



29167

Social Functioning Scale (SFS)

PID#

RPN# * * * * *

Interviewer:

Site: 2 1 0 0 0 2 . 0 1

Date / /

This questionnaire helps us to learn how you have been recently. It takes about 20 minutes to complete. Before starting, could you please answer the following:

1. Where do you live? _____

2. Who do you live with? _____

	W	Inter	Ip	Ic	R	P	E/O
Raw Score							
Scaled Score							



29167

PID#

Grid for PID#

Social Functioning Scale (SFS)

Social Engagement/Withdrawal

1. What time do you get up each day?
- | | | |
|------------------------|--------------------------------------|---|
| | <input type="radio"/> Before 9 AM | <input type="radio"/> Before 9 AM |
| | <input type="radio"/> 9 AM - 11 AM | <input type="radio"/> 9 AM - 11 AM |
| | <input type="radio"/> 11 AM - 1 PM | <input type="radio"/> 11 AM - 1 PM |
| Average Weekday | <input type="radio"/> After 1 PM | Average Weekend <input type="radio"/> After 1 PM |
| | <input type="radio"/> Missing | <input type="radio"/> Missing |
| | <input type="radio"/> Not applicable | <input type="radio"/> Not applicable |

2. How many hours of the day do you spend alone (e.g., alone in a room, walking out alone, listening to radio or watching TV alone)?
- 0 - 3 hours alone very little time spent
 - 3 - 6 hours alone some of the time
 - 6 - 9 hours alone a lot of the time
 - 9 - 12 hours alone a great deal of time
 - more than 12 hours practically all the time
 - Missing
 - Not applicable

3. How often do you start a conversation at home?
- Almost never Rarely Sometimes Often Missing Not applicable

4. How often do you leave the house (for any reason)?
- Almost never Rarely Sometimes Often Missing Not applicable

5. How do you react to the presence of strangers?
- Avoid them Feel nervous Accept them Like them Missing Not applicable

Interpersonal Communication

1. How many friends do you have at the present time (people you see regularly, do activities with, etc.)? 99=missing
88=not applicable

2. Do you have a boyfriend/girlfriend (if not married)? Yes No Missing Not applicable



29167

PID#

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3. How often are you able to carry out a sensible or logical conversation?

- Almost never
 Rarely
 Sometimes
 Often
 Missing
 Not applicable

4. How easy or difficult do you find it talking to people at the present time?

- Very or quite easy
 Average
 Quite difficult
 Very difficult
 Missing
 Not applicable

Independence - Performance

Indicate how often each of the following was done during the past 3 months

1. Buying items from stores without help

- Never
 Rarely
 Sometimes
 Often
 Missing
 Not applicable

2. Washing dishes, cleaning up, etc.

- Never
 Rarely
 Sometimes
 Often
 Missing
 Not applicable

3. Regular showering/bathing etc.

- Never
 Rarely
 Sometimes
 Often
 Missing
 Not applicable

4. Washing own clothes

- Never
 Rarely
 Sometimes
 Often
 Missing
 Not applicable

5. Looking for a job (if unemployed)

- Never
 Rarely
 Sometimes
 Often
 Missing
 Not applicable

6. Doing the food shopping

- Never
 Rarely
 Sometimes
 Often
 Missing
 Not applicable

7. Preparing and cooking a meal

- Never
 Rarely
 Sometimes
 Often
 Missing
 Not applicable

8. Leaving the house alone

- Never
 Rarely
 Sometimes
 Often
 Missing
 Not applicable

9. Using buses, trains, etc.

- Never
 Rarely
 Sometimes
 Often
 Missing
 Not applicable

10. Using money

- Never
 Rarely
 Sometimes
 Often
 Missing
 Not applicable

11. Budgeting

- Never
 Rarely
 Sometimes
 Often
 Missing
 Not applicable

12. Choosing and buying clothes for self

- Never
 Rarely
 Sometimes
 Often
 Missing
 Not applicable

13. Taking care of personal appearance

- Never
 Rarely
 Sometimes
 Often
 Missing
 Not applicable



29167

Recreation

PID#

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How often has the respondent done each of the following in the last 3 months:

