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|  | Medical Outcome Study Social Support Survey: Tangible Support | | | | | | |
|  | | People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? Please select your situation. | None of the time | A little of the time | Some of the time | Most of the time | All of the time | |
|  | | Someone to help you if you were confined to bed | 1 | 2 | 3 | 4 | 5 | |
|  | | Someone to take you to the doctor if you needed it | 1 | 2 | 3 | 4 | 5 | |
|  | | Someone to prepare your meals if you were unable to do it yourself | 1 | 2 | 3 | 4 | 5 | |
|  | | Someone to help with daily chores if you were sick | 1 | 2 | 3 | 4 | 5 | |