# **NIH Toolbox Loneliness**

## In the past month, please describe how often...

I feel alone and apart from others

Never
Rarely
Sometimes

O Usually

○ Always

## In the past month, please describe how often...

I feel left out

Never
Rarely
Sometimes
Usually

○ Always

#### In the past month, please describe how often...

I feel that I am no longer close to anyone

Never
Rarely
Sometimes
Usually

#### In the past month, please describe how often...

I feel alone

Never
Rarely
Sometimes
Usually
Always

### In the past month, please describe how often...

I feel lonely

Never
Rarely
Sometimes
Usually
Always

