

Bizoń's method of social network and social support assessment: Description of the method and its application

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Summary

The development of the social network and social support assessment method designed by Bizoń is concisely outlined. The final version of the measurement method is described and all its components are presented in the appendix. It consists of the Interview Questionnaire, including Social Support Inventory, the Map of Social Network, the List of Social Network, Table of the data coding and Questionnaire of Demographic Data. The main studies with this instrument are reviewed. They indicate that Bizoń's method is a helpful diagnostic tool and has some advantages in comparison with similar methods applied in the studies of social support.

Key words: social network, social support

Preface

The assessment of social network and social support had been the subject of Bizoń's scientific work for many years, before he died suddenly in 1998. The method he designed is familiar to Polish research and clinical workers only from the working typescripts and research reports, because it has not been published yet. With the help of Professor's wife Gosława Bizoń, the authors of this publication collected and analysed approachable texts concerning this procedure (published articles, reports and working typescripts) and drew up the description of the method of social network and social support assessment (introduced in the appendix). They also presented data concerning the way the method had been described and results of experiments where the method had been used.

Introduction

Social relationships have substantial importance for the individual's functioning. The influence of various features of social support on the state and functioning of a sick person has been appreciated and investigated for a long time. Theoretical issues

concerning the problems were rather exhaustively discussed by Turner [1], who is an advocate of a multidimensional concept of social support referring it to the crucial sociological notions: social bonds, social integration and relationships in the elementary group. Turner distinguishes perceived, structural and actually received social support. The influence of the support on mental health (principal effect) and its buffer impact on consequences of stress (modulating effect) depend not only on the patient's social situation but also on the ability to use social support. The skill is conditioned by his/her personality.

There is an abounding empirical ground that quality of a sick person's social relationships influences on his/her health, treatment and prognosis in the course of somatic and mental illnesses alike. The analysis of information concerning prospective studies indicates that an increased risk of death is related to few social relationships, and sometimes to the weakness of relationships [2]. Similarly, more comprehensive review of literature, including results of more than 100 studies, indicates, that the stronger the patient's relationships are, the better course of his illness, results of treatment and prognosis [3]. The analysis of selected aspects of social support may be helpful in the assessment of some particular questions concerning care organisation, such as predicting difficulties in discharging from hospital and sending to a social care house (nursing home) [4]. It should be mentioned, that a lot of studies prove that the relation between the patient and his experience of social support is a two-way relation – patient's genetically determined features (like temper) make him actively influence forming his own social support system [5]. The important issue accounted in researches is distinguishing between objectively approachable social support and its subjective experiencing, and also differentiation of its efficiency according to the kind of sources [6].

The described data show the prominence of social support influence on the course of treatment in many diseases. Its assessment may be very helpful in therapy planning and execution, so there is a need to work out the diagnostic tool that will serve the assessment. The aim of this publication is to describe the original method designed by Zdzisław Bizoń and his collaborators. The assessment of social network and social support is executed in the form of a structured interview conducted according to The Interview Questionnaire, that involves Social Support Inventory and Questionnaire of Demographic Data. The obtained data is recorded in the Map of Social Network and in the List of Social Network during the examination. The whole gathered information is written in the Table of Support System after finishing the interview. The detailed description of the method is introduced in the appendix. Data obtained with the help of the discussed method are the ground for conclusion of the inquired person's social environment characterisation, its size, the range of support and relationships with other people. According to the authors of this method, social environment has a wider range than the social network and social support system. "The relationship network (acquaintances, connections) among individuals in the environment is one of the structural features of the environment, and the support system is a part of this social environment distinguished because of its supporting functions".

The application of Bizoń's method of social network and social support assessment

The introductory researches were performed in 1981 among psychiatric patients (in majority diagnosed with schizophrenia) and healthy people. The aim was to prove usefulness of the method and to finish up details. Afterwards there was a research comparing a group of patients hospitalised because of schizophrenia and a group of ambulatory psychogeriatric patients. It was found that the support system and size of the social environment is significantly smaller in patients diagnosed with schizophrenia.

