

SOCIAL NETWORKS & SOCIAL SUPPORT, SOCIAL CAPITAL

Today's Date (For Program use only):

Program:

Enter Client ID

First 2 letters of first name:

First 2 letters of last name:

Date of Birth (MM/DD/YYYY):

Age:

Positive Social Ties and/or Bonding Social Capital

Survey 004

How often is each of the following kinds of support available to you if you need it:

1. Someone to have a good time with? <small>(pst1)</small>	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎	
2. Someone who shows you love and affection? <small>(pst2)</small>	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎	
3. Someone to turn to for suggestions about how to deal with a personal problem? <small>(pst3)</small>	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎	
4. Someone to take you to the doctor if you needed it? <small>(pst4)</small>	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎	
5. Someone to prepare your meals if you were unable to do it yourself? <small>(pst5)</small>	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎	
6. Someone to help with daily chores if you were sick? <small>(pst6)</small>	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎	
7. Someone to look after your child(ren) for several hours if needed? (If applicable) <small>(pst7)</small>	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎	Not applicable ₍₇₇₎
8. Someone to look after your spouse for several hours if needed? (If applicable) <small>(pst8)</small>	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎	Not applicable ₍₇₇₎
9. Someone to look after your parent(s) for several hours if needed? (If applicable) <small>(pst9)</small>	Never ₍₁₎	A little of the time ₍₂₎	Some of the time ₍₃₎	Most of the time ₍₄₎	Always ₍₅₎	Not applicable ₍₇₇₎

Social Inclusion – Social Participation

Survey 006

1. Are you a member of any voluntary organizations or associations such as school groups, church social groups, community centres, ethnic associations, or social, civic or fraternal clubs? <small>(sip1)</small>		<input type="checkbox"/> No ₍₁₎	<input type="checkbox"/> Yes ₍₂₎		
2. <i>If you answered yes to Question 1:</i> How often did you participate in meetings or activities of these groups in the past 12 months? <small>(sip2)</small>	Not at all ₍₁₎	At least once a year ₍₂₎	At least 3 or 4 times a year ₍₃₎	At least once a month ₍₄₎	At least once a week ₍₅₎
3. In the past 12 months, did you do unpaid volunteer work for any organization, whether or not you were a member of this organization? <small>(sip3)</small>		<input type="checkbox"/> No ₍₁₎	<input type="checkbox"/> Yes ₍₂₎		
4. <i>If you answered yes to Question 3:</i> On average, about how many hours per month did you volunteer? <small>(sip4)</small>	I did not do any volunteer work ₍₁₎	Less than 1 hour a month ₍₂₎	1 to 4 hours a month ₍₃₎	5 to 15 hours a month ₍₄₎	Over 15 hours a month ₍₅₎
5. <i>If you answered yes to Question 3:</i> Have you made any new friends through volunteering? <small>(sip5)</small>		<input type="checkbox"/> No ₍₁₎	<input type="checkbox"/> Yes ₍₂₎		
6. <i>If you answered yes to Question 3:</i> Did you do this volunteer work in your own neighbourhood? <small>(sip6)</small>		<input type="checkbox"/> No ₍₁₎	<input type="checkbox"/> Yes, some of it ₍₂₎	<input type="checkbox"/> Yes, all of it ₍₃₎	