

Family Social Support- Social Support Behavior Scale- completed by caregiver

In the boxes below, we would like you to tell us about the three (3) most important adults (18 years old and older) in your life at this time. Please complete the information for each person that you selected.

INITIALS of person	Relationship	Age	Male or Female?	How many times per week do you communicate with this person? (Please use an actual number).
1.				
2.				
3.				

For each of the following statements, we'd like you to rate the people you listed on the previous page by answering how true the statements are. Please mark your answer with an "X" to tell us whether the statement is always true, true most of the time, sometimes true, hardly ever true, or never true about this person.

Please place the initials of the first person you chose before the following set of statements.

Please remind us of the initials of person number one (1) _____

Statement	Always	Most of the time	Sometimes	Hardly ever	Never
1. This person is available when I need him or her.					
2. I tell this person about any important thing that has happened to me.					
3. I let this person know when I'm feeling sad or upset.					
4. This person is always willing to help me in practical ways (loan money, baby-sit).					
5. This person makes me feel good about myself.					
6. This person is a good listener when I'm having problems.					
7. This person often criticizes me.					
8. This person has caused me a lot of problems.					
9. This person helps me set rules for my child (tell him/her what he/she must do and can't do).					
10. This person helps punish my child when he/she misbehaves.					
11. This person would help me if my child had a problem in school or with other kids.					