

Social Isolation Assessment Checklist for Friendly Visiting

I live alone.	YES	NO
I see or talk to my family members one or more times per week.	NO	YES
I see or talk to my friends one or more times per week.	NO	YES
I provide daily care or support to a family member or friend who needs assistance with everyday tasks (such as preparing meals, providing transportation and grocery shopping).	YES	NO
I generally have a ride or the transportation I need to get where I want to go.	NO	YES
It is difficult or impossible to leave my home without assistance.	YES	NO
I feel that I make a meaningful contribution to the world or people around me.	NO	YES
<p>What kind of work did you do?</p> <p>How do you spend your time now?</p>		
On a weekly basis I participate in social activities with family/friends or attend organized group activities, such as church, cultural performances, group meals, exercise classes, support groups, etc.	NO	YES
<p>What faith community/group do you belong to? Or did you used to belong to?</p>		
I often feel that I lack companionship.	YES	NO
I often feel left out.	YES	NO
<p>What kinds of things do you do (or did you do) with your friends? (or husband or wife)</p>		

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If I had a problem and needed help or advice, I know someone I could rely on.	NO	YES
If I had good news or an interesting story to tell, I know someone I could tell.	NO	YES
Within the past year I have suffered a major loss or change, like the death of a loved one or retirement.	YES	NO
If YES – would you like to tell me about it....		
Other information offered:		

Total answers circled in left column:

Scoring: 2

You are at risk for isolation, but by becoming aware of the risk factors, you can take steps to avoid becoming isolated.

3 or more

You may already be experiencing the negative consequences of isolation and would benefit from taking steps to reconnect and address the barriers that may be causing your isolation.

Additional notes: