NIH Toolbox Pediatric Loneliness

In the past month, please describe how often
I feel that I have nobody to talk to
○ Never○ Rarely○ Sometimes○ Usually○ Always
In the past month, please describe how often
I feel alone and apart from others
○ Never○ Rarely○ Sometimes○ 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 don't have any friends
○ Never○ Rarely○ Sometimes○ Usually○ Always
In the past month, please describe how often
I feel that there is no one I can go to when I need help
 ○ Never ○ Rarely ○ Sometimes ○ Usually ○ Always

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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	
NeverRarelySometimesUsuallyAlways	

