

# SOCIAL FUNCTIONING SURVEY

## Mail Survey

Version: May 8, 2001

We are interested in the activities you participated in during the past two weeks. Please answer each question by recording the number of times you performed the activity. If you did not perform the activity, please enter a zero in the space provided.

1. During the past two weeks, how many times did you get together socially with friends or neighbors? \_\_\_\_\_
2. During the past two weeks, how many times did you talk with friends or neighbors on the telephone? \_\_\_\_\_
3. During the past two weeks, how many times did you get together with ANY relatives, not including those living with you? \_\_\_\_\_
4. During the past two weeks, how many times did you talk with ANY relatives on the telephone, not including those living with you? \_\_\_\_\_
5. During the past two weeks, how many times did you go to church, temple, or another place of worship for services or other activities? \_\_\_\_\_
6. During the past two weeks, how many times did you go to a show or a movie, sports event, club meeting, class, or other group event? \_\_\_\_\_
7. During the past two weeks, how many times did you go out to eat at a restaurant? \_\_\_\_\_
8. During the past two weeks, how many times did you send or receive personal mail with someone? \_\_\_\_\_
9. How many days in the past two weeks did you leave your home for any reason? \_\_\_\_\_

Office Use Only:

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Client ID: \_\_\_\_\_ Date: \_\_\_\_\_

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10.Regarding your present social activities, do you feel that you are doing ...  
(*Check only one*)

- A  About enough
- B  Too much
- C  Would like to be doing more

11.During the past 4 weeks, how much of the time has your physical health or mental health interfered with your social activities like visiting friends or relatives? (*Check only one*) Has it interfered . . .

- A  Not at all
- B  A little bit
- C  Moderately
- D  Quite a bit
- E  Extremely

12.Have your social activities changed since you became involved with this transportation program?

- A  Yes, they increased
- B  Yes, they decreased
- C  No

*Thank you.*

Office Use Only:

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Client ID: \_\_\_\_\_ Date: \_\_\_\_\_