

## Social Support

### Living situation

Does the patient live alone?

- No                       Yes

Does the patient live with someone who can assist the patient as needed?

- No                       Yes

What type of dwelling does the patient reside?

- INSERT OPTIONS

### Availability of a caregiver

Can the patient identify someone that can assist the patient as needed?

- No                       Yes

If yes - Name and contact information

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When available?

- any time,  
 day time only,  
 evenings only,  
 weekends only,  
 1-2 times a week,  
 3-4 times a week,  
 5-6 times a week

### Community resources

- prior use - known to: \_\_\_\_\_(name of organizations)  
 needed