Instrumental Support (Ages 18+) – Fixed Form

Please respond to each question or statement by marking one box per row.

	In the past month, please describe how often…	**Never**	**Rarely**	**Sometimes**	**Usually**	**Always**
SOC210	Someone is around to make my meals if I am unable to do it myself	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC212	I have someone to take me shopping if I need it	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC213	I have someone to help me if I'm sick in bed	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC214	I have someone to pick up medicine for me if I need it	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC215	I have someone to take me to the doctor if I need it.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC216	There is someone around to help me if I need it	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC217	I can find someone to drive me places if I need it	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC218	I can get help cleaning up around my home if I need it	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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