1. Playing musical instruments

Never Rarely Sometimes Often Missing Not applicable

2. Sewing, knitting

Never Rarely Sometimes Often Missing Not applicable

3. Gardening

Never Rarely Sometimes Often Missing Not applicable

4. Reading

Never Rarely Sometimes Often Missing Not applicable

5. Watching television

Never Rarely Sometimes Often Missing Not applicable

6. Listening to CDs/tapes/radio

Never Rarely Sometimes Often Missing Not applicable

7. Cooking

Never Rarely Sometimes Often Missing Not applicable

8. Do It Yourself activities (e.g., plumbing, carpentry)

Never Rarely Sometimes Often Missing Not applicable

9. Fixing things (car, bike, household item)

Never Rarely Sometimes Often Missing Not applicable

10. Walking

Never Rarely Sometimes Often Missing Not applicable

11. Driving/biking (as recreation)

Never Rarely Sometimes Often Missing Not applicable

12. Swimming

Never Rarely Sometimes Often Missing Not applicable

13. Hobbies (e.g., collecting things)

Never Rarely Sometimes Often Missing Not applicable

14. Shopping

Never Rarely Sometimes Often Missing Not applicable

15. Artistic activity (painting, crafts)

Never Rarely Sometimes Often Missing Not applicable



29167

ProsocialPID#

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How often has the respondent done each of the following in the last 3 months:

- | | | | | | | |
|---|-----------------------------|------------------------------|---------------------------------|-----------------------------|-------------------------------|--------------------------------------|
| 1 Movies | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 2 Theater/concert | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 3 Watching an indoor sport
(wrestling, basketball) | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 4 Watching an outdoor sport
(football, baseball) | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 5 Art gallery/museum | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 6 Exhibition/festival/fair | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 7 Visiting places of interest | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 8 Meetings/talks etc. (count
AA/NA meetings) | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 9 Attending class | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 10 Visiting relatives in
their homes | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 11 Being visited by relatives | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 12 Visiting friends (including
girlfriend/boyfriend) | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 13 Parties | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 14 Formal occasions | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 15 Dance club | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 16 Nightclub/social club | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 17 Playing an indoor sport | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 18 Playing an outdoor sport | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 19 Club/society | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 20 Bar | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 21 Eating out | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |
| 22 Church activity | <input type="radio"/> Never | <input type="radio"/> Rarely | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Missing | <input type="radio"/> Not applicable |



29167

PID#

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Independence - Competence

How able are you to do each of the following activities?

1 Use public transportation

- Able (does not need help) Able with some help Unable (needs much help) Not known

2 Handle money

- Able (does not need help) Able with some help Unable (needs much help) Not known

3 Budget money

- Able (does not need help) Able with some help Unable (needs much help) Not known

4 Cook for self

- Able (does not need help) Able with some help Unable (needs much help) Not known

5 Do weekly shopping

- Able (does not need help) Able with some help Unable (needs much help) Not known

6 Look for a job

- Able (does not need help) Able with some help Unable (needs much help) Not known

7 Wash own clothes

- Able (does not need help) Able with some help Unable (needs much help) Not known

8 Take care of personal hygiene

- Able (does not need help) Able with some help Unable (needs much help) Not known

9 Wash, clean, etc.

- Able (does not need help) Able with some help Unable (needs much help) Not known

10 Buy things from stores

- Able (does not need help) Able with some help Unable (needs much help) Not known

11 Leave the house alone

- Able (does not need help) Able with some help Unable (needs much help) Not known

12 Choose and buy clothes

- Able (does not need help) Able with some help Unable (needs much help) Not known

13 Care for personal appearance

- Able (does not need help) Able with some help Unable (needs much help) Not known



29167

PID#

Four empty boxes for PID#

Occupation / Employment

1. Are you currently working? (this includes job training courses/rehabilitation)

- Yes No Missing Not applicable

2. If Yes:

2a. What kind of work are you doing?

Large empty box for job description

2b. How many hours do you work each week?

Two empty boxes for hours per week

2c. How long have you had this job (months)

Three empty boxes for months

3. If No:

3a. When did you last work (in months)?

Three empty boxes for last work date

3b. What kind of job was it?

Large empty box for previous job description

3c. How many hours did you work each week?

Two empty boxes for previous hours per week

4. Do you collect payments for a physical or mental disability?

- Yes No Missing Not applicable

5. Are you currently in outpatient treatment (i.e., attend a hospital/treatment center as a day patient)?

- Yes No Missing Not applicable

6. Do you think that you are capable of some kind of employment/work?

- Definitely yes Would have difficulty Definitely no Missing Not applicable

7. How often do you make attempts to find a job (e.g., look in the newspaper, go to employment center)?

- Almost never Rarely Sometimes Often Missing Not applicable