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OMB#: 0925-XXXX
Exp. XX/XXXX

HCHS/SOL Social Network Index Questionnaire

ID NUMBER:

FORM CODE: SNE
VERSION: A 8/29/07

Contact Occasion SEQ #

Acrostic: _____

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

These questions are concerned with how many people you see or talk to on a regular basis. Some questions ask about your parents. For these questions, you should consider the parents (including stepparents and adoptive parents) who were your primary caregivers during your childhood.

1. How many children do you have?

None	0	<input type="checkbox"/>	→ GO TO QUESTION 3
1	1	<input type="checkbox"/>	
2	2	<input type="checkbox"/>	
3	3	<input type="checkbox"/>	
4	4	<input type="checkbox"/>	
5	5	<input type="checkbox"/>	
6	6	<input type="checkbox"/>	
7 or more	7	<input type="checkbox"/>	

2. How many of your children do you see or talk to on the phone at least once every 2 weeks?

None	0	<input type="checkbox"/>
1	1	<input type="checkbox"/>
2	2	<input type="checkbox"/>
3	3	<input type="checkbox"/>
4	4	<input type="checkbox"/>
5	5	<input type="checkbox"/>
6	6	<input type="checkbox"/>
7 or more	7	<input type="checkbox"/>

3. Are either of your parents living?

Neither	0	<input type="checkbox"/>	→ GO TO QUESTION 5
Mother only	1	<input type="checkbox"/>	
Father only	2	<input type="checkbox"/>	
Both	3	<input type="checkbox"/>	

4. Do you see or talk on the phone to either of your parents at least once every 2 weeks?

Neither	0	<input type="checkbox"/>
Mother only	1	<input type="checkbox"/>
Father only	2	<input type="checkbox"/>
Both	3	<input type="checkbox"/>

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5. Are either of your in-laws (or partner's parents) living?

- Neither 0 → **GO TO QUESTION 7**
- Mother only 1
- Father only 2
- Both 3
- Not applicable 4 → **GO TO QUESTION 7**

6. Do you see or talk on the phone to either of your in-laws (or partner's parents) at least once every 2 weeks?

- Neither 0
- Mother only 1
- Father only 2
- Both 3

7. How many other relatives (other than your spouse, parents & children) do you feel close to?

- None 0
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 or more 7