

Supplemental materials for:

Mullen RA, Tong S, Sabo RT, Liaw WR, Marshall J, Nease, Jr DE, Krist AH, Frey III JJ. Loneliness in primary care patients: a prevalence study. *Ann Fam Med*. 2019;17(2):108-115.



**Please complete this survey about the care you get at your doctor's office.**

**1. Age** \_\_\_\_\_ yrs **If you are under 18 or over 89 years of age, please do not finish the survey.**

**2. Gender:**  Male  Female

**3. Race / Ethnicity:** *check all that apply*

White  Hispanic  Black  Asian  Native American  Other

**4. The next questions are about how you feel about different aspects of your life. For each one, mark how often you feel that way? \***

	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?			
How often do you feel left out?			
How often do you feel isolated from others?			

\*If any of these are a concern for you, please let your doctor know at your appointment today.

**5. In general, would you say that your health is -- ?** *check one*

- Excellent
- Very good
- Good
- Fair
- Poor

**6. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?** *Write number of days*

\_\_\_

**7. Are you...?** *Check one*

- Employed, full time  Disabled  Unemployed
- Employed, part time  Retired  Prefer not to answer
- Homemaker  Student  Other (please list): \_\_\_\_\_

**8. What is the ZIP Code where you live?**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**9. Are you....?** *check one*

- Married                       Separated                       In a relationship  
 Divorced                       Never married                       Prefer not to answer  
 Widowed

**10a. In the past year, how many times have you visited...?** *Please write a number*

- a. Urgent Care/Emergency Room: \_\_\_\_  
b. Your Primary Care Doctor's Office: \_\_\_\_

**10 b. In the past year, how many times have you been hospitalized?** *Please write a number*

\_\_\_\_

***Thank you for your time. Please return this form as directed.***