

## 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 disagree<sub>1</sub>
- Moderately disagree<sub>2</sub>
- Slightly disagree<sub>3</sub>
- Neither agree nor disagree<sub>4</sub>
- Slightly agree<sub>5</sub>
- Moderately agree<sub>6</sub>
- Strongly agree<sub>7</sub>

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

- Strongly disagree<sub>1</sub>
- Moderately disagree<sub>2</sub>
- Slightly disagree<sub>3</sub>
- Neither agree nor disagree<sub>4</sub>
- Slightly agree<sub>5</sub>
- Moderately agree<sub>6</sub>
- Strongly agree<sub>7</sub>

3) My community is a source of comfort.

- Strongly disagree<sub>1</sub>
- Moderately disagree<sub>2</sub>
- Slightly disagree<sub>3</sub>
- Neither agree nor disagree<sub>4</sub>
- Slightly agree<sub>5</sub>
- Moderately agree<sub>6</sub>
- Strongly agree<sub>7</sub>

**END OF FORM**