The Social Support Inventory was intended by its authors to serve quantitative assessment of social support. However, in performed examination of its psychometric properties (described in the report from the second stage of the department programme studies *Social systems of support in the environment of a mentally ill person*, Warsaw, 1982) the answers concerning questions from the Inventory have relatively low reliability. The coefficient of absolute stability after one month was from 0,25 to 0,76 for each question included in the final version of the Inventory. This indicates that patient's description of the situation has a subjective nature. In assignation of a list of inventory questions, they used analysis of mean ranks of particular questions that were asked in a group of 102 people in proper studies. Results of the Social Support Inventory, likewise assessment of particular persons' positions in the Map of Social Network (that was not examined for stability) should be used only in qualitative assessment of the inquired person's opinion, that concerns his/her present emotional state. The basic version of the method was described in 1985 [8].

The method of social network and social support assessment was used in the doctorate thesis of sociologist Andrzej Axer, *Social support systems of mentally ill people* written in 1985 [9, 10]. In this paper support systems of 30 schizophrenic patients (aged 18-40) of The Community Treatment Department at Nowowiejski Hospital, who visited ambulatory from February to June 1984, and the support system of their healthy siblings, with whom the patients shared at least a part of the social environment were compared. The obtained results indicate that patients' support systems are less numerous and include fewer supporting functions. The supporting functions are fulfilled more often by single sources with less intensity of contacts. Neither the hypotheses of superior participation of family systems considering the number of sources and functions nor hypothesis of frequency of patient's contacts in comparison with healthy ones were confirmed. The patient receives little support outside his family in comparison with the sibling, even in the case when close relatives do not fulfil specified functions. Sick people rarely serve supportive functions in their family, which in fact supports them. Mothers are perceived in the same way by healthy and sick siblings, but their role is bigger when compared with other support sources.

The discussed method was also used in Marek Marzański's doctoral dissertation *The structure and supportive functions of the social environment in people suffering from schizophrenia* in 1986 [11]. Results of the comparison between a social network of 50 patients hospitalised in Nowowiejski Hospital in years 1982-1984, diagnosed with schizophrenia or paranoid syndrome with suspicion of schizophrenia, and social network of control group - rheumatology, orthopaedic and surgery wards patients hos-

pitalised because of somatic diseases and without any mental disorders were compared. It was ascertained that the number of people in the social network of schizophrenic patients was not smaller than in the social network of somatic patients. The support system of mentally ill people was less differentiated and dominated by family members, but participation of the family in the social network in both compared groups was similar. The environment gave less support to patients with schizophrenia: fewer supportive sources and fewer kinds of support. Relationships with sources of support were rarer. Short-time relationships were more frequently considered as being important.

In 1987 the results of research concerning the social network of 100 patients hospitalised because of alcohol abuse were presented. The results indicated that in comparison with patients with schizophrenia and somatic patients they have few sources of support among inmates, support systems only outside the family, very small differentiation of support systems. In 3% of alcoholics there was not any kind of support (which did not occur in both control groups) [12].

In the next studies data concerning a support network of 50 women hospitalised because of alcohol abuse and data obtained in studies of alcohol dependent men, women with schizophrenia, and women with somatic diseases were compared. There were no significant differences in size of social network in alcohol dependent women and men, and between alcohol dependent women and women with schizophrenia, whereas there was a much bigger social network in women with somatic diseases. In diagnosed women, closer and more distant family members made up more than half of the support system. The analysis of social support size and socio-demographic data did not show any correlation with the age and duration of alcohol dependence, whereas the size of the social support system correlated positively with the level of education [13].

The discussed method of social network and social support assessment was also used in the Division of Adult Psychiatry in the Department of Psychiatry of Collegium Medicum in Jagielloński University in Cracow [14, 15]. The research was conducted comparing the social network of 54 patients diagnosed with schizophrenia, according to the DSM-III criteria. 23 of them were in the therapy within the program of community treatment in a day-ward, and 31 people were treated in the individual program in the inpatient ward. It was found that patients belonging to the community treatment obtained significantly more support and have significantly more new relationships than patients obtaining individual treatment. There were no differences in size of the support systems. The investigators formed a hypothesis that beneficial changes in networks occur as a result of participating in the social treatment program [14]. In next studies, they analysed dependencies between features of social network and treatment results in 56 people with schizophrenia diagnosed according to DSM-III criteria, 3 years after the first hospitalisation. They found that patients obtaining little support and those for whom the family was the source of support have more negative symptoms. The sick person with a smaller support system manifested more psychotic symptoms. Significant statistical correlations were found indicating that patients with so-called mixed type of social network have greater motivation to treatment, better compliance, greater insight and subjective satisfaction from treatment. The mixed type of the social network is composed of people providing for a few different needs, likewise people providing

only for a single need [15].

The method of social network and social support assessment was used in the research of Paweł Bronowski for his doctoral dissertation in psychology: *Psychosocial conditions of taking up treatment for alcohol dependence and maintenance of abstinence* [16]. The research was performed in the 4th Psychiatric Department of the Institute of Psychiatry and Neurology in Warsaw, and has brought to the conclusion that a social support system of people participating in Anonymous Alcoholics groups is better than those who do not take up this form of therapy. The social support system is more numerous and it appears more effective, because of participation and support of the other community members.

Discussion and conclusions

Bizoń's method of social network and social support assessment had been designed in the 1980's on the base of contemporary literature analysis. Since then there has been no other tool designed serving this purpose in Poland. The analysis of literature in MEDLINE concerning methods of social support and social network assessment [17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28] indicates that there is also no such widespread tool in the world psychiatry (like PANSS or BPRS scales).

In this context the Scale of Social Interactions [29] used in social support research, that was presented in American Journal of Psychiatry may be some point of reference [5]. The scale was not published in the whole. The publication indicates that the scale consists of several questions concerning supportive and negative relationships with the spouse, friends and close relatives. Answers are given in Likert's 4-point scale. In the relationship with the spouse such features as feeling of being understood, possibility to rely on a spouse, interest showed by a spouse, trustfulness to a spouse, possibility to open-up, tension in relationships, unpleasant discussions and tension they cause, unpleasant opinions, refusal of compromises were assessed. In the relationships with friends and relatives it was assessed how often they give a feeling of being cared, express an interest, formulate excessive demands, criticise, and cause tensions and quarrels. The Scale of Social Interactions gives the opinion of the examined person only about chosen positive and negative facts occurring in relationships with a spouse, friends and relatives. However, Bizoń's method of social network and social support assessment allows collecting information about the range and quality of the whole of social network in a relatively exhaustive way. In the OOiOS assessment we should take into account that results of Social Support Inventory and assessment of particular person's position in the Map of Social Network, include subjective opinions and they should be used as such in qualitative assessment of results. Bizoń's OOiOS appears to be a helpful tool that can be used in scientific research and clinical practice as well. It should be noticed that the method complies with most of the requirements formulated by House and col. [2] in relation to the social support analysis theory. In their opinion the theoretical approach should include a clear differentiation between presence and quality of social relationships, their formal structure (density of social bond network, mutuality of bonds) and their current, practical efficacy. Bizoń's method of social network and social support assessment corresponds with these requirements in practice

and deserves popularisation.

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APPENDIX

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Bizoń's method of social support and social network assessment

I. GENERAL PROFILE

The examination should start with filling in the Questionnaire Demographic Data. The assessment of social network is performed with the help of a structured interview. Obtained data are registered in following diagnostic tools:

- The Questionnaire of Structured Interview "Social Network"
- The Map of Social Network
- The List of Social Network
- The Social Support Inventory

– The Table of Support System

In the beginning of the structured interview questionnaire Social Network there is an introduction to the interview about people from the inquired person's social network and the explanation of the Map of Social Network.

