="checkbox"/> ₃ Three or four |
| | <input type="checkbox"/> ₁ One | <input type="checkbox"/> ₄ Five thru eight |
| | <input type="checkbox"/> ₂ Two | <input type="checkbox"/> ₅ Nine or more |
| 2. How many relatives do you feel at ease with that you can talk about private matters? | <input type="checkbox"/> ₀ None | <input type="checkbox"/> ₃ Three or four |
| | <input type="checkbox"/> ₁ One | <input type="checkbox"/> ₄ Five thru eight |
| | <input type="checkbox"/> ₂ Two | <input type="checkbox"/> ₅ Nine or more |
| 3. How many relatives do you feel close to such that you could call on them for help? | <input type="checkbox"/> ₀ None | <input type="checkbox"/> ₃ Three or four |
| | <input type="checkbox"/> ₁ One | <input type="checkbox"/> ₄ Five thru eight |
| | <input type="checkbox"/> ₂ Two | <input type="checkbox"/> ₅ Nine or more |

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

- | | | |
|---|--|---|
| 4. How many of your friends do you see or hear from at least once a month? | <input type="checkbox"/> ₀ None | <input type="checkbox"/> ₃ Three or four |
| | <input type="checkbox"/> ₁ One | <input type="checkbox"/> ₄ Five thru eight |
| | <input type="checkbox"/> ₂ Two | <input type="checkbox"/> ₅ Nine or more |
| 5. How many friends do you feel at ease with that you can talk about private matters? | <input type="checkbox"/> ₀ None | <input type="checkbox"/> ₃ Three or four |
| | <input type="checkbox"/> ₁ One | <input type="checkbox"/> ₄ Five thru eight |
| | <input type="checkbox"/> ₂ Two | <input type="checkbox"/> ₅ Nine or more |
| 6. How many friends do you feel close to such that you could call on them for help? | <input type="checkbox"/> ₀ None | <input type="checkbox"/> ₃ Three or four |
| | <input type="checkbox"/> ₁ One | <input type="checkbox"/> ₄ Five thru eight |
| | <input type="checkbox"/> ₂ Two | <input type="checkbox"/> ₅ Nine or more |

For Research Coordinator use only: CRF was: ₁ Self-administered ₂ Interviewer-administered