

During the past month

No difficulty A little Quite a bit Very much

1	Have you had any difficulty in maintaining your independence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you had any difficulty in carrying out your domestic chores? (e.g. cleaning, gardening, cooking, shopping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you had any difficulty with managing your own personal care? (e.g. bathing, dressing washing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you had any difficulty with looking after those who depend on you? (e.g. children, dependent adults, pets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Have any of those close to you (e.g. partner; children, parents) had any difficulty with the support available to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you had any difficulties with benefits? (e.g. Statutory Sick Pay, Personal Independence Payments, Attendance Allowance, Universal Credit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you had any financial difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you had any difficulties with financial services? (e.g. loans, mortgages, pensions, insurance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you had any difficulty concerning your work? (or education if you are a student)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Have you had any difficulty with planning for your own or your family's future? (e.g. care of dependents, legal issues, business affairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Have you had any difficulty with communicating with those closest to you? (e.g. partner; children, parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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12	Have you had any difficulty with communicating with others? (e.g. friends, neighbours, colleagues, dates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Have you had any difficulty concerning sexual matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Have you had any difficulty concerning plans to have a family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Have you had any difficulty concerning your appearance or body image?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Have you felt isolated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Have you had any difficulty with getting around? (e.g. transport, car parking, your mobility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Have you had any difficulty with where you live? (e.g. space, access, damp, heating, neighbours, security)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Have you had any difficulty in carrying out your recreational activities (e.g. hobbies, pastimes, social pursuits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Have you had any difficulty with your plans to travel or take a holiday?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Have you had any difficulty with any other area of your everyday life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL DIFFICULTIES INVENTORY (SDI-21)

SAMPLE

Instructions

- Please read each question carefully and tick the response that best describes your answer
- Please answer each question as honestly as possible
- If you are not completely sure which response is the most accurate tick the box that you feel is the most appropriate
- Please tick the 'no difficulty box' if a question does not apply to you
- Do not spend long on each statement
- There are 21 questions

**ALL INFORMATION WILL BE
TREATED CONFIDENTIALLY**



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