The interview and the questionnaire consist of two basic parts:

A. The Assessment of Social Network, which comprises

- I. assessment of relationships in the family
- II. assessment of relationships with other important people
- III. assessment of relationships between people from the social network
- IV. assessment of intensity of relationships with the mentioned people

B. The Assessment of Social Support. It describes the support that the inquired person expects from his/her social network.

The Interview begins with questions concerning inmates and close family who live apart. The questions are comprehensive i.e. make the inquired person give the initials of all persons. The remaining questions allow to choose significant people and specify them from: distant relatives, colleagues, neighbours, other patients. Next questions concern relationship duration and frequency of contacts, also an access to the mentioned people. The inquired person is asked to mark connections among those people in the Map of Social Network.

The Map of Social Network is a graphic record of the network. It includes 8 areas. They are specified on the ground of some criteria:

- ecological (the area of people living together and neighbours)
- relation (the area of closest family and other relatives)
- subjective importance of relationship considering opinions, feelings or benefits (remaining areas)

The map is helpful in working out the characterisation of network e.g. density. The inquired person with the examiner's help fills in the map. The patient marks the people mentioned in the map and describes connections among them as well. The examiner simultaneously fills in the List of Social Network.

The List of Social Network is a record of information that the inquired person gives about people from his/her network. The examiner writes it down into particular blank spaces, which correspond with the following questions of questionnaire. They involve relationship with each person, relationship duration, access, frequency and intensity of contacts.

The Social Support Inventory is designed to emerge people being sources of support from social network. These people serve at least one supportive function. In the final version the inventory contains eight questions on particular kinds of support. These are: advising, helping out in daily duties, supporting, taking care, helping in unexpected troubles, consoling in worries, helping in taking heart, trusteeship in personal affairs, and so-called absolute (unconditional) support.

The Table of Support System is designed to record data about people, their number and supportive functions they serve. It facilitates evaluation of the support system size for a given person.

The Questionnaire of Demographic Data involves questions concerning basic socio-demographic data.

Fundamental concepts and the most important variables that enable the description of social network and social support:

1. "Social network" of the examined person is the total population of people he/she mentioned in parts I and II of questionnaire. These are people who must be chosen e.g.

inmates, parents and those who the examined person chose only by himself.

2. "The area of the social network" - all persons mentioned in questionnaire and marked in the Map of the social Network in categories: closest family, further relatives, close acquaintances, friends etc.

3. "Supportive function" ("kind of support") is described by the contents of each question from the Social Support Inventory.

4. "Sources of support" are these people from the social network that serve at least one supportive function in the opinion of the examined person.

5. "Support system" is the total population of people - "sources of support".

6. "Structure of network" is the area, distribution and proportions of people from networks of particular areas.

The most important variables:

- a) the size of the social network - the number of people in the network
- b) the number and proportions of people in particular areas - concentrating/dispersing of support system
- c) the total number of areas with at least one person
- d) the size of the support system - the number of sources of support in the network
- e) the range of support - the sum of each function - kinds of support from 1 to 8
- f) the "guarantee" level of a given function i.e. the number of persons serving given function (the number of sources of this function)
- g) the degree of enrolment of people from network into support system - system/network proportion of size
- h) presence or lack of connections among people in different areas of support
- i) frequency of interactions between the examined person and the sources of support
- j) duration of the relationship

II. APPLICATION of the TOOL

The described tool of social support systems assessment may be used in cognitive type research, in different groups of people. The studies may be single, panel, and comparative.

