Outcome Measure	**Social Support Survey (SSS)**
Sensitivity to Change	Not enough evidence
Population	Adult
Domain	Family Environment
Type of Measure	Self-report
ICF-Code/s	e3
Description	The SSS (Sherbourne & Stewart, 1991) is a self-rating scale, designed to measure the perceived availability of functional social supports. It was initially developed for use in a longitudinal research study of patients with "chronic conditions" and has been used in people with stroke. The main focus of the SSS is the 19 items representing 5 dimensions of functional social support: (i) Emotional support (4 items), (ii) Informational support (4 items), (iii) Tangible support (4 items), (iv) Affectionate support (3 items), and (v) Positive social interactions (4 items). An additional 2 items provide contextual background. The structural support items (marital status and number of people in whom the person can confide) are not scored. Responses for the 19 functional items are made on a 5-point scale: 1 (none of the time), 2 (a little of the time), 3 (some of the time), 4 (most of the time), 5 (all of the time).
Properties	See Tate (2010) for further information. Sherbourne and Stewart (1991) examined the psychometric properties of the SSS in a large sample (n=2987) recruited from three sites in the USA. Mean age was 55 years and mean education was 13.3 years. Participants were drawn from a populations study which intentionally included people "who appeared to have one or more of four chronic diseases (hypertension diabetes, coronary heart disease and depression)". Validity <u>Construct</u>: Internal consistency: α = .97 (dimension range: .92 - .96). Confirmatory factor analysis produced four factors (described above) and a single factor was extracted from PCA with loadings of each of the items ranging between .67 and .88. <u>Convergent/divergent</u>: The authors found higher correlations between hypothesized similar constructs (e.g., total score with loneliness: *r* = .67, with family functioning: *r* = .53); and lower correlation with hypothesized dissimilar constructs (e.g., total score with physical functioning *r* = .11, with pain severity: *r* = .19). Reliability <u>Test-retest:</u> The test was administered 1 year later: *r* = .78 (dimension range: .72-.76). Yu, Lee, and Woo (2004) reported an ICC of .84 after a 2

	week interval using the Chinese version of the SSS.
Advantages	• A carefully developed scale, with care taken to avoid overlapping constructs (e.g., family functioning) • Multidimensional (5 domains: emotional, informational, tangible, affectionate, positive) yet brief (19 items) • Easily completed; items have clear face validity • Focuses on function (i.e., resources provided by other people) rather than structure (i.e., quantitative aspects of social support such as size of social network) • In terms of a head-to-head comparison, an alternative is the Interpersonal Support Evaluation List (Cohen et al., 1985): - ISEL is also multidimensional (tangible, appraisal, self-esteem, belonging social support domains) - SSS is shorter than ISEL (19 vs 48 items) - ISEL