|  |  |  |
| --- | --- | --- |
| 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 |
| 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 |
| I often feel that I lack companionship. | YES | NO |
| I often feel left out. | YES | NO |
| 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 |

Total answers circled in left column:

Scoring: 2 3 or more

 **You are at risk for isolation, You may already be experiencing the**

 **but by becoming aware of negative consequences of isolation**

 **the risk factors, you can take and would benefit from taking steps**

 **steps to avoid becoming to reconnect and address the barriers**

 **isolated. that may be causing your isolation.**