

# SOCIAL FUNCTIONING SURVEY

## Telephone Survey

Version: May 8, 2001

We are interested in the activities you participated in during the past two weeks. Please tell me the number of times you performed the activity.

*[Enter NUMBER OF TIMES each activity was performed. Enter a zero if this activity was not performed at all during the past two weeks.]*

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? *[Check only one]*

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

***Thank you.***

Office Use Only:

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