**Social Support Questions**

* 1. Do you have someone you can count on when you don’t feel well (such as neighbour or other person who is there for you when you need them?)
* Yes
* No
* Sometimes
* Not as often as I would like
	1. Are you involved in any social activities (such as hobbies you enjoy, visiting with friends and other recreational activities?)
* Yes
* No
* Sometimes
* Not as often as I would like

**Campaign to End Loneliness tool**

* 1. I am content with my friendships and relationships
* Strongly disagree
* Disagree
* Neutral
* Agree
* Strongly Agree
* Do not know

2. I have enough people I feel comfortable asking for help at any time

* Strongly disagree
* Disagree
* Neutral
* Agree
* Strongly Agree
* Do not know

3. My relationships are as satisfying as I would want them to be

* Strongly disagree
* Disagree
* Neutral
* Agree
* Strongly Agree
* Do not know