SOCIAL SUPPORT QUESTIONNAIRE—shortened version

Reference:


Description of Measure:

A 6-item questionnaire designed to measure social support. Each item is a question that solicits a two-part answer: Part 1 asks participants to list all the people that fit the description of the question, and Part 2 asks participants to indicate how satisfied they are, in general, with these people. This questionnaire is a shortened version of the original Social Support Questionnaire (Sarason et al., 1983).

Abstracts of Selected Related Articles:


A measure of social support, the Social Support Questionnaire (SSQ), is described and four empirical studies employing it are described. The SSQ yields scores for (a) number of social supports, and (b) satisfaction with social support that is available. Three of the studies deal with the SSQ's psychometric properties, its correlations with measures of personality and adjustment, and the relationship of the SSQ to positive and negative life changes. The fourth study was an experimental investigation of the relationship between social support and persistence in working on a complex, frustrating task. The research reported suggests that the SSQ is a reliable instrument, and that social support is (1) more strongly related to positive than negative life changes, (2) more related in a negative direction to psychological discomfort among women than men, and (3) an asset in enabling a person to persist at a task under frustrating conditions. Research and clinical implications are discussed.


OBJECTIVE: This study examined prospectively the effects of stressful events, depressive symptoms, social support, coping methods, and cortisol levels on progression of HIV-1 infection. METHOD: Eighty-two homosexual men with HIV type-1 infection without AIDS or symptoms at baseline were studied every 6 months for up to 7.5 years. Men were recruited from rural and urban areas in North Carolina, and none was using antiretroviral medications at entry. Disease
progression was defined as CD4+ lymphocyte count <200/µl or the presence of an AIDS indicator condition. RESULTS: Cox regression models with time-dependent covariates were used adjusting for race, baseline CD4+ count and viral load, and cumulative average antiretroviral medications. Faster progression to AIDS was associated with higher cumulative average stressful life events, coping by means of denial, and higher serum cortisol as well as with lower cumulative average satisfaction with social support. Other background (e.g., age, education) and health habit variables (e.g., tobacco use, risky sexual behavior) did not significantly predict disease progression. The risk of AIDS was approximately doubled for every 1.5-unit decrease in cumulative average support satisfaction and for every cumulative average increase of one severe stressor, one unit of denial, and 5 mg/dl of cortisol.

CONCLUSIONS: Further research is needed to determine if treatments based on these findings might alter the clinical course of HIV-1 infection.


In this study, 297 adolescents (141 eighth graders and 156 eleventh graders) were classified into 3 groups created from crossing scores of depressive symptoms and frequency of daily hassles: well adjusted, resilient, and vulnerable. A discriminant function analysis was performed to investigate group differences on self-esteem, social support, different strategies of coping, and different aspects of social life. The analysis revealed that self-esteem, problem-solving coping strategies, and antisocial and illegal activities with peers helped to discriminate groups: Well-adjusted adolescents had higher self-esteem than adolescents in the 2 other groups; in addition, resilient adolescents had higher self-esteem than vulnerable adolescents. For the second significant discriminating variables, antisocial and illegal activities with peers, both resilient and vulnerable adolescents had higher scores than well-adjusted adolescents. Finally, resilient adolescents had higher scores on problem-solving coping strategies than adolescents in the 2 other groups.

Scale:

The SSQ-shortened version’s instructions, items, and scoring information are available at
