

## **Social Support Assessments**

There are many ways to assess whether an individual may feel or be a risk to feel isolation from lack of social supports. Some midwives may simply ask in an interview about social support while other may want to 'collect data' at the beginning of the relationship and potentially throughout the relationship. On the next pages there are examples of different ways to assess social support and isolation potential. One way to decide for yourself how you assess social support in your practice is to complete different assessments yourself.

Social support and isolation are very important during pregnancy for women. Isolation may lead to stress, anxiety, and depression whereas social support may buffer women against these experiences. Social support is generally important for all of us as the human connection and feelings of acceptance shield us from pain, despair, and hopelessness.

Review the social support assessments in this packet, you may decide not to use any of these in your practice but they serve as jumping off points to how you'd address, foster, and facilitate social support in your practice and your own life.

## Assessing Yourself

Friendships are important for stress management as well as overall happiness. Having someone to talk to when you're stressed, finding input on problems, and enjoying life with people you care about are all important. This worksheet is designed to help you take stock of your social life and make plans to strengthen your network of friendships. Below, make a list of the friends you have in your circle, and a quick note of the type of relationship you share:

### Look At Your Patterns

If you don't have as many people in your circle as you'd like, or if your relationships aren't as close or supportive as you'd wish, ask yourself the following questions:

How would I like to change my social situation?

What are the reasons that my social situation isn't what I'd ideally like it to be?

What changes can I make to get more social support in my life?

### Make Plans

Here, I'd like you to list a few lifestyle changes you can make to work friendships into your life more, and strengthen the relationships you have. (For example, 'become a better listener', or 'go out socially more often'.) Then, follow through on your plans. If necessary, pick one new priority a week until you have them all incorporated into your life:

## Social Support Questionnaire

1. Who accepts you totally, including both your worst and best points?
2. Whom can you really count on to tell you, in a thoughtful manner, when you need to improve in some way?
3. Whom do you feel truly loves you deeply?
4. Whom can you really count to distract you from your worries when you feel under stress?
5. Whom can you really count on to help you feel more relaxed when you are under pressure or tense?
6. Whom can you really count on to care about you, regardless of what is happening to you?
7. Whom can you really count on to help you feel better when you are feeling generally down-in-the-dumps?
8. Whom can you count on to console you when you are very upset?

\*Adapted from Sarason, I. G., Saraon, B. R., Shearin, E. N., & Pierce, G. R. (1987). A brief measure of social support: Practical and theoretical implications. *Journal of Social and Personal Relationships*, 4, 497-510.

## **LUBBEN SOCIAL NETWORK SCALE – 18 (LSNS-18)**

### ***FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc...***

1. How many relatives do you see or hear from at least once a month?

*0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more*

2. How often do you see or hear from relative with whom you have the most contact?

*0 = less than monthly 1 = monthly 2 = few times a month 3 = weekly 4 = few times a week 5 = daily*

3. How many relatives do you feel at ease with that you can talk about private matters?

*0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more*

4. How many relatives do you feel close to such that you could call on them for help?

*0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more*

5. When one of your relatives has an important decision to make, how often do they talk to you about it?

*0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always*

6. How often is one of your relatives available for you to talk to when you have an important decision to make?

*0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always*

### ***NEIGHBORS: Considering those people who live in your neighborhood...***

7. How many of your neighbors do you see or hear from at least once a month?

*0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more*

8. How often do you see or hear from the neighbor with whom you have the most contact?

*0 = less than monthly 1 = monthly 2 = few times a month 3 = weekly 4 = few times a week 5 = daily*

9. How many neighbors do you feel at ease with that you can talk about private matters?

*0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more*

10. How many neighbors do you feel close to such that you could call on them for help?

*0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more*

11. When one of your neighbors has an important decision to make, how often do they talk to you about it?

*0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always*

12. How often is one of your neighbors available for you to talk to when you have an important decision to make?

*0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always*

## **LUBBEN SOCIAL NETWORK SCALE – 6 (LSNS-6)**

### ***FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc...***

1. How many relatives do you see or hear from at least once a month?

*0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more*

2. How many relatives do you feel at ease with that you can talk about private matters?

*0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more*

3. How many relatives do you feel close to such that you could call on them for help?

*0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more*

### ***FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood***

4. How many of your friends do you see or hear from at least once a month?

*0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more*

5. How many friends do you feel at ease with that you can talk about private matters?

*0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more*

6. How many friends do you feel close to such that you could call on them for help?

*0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more*

*LSNS-6 total score is an equally weighted sum of these six items. Scores range from 0 to 30*

**SOCIAL SUPPORT ASSESSMENT**

**Client** \_\_\_\_\_ **File #** \_\_\_\_\_

1. Family Status

Relation	Name	Age	Dependent	Lives With Client	Knows HIV Status	Supportive
Spouse			Y N	Y N	Y N	Y N
Partner			Y N	Y N	Y N	Y N
Child 1			Y N	Y N	Y N	Y N
Child 2			Y N	Y N	Y N	Y N
Child 3			Y N	Y N	Y N	Y N
Parent			Y N	Y N	Y N	Y N
Parent			Y N	Y N	Y N	Y N
Sibling			Y N	Y N	Y N	Y N
Sibling			Y N	Y N	Y N	Y N
Guardian			Y N	Y N	Y N	Y N
Other			Y N	Y N	Y N	Y N
Other			Y N	Y N	Y N	Y N
Other			Y N	Y N	Y N	Y N

2. Emotional Support Systems or Needs

3. Spirituality/Religious Affiliation/Church

Contact Person:

Phone:

4. Client's History of Social Support (Has client used support groups, counselors, friends, etc.)

5. Pet (client aware of health risks)

6. Client's perception of support system

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

## MOS Social Support Survey

People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? Circle one number on each line.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
<b>Emotional/informational support</b>					
Someone you can count on to listen to you when you need to talk	1	2	3	4	5
Someone to give you information to help you understand a situation	1	2	3	4	5
Someone to give you good advice about a crisis	1	2	3	4	5
Someone to confide in or talk to about yourself or your problems	1	2	3	4	5
Some whose advice you really want	1	2	3	4	5
Someone to share your most private worries and fears with	1	2	3	4	5
Someone to turn to for suggestions about how to deal with a personal problem	1	2	3	4	5
Someone who understands your problems	1	2	3	4	5
<b>Tangible support</b>					
Someone to help you if you were confined to bed	1	2	3	4	5
Someone to take you to the doctor if you needed it	1	2	3	4	5
Someone to prepare your meals if you were unable to do it yourself	1	2	3	4	5
Someone to help with daily chores if you were sick	1	2	3	4	5
<b>Affectionate support</b>					
Someone who shows you love and affection	1	2	3	4	5
Someone to love and make you feel wanted	1	2	3	4	5
Someone who hugs you	1	2	3	4	5

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Positive social interaction					
Someone to have a good time with	1	2	3	4	5
Someone to get together with for relaxation	1	2	3	4	5
Someone to do something enjoyable with	1	2	3	4	5
Additional item					
Someone to do things with to help you get your mind off things	1	2	3	4	5