The basic aim is a diagnosis of the patient's natural environment, especially:

- recognising significant persons
- assessment of relationships with other people from the point of supportive properties

Such a diagnosis can be helpful in:

- coming into contact with members of patient's natural environment
- during intervention using persons, who are sources of support
- mobilising alternative system of support, if natural systems are inefficient e.g. contacting patients with groups of self-help

Examiner qualifications:

The examiner may be every person (psychologist, sociologist, physician, nurse, social assistant) who knows the questionnaire, instruction and who conducted a few test interviews

A. THE SOCIAL NETWORK ASSESSMENT

THE SOCIAL NETWORK - QUESTIONNAIRE OF INTERVIEW

The questionnaire consists of series instructions for examiner and instructions that should be given to the inquired person. Instructions for the inquired person are written in bold. Obtained data are recorded in the Map of Social Network and in the List of Social Network.

1. We should start the interview with the general instruction:

The theme of our talk will be an analysis of contacts with persons you live among, and with whom you have closer relationships. We will do that with the help of the Map of the Social Network. In this Map we will place people you mention (the name and the first letter of the surname, and following number not to confuse the people)

2. Explanation of the rules of marking people in the Map.

The point in the middle of the Map of Social Network is you. Lines coming out of this point divide the Map into eight areas. In these areas we will note your family, acquaintances, neighbours etc., one after one.

Not every area must be filled in. If the examined person does not have such people, the corresponding area will remain empty. If there are more people in the given area, they should be placed possibly far one from another. The area should be used evenly.

Part I

Let's start with the people who you live with and your closest family.

At this moment you should show area I in the map "People I live with" and ask

Question 1

Who do you live with in one flat?

The examined person should mention all the people who live with him/her. If the person lives with inmates, they also should be placed in area I.

Question 2

Then you should ask the person about a spouse, parents, siblings, children, whether they were not mentioned in point 1, i.e. the person does not live with them.

- a) Do you have a husband (wife)?
- b) Do you have a father, a mother?
- c) Do you have siblings?
- d) Do you have children?

We mark every living person from the closest family in the Map and we describe them in the List of the Social Network. If somebody is dead, it should be noted in the List.

Part II

Everybody can find people besides the family, who he/she not only knows, but also shares opinions, feelings, and business with. These people are more significant than others, or just influence the person's affairs or situation. Let's try to find out if you have such people among your:

3. ... relatives that you have not mentioned yet?
4. ...colleagues that you work with or have professional contact with?
5. ... neighbours?
6. ...other acquaintances?

The question mentioned below should be asked only to the patients.

7. Do you have such people among the people you have met during the treatment (among nurses, doctors, other therapist, or patients)?
8. Maybe there are some other persons, not mentioned before, who play an important role in your life?

Part III

Would you look at all the persons placed in the Map and connect with lines those who know and have relationships with each other.

Part IV

Now, we would like to know something more about the people you have mentioned.

A. Who of these people do you know:

- a) for more than 10 years
- b) for less than 1 year

We should note categories a) or b) at each chosen person in the blank A "Duration of Relationship" in the List of Social Network

B. Are there any people in the Map who would be difficult or impossible to contact with?

We should ask about the reason for inaccessibility of the mentioned person (he/she lives abroad, in a different city, is very busy, ill or invalid, does not want to meet the inquired person etc.) and note it the blank B "Accessibility" in the List.

C. Whom of the mentioned people did you contact last month and how often?

- a) every day
- b) a few times a week (at least once a week)
- c) a few times a month (at least once a month)
- d) a few times a year (at least once a year)
- e) you did not contact this person

Answers "a", "b", "c", "d", "e" we should note in the blank C "Frequency of contacts". We should not ask this question about inaccessible people (look at blank B). Mark the type of contact: personal – P, by telephone – T, by mail – M.

D. When you meet the mentioned people, how long does the meeting with each person last on average?

- a) a few minutes
- b) about 1-2 hours
- c) a few hours
- d) longer

This question concerns persons met during last month. Answers "a", "b", "c", "d" should be noted in blank D "Intensity of contacts" in the List (absence of emotional contacts indicates indifference).

B. THE ASSESSMENT OF SOCIAL SUPPORT – THE SOCIAL SUPPORT INVENTORY

Data obtained in this part of the research should be written in a sheet "The support system"

1. When you are not sure how to solve a personal or family affair, who can advise you

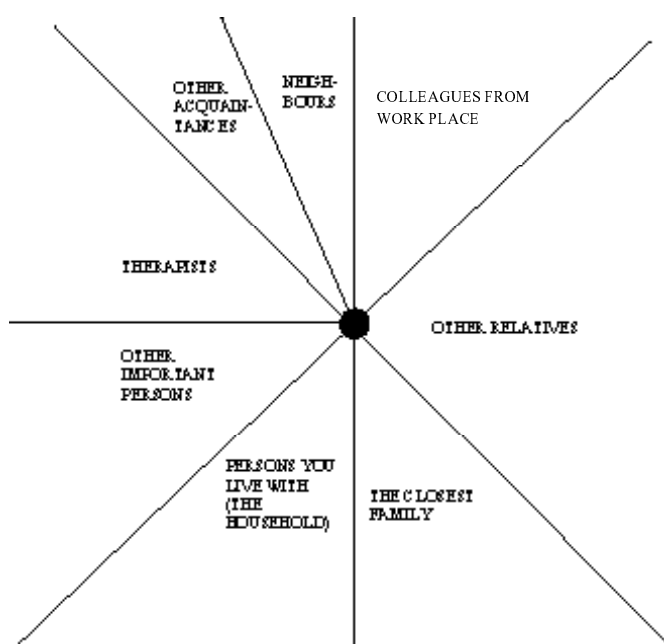
best?

2. Are there any people in your environment that can help you out in your daily duties?
3. Do you have people you can rely on, and who help you in important situations?
4. Are there people in your surrounding that try to take care of you?
5. Do you have people who come with help in unexpected troubles or misfortune?
6. Do you have anyone who can console you in a worry and make you take heart?
7. Do you have persons that you can tell even the most personal worries and troubles in confidence?
8. Whom can you rely on in the worst?

The research finishes with this question:

Have you recollected any important data that you would like to include or would you like to change anything?

THE MAP OF THE SOCIAL NETWORK



THE LIST OF SOCIAL SUPPORT

Number of the inquired person. _____		Sex: M _____ F _____	Age: _____	The inquired person is: a) a patient _____ b) a healthy person _____		Symbol _____	
Number of the inquired person	Name of the inquired person	Who is the inquired person	A	B	C	D	Observations
			Relationship number a) more than 10 years b) less than 1 year	Accessibility a) geographical Y/N b) emotional Y/N	Frequency of contacts a) Every day b) a few times a week c) a few times a month d) a few times a year e) these are no contacts at all P - personal contact T - by telephone M - by mail	Intensity of contacts a) a few or several minutes b) about 1-3 hours c) less than 1 hour d) longer	
1	2	3	4	5	6	7	8

PERSONAL DATA QUESTIONNAIRE

Number of the inquired person _____ Symbol _____

I. Year of birth _____ II. Sex M F

III. Level of education a) graduated b) not graduated
 1. primary school 3. high school
 2. secondary school 4. university

IV. Civil state
 1. single 4. divorced
 2. married 5. widower/
 widow
 3. separated

V. Does the inquired person at present:

- 1. work? Y N
- 2. learn? Y N

3. is on a disability pension? Y N

4. is retired? Y N

VI. Where does the examined person live?

1. In what part of city/town? (describe precisely): _____

2. In a small house/villa? _____

3. In a house/old (new) building/on the floor? _____

4. How long has he/she lived here? _____ Months _____ Years

If the examined person is a patient, ask:

1. How long have you been suffering from mental/somatic disease? __ Months __
Years __

2. The number of hospitalisations ____

3. How long were you in hospital last year? ____ Weeks ____ Months

Day of examination: _____

Place of examination: _____

Observations (particularly concerning the questionnaire, questions, course of the ex-