

Loneliness Prevention Questionnaire

Please circle your response to the following:

1. Do you experience feelings of loneliness and/or isolation? (If no, skip to question #4)

Helpful Definitions:

Loneliness: Feeling sad or unhappy due to the lack of company.

Isolation: The state of being in a place or situation that is separate from others.

Yes No

2. If yes, when are these feelings most prominent? (Circle all that apply)

Morning Afternoon Evening Night

3. How often do you experience these feelings of loneliness and/or isolation?

Daily A few times a week A few times a month Less than once a month

4. Do you currently feel prepared to deal with feelings of loneliness?

Yes No I don't know

If applicable, what do you do when you experience feelings of loneliness?

- Find someone to talk to
- Watch television
- Listen to music or the radio
- Engage in a hobby
- Other _____

5. Who do you live with?

My Family My Friends Alone Other: _____

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