

Instrumental Support – Short Form 6a

Please respond to each item by marking one box per row.

		Never	Rarely	Sometimes	Usually	Always
CCC31052x	Do you have someone to help you if you are confined to bed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CCC31055x	Do you have someone to take you to the doctor if you need it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CCC31065x	Do you have someone to help with your daily chores if you are sick?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SS6	Do you have someone to run errands if you need it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CCC31062x	Do you have someone to prepare your meals if you are unable to do it yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SS9	Do you have someone to take over all of your responsibilities at home if you need it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5