Subject Number:

Date:

Social Support Questionnaire

Note: Words in *italics* are meant as instructions and should not be read aloud.

Please take a minute to think of three friends or relatives who are close to you. *If the woman is married, say:* Please include your husband as one of these three people. *If the woman is not married, say:* If you have a boyfriend, please include him as one of the three people. *For all women, say:* Now I am going to ask you how strongly each person feels about your being on diet.

1. What is your relationship to the first person you thought of (ie mother, friends, etc.)?

Please point to the place on the line that best described how much you agree or disagree with this statement:

"My _____ wants me to keep strictly on the PKU diet."

1	2	3	4	5	6	7
strongly disagree						strongly agree

2. What is your relationship to the second person you thought of (ie mother, friends, etc.)?

Please point to the place on the line that best described how much you agree or disagree with this statement:

"My _____ wants me to keep strictly on the PKU diet."

1	2	3	4	5	6	7
strongly disagree						strongly agree

3. What is your relationship to the third person you thought of (ie mother, friends, etc.)?

Please point to the place on the line that best described how much you agree or disagree with this statement:

"My _____ wants me to keep strictly on the PKU diet."

1	2	3	4	5	6	7
strongly disagree						strongly agree