SOCIAL SUPPORT AND SELF-EFFICACY QUESTIONNAIRE (SS)

DATA SECTION	COMPLETION INSTRUCTIONS
GENERAL INFORMATION	The Social Support and Self-efficacy questionnaire is designed to measure the amount of social support the patient receives and the patient's level of confidence in performing certain activities.
	This questionnaire is to be administered at the Screen 2 visit.
	This questionnaire is to be completed by the patient. If the patient is not able to complete the form without help, the coordinator may read the questions and answers to the patient.
	After completing the survey:
	Record whether the survey was completed by the patient alone or by the patient with assistance.
	Review the form for any missing items. If there are any incomplete items ask the patient to provide a response.
	Make sure that each item has a single response marked.
	If the patient does not understand the question, a coordinator may read the question to him. Do not rephrase the question. If the patient does not answer the question, indicate whether the response is unknown or the patient refused to answer the question.
PATIENT ID	Record the patient's ID number on the cover page and in the top right hand corner of each page.
COMPLETED BY	Indicate who completed the questionnaire: patient without assistance, patient with assistance from the coordinator, patient with assistance from family member.
	Today's date: Record the date (month/day/year) on which the patient filled out the questionnaire.
SOCIAL SUPPORT	GENERAL INSTUCTIONS:
	(1) Record the number of close friends and relatives available to the patient.(2) Circle the response to each statement that best describes the
	level of support available for each statement.
SELF-EFFICACY	GENERAL INSTRUCTIONS:
	Circle the response that best describes the patient's level of confidence in performing each activity.