

SOCIAL INTEGRATION

ID NUMBER:									
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FORM CODE: **SWI**
VERSION: 1.0 08/29/2024

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the participant's clinic visit. Please answer all questions.

1) I don't feel I belong to anything I'd call a community.

- Strongly disagree₁
- Moderately disagree₂
- Slightly disagree₃
- Neither agree nor disagree₄
- Slightly agree₅
- Moderately agree₆
- Strongly agree₇

2) I feel close to other people in my community.

- Strongly disagree₁
- Moderately disagree₂
- Slightly disagree₃
- Neither agree nor disagree₄
- Slightly agree₅
- Moderately agree₆
- Strongly agree₇

3) My community is a source of comfort.

- Strongly disagree₁
- Moderately disagree₂
- Slightly disagree₃
- Neither agree nor disagree₄
- Slightly agree₅
- Moderately agree₆
- Strongly agree₇

END OF FORM