

Instrument Title: Sources of Social Support Scale (SSSS)
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Here are the instructions for the SSSS, and the items as they would be applied to husband/partner.

These items concern the kinds of help and support you get from various people regarding your illness. The items ask about several different sets of people, but apply the same questions to each. Use the following choices for these items:

- 1 = Not at all
- 2 = A little
- 3 = A moderate amount
- 4 = A pretty large amount
- 5 = A lot

A. The first items concern your **husband/partner**. [If you do not have a husband/partner, leave these items blank and skip to section B].

1. How much does your husband/partner give you **advice or information** about your breast cancer (whether you want it or not)?
2. How much does your husband/partner give you **assistance** with things related to your breast cancer (for example, helping you with daily chores, driving you places, dealing with bills and paperwork)?
3. How much does your husband/partner give you **reassurance, encouragement, and emotional support** (affection) concerning your breast cancer?
4. How much does your husband/partner **listen to and try to understand** your worries about your breast cancer?
5. How much can you **relax and be yourself** around your husband/partner?
6. How much can you **open up to** your husband/partner if you need to talk about your worries about your cancer?
7. How often does your husband/partner **argue** with you relating to your cancer?
8. How often does your husband/partner **criticize** you relating to your cancer?
9. How often does your husband/partner **let you down** when you are counting on him?
10. How often does your husband/partner **withdraw from discussions** about your illness or try to **change the topic** away from your illness?

B. The next items concern **adult women** in your family (sisters, mother, aunts or adult daughters). [If you do not have adult women in your family, leave these items blank and skip to section C].

Subsequent sections in this particular application are **other family members, friends, and health care providers**.