Loneliness (Ages 8-17) – 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**
SOC252	I feel that I have nobody to talk to	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC253	I feel alone and apart from others.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC254	I feel left out	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC258	I feel that I don't have any friends	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC259	I feel that there is no one I can go to when I need help	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC260	I feel alone	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SOC261	I feel lonely.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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