

Loneliness in Seniors: Assessing Risk with the DSSI

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Select the best answer from the answer options listed above each section.

Section 1: Answers: None, 1-2 people, or More than 2 people

DSSI_1 Other than members of your family, how many people in the Washington DC area do you feel you can depend on or feel very close to?

Section 2: Answers: None, Once, Twice, Three times, Four times, Five times, Six times, Seven or more times

DSSI_2 How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?

DSSI_3 How many times did you talk to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)?

DSSI_4 About how often did you go to meetings of clubs, religious meetings, or other groups that you belong to in the past week?

Section 3: Answers: Hardly ever, Some of the time, Most of the time

DSSI_5 Does it seem that your family and friends (people who are important to you) understand you?

DSSI_6 Do you feel useful to your family and friends (people important to you)?

DSSI_7 Do you know what is going on with your family and friends?

DSSI_8 When you are talking with your family and friends, do you feel you are being listened to?

DSSI_9 Do you feel you have a definite role (place) in your family and among your friends?

DSSI_10 Can you talk about your deepest problems with at least some of your family and friends?

Section 4: Answers: Very dissatisfied, Somewhat dissatisfied, Satisfied

DSSI_11 How satisfied are you with the kinds of relationships you have with your family and friends?