



18938



South Carolina PLAY
Project to Learn about ADHD in Youth

ID Number

OMB No: 0920-0747; Exp Date: 7/31/2010

Social Isolation/Support

These next questions ask you about people in your life who provide you with help or support.

	0	1	2	3	4	5	6	7	8	9	10+
1. How many close friends do you have that you feel at ease with, can talk to about private matters, and can call on for help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How many relatives do you have that you feel close to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How many of these friends or relatives do you talk to at least once a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Do you belong to any clubs, social groups, or organizations other than church?

☐ Yes

☐ No (**Go to Question 6**)

☐ Don't Know/Not Sure

5. How often do you participate in these activities?

☐ More than once a week

☐ Once a week

☐ Two – three times a month

☐ Once a month

☐ Less than once a month

☐ Don't Know/Not Sure

People sometimes look to others for companionship, assistance, or other types of support. How often do you have these kinds of support available to you if you need them? In times of need:

	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time	Don't Know/ Not Sure
6. How often would you have someone to help with daily chores if you were sick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How often would you have someone to love you and make you feel wanted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How often would you have someone to do something enjoyable with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. How often would you have someone to confide in or talk to about yourself or your problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Date Interviewed

Month

Day

Year

Interviewed By