

# Social Support

The following questions are about how much support you can count on from people around you. People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?

*Please circle one number on each line*

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Someone you can count on to listen to you when you need to talk	1	2	3	4	5
Someone to give you good advice about a problem	1	2	3	4	5
Someone to take you to the doctor if you needed it	1	2	3	4	5
Someone to have a good time with	1	2	3	4	5
Someone to help you understand a problem when you need it	1	2	3	4	5
Someone to help you with daily chores if you are sick	1	2	3	4	5
Someone to share your most private worries and fears with	1	2	3	4	5
Someone to do something enjoyable with	1	2	3	4	5
Someone to love and make you feel wanted	1	2	3	4	5

Who helps you the **most** in caring for your diabetes?

- |   |  |
|---|--|
| <input type="checkbox"/> Spouse                         | <input type="checkbox"/> Community Health Worker |
| <input type="checkbox"/> Other family members           | <input type="checkbox"/> Other (please specify)  |
| <input type="checkbox"/> Friends                        | <input type="checkbox"/> No one                  |
| <input type="checkbox"/> Paid helper                    | <input type="checkbox"/> Doctor                  |
| <input type="checkbox"/> Nurse                          | <input type="checkbox"/> Case manager            |
| <input type="checkbox"/> Other health care professional |  |