

SOCIAL FUNCTIONING SCALE

Section one: Withdrawal

Part One:

1. What time do you get up each day?

Average weekday

Average weekday (if different)

3: < 9.am
 2: 9.am to 11.am
 1: 11am to 1pm
 0: >1pm

2. How many hours of the waking day do you spend alone?
 (e.g. on own in room. Walking out alone, listening to radio or watching TV alone, etc.)?

Count the number of hours in an average day spent alone and tick (✓) one of the following.

Hours spent alone

0 - 3 Very little time spent alone
 3 - 6 Some of the time
 6 - 9 Quite a lot of the time
 9 - 12 A great deal of the time
 12 - Practically all the time

✓				3
				2
				1
				0

3. How often will you start a conversation at home?

0 almost never	1 rarely	2 sometimes	3 often
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4. How often will you leave the house (for any reason)?

0 almost never	1 rarely	2 sometimes	3 often
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5. How do you react to the presence of strangers?

0 avoids them	1 feels nervous	2 accepts them	3 likes them
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PRO-SOCIAL ACTIVITIES

Part Three

Put a tick (✓) in the appropriate column to show how often you have participated in any of the following *over the past three months*.

	0 Never	1 Rarely	2 Sometimes	3 Often
Cinema				
Theatre / Concert, etc				
Watching an indoor sport. (e.g. squash, table - Tennis)				
Watching an out door sport. (e.g. football, rugby)				
Art gallery / Museum				
Exhibition				
Visiting places of interest				
Meeting, talk, etc.				
Evening class.				
Visiting relatives				
Being visited by relatives				
Visiting friends*				
Being visited by friends*				
Parties				
Formal occasions				
Disco etc				
Nightclub / social club				
Playing an indoor sport				
Playing an outdoor sport				
Club / society				
Pub				
Eating out				
Church activity				

RECREATION ACTIVITIES

Please place a tick in the appropriate column to indicate how often you have done any of the following activities over *the past 3 months*.

	0 Never	1 Rarely	2 Sometimes	3 Often
Playing musical instruments				
Sewing, knitting				
Gardening				
Reading things				
Watching television				
Listening to records or radio				
Cooking				
DIY activities				
Fixing things (car, bike, household, etc.)				
Walking / rambling				
Driving / cycle (as a recreation)				
Swimming				
Hobby (e.g. Collecting things)				
Shopping				
Artistic activity) painting, crafts, etc.)				

Any other recreation or pastime?

Rarely 1	Sometimes 2	Often 3

SECTION THREE: INDEPENDENCE (C)

Please place a tick ✓ against each item to show how able you are doing or using the following.

	3	2	1	0
	Adequately (no help)	Needs help (for prompting)	Unable (or without lots of help)	Not known
Public Transport				
Handling money correctly				
Budgeting				
Cooking for self				
Weekly shopping				
How to look for a job				
Washing own clothes				
Personal hygiene				
Washing, tidying, etc				
Purchasing from shops				
Leaving the house alone				
Choosing and buying own clothes				
Taking care of personal appearance				

INDEPENDENCE (P)

Please place a tick ✓ against each item to show how often able you have done the following over *the past three months*.

	0 Never	1 Rarely	2 Sometimes	3 Often
Buying items from shops alone (without help)				
Washing pots, tidying up, etc				
Regular washing, bathing, etc				
Washing own clothes				
Looking for a job (if unemployed)				
Doing the food shopping				
Prepare and cook meal				
Leaving the house				
Using buses, train, etc				
Using money				
Budgeting				
Choosing and buying clothes for self				
Takes care of personal appearance				

SECTION FOUR: EMPLOYMENT

1. **Are you in regular employment (including industrial therapy, rehabilitation or re-training courses).**

Yes - No (please circle)

If yes:

What sort of job?

How many hours do you work each week?

How long have you lasted in employment?

If no:

When were you last employed?

What sort of job?

How many hours a week?

2. **If not employed:**

Are you registered disabled? Yes - No (please circle)

Do you attend hospital as a day patient? Yes - No (please circle)

Do you think you are capable of some sort of employment?

Definitely yes / Would have difficulty / Definitely no (please circle)

How often do you attempt to find a job
(e.g. go to Job Centre, look in newspaper, etc).

Almost never / rarely / sometimes / often (please circle)

3. If not employed:

How do you usually occupy your day?

Morning

Afternoon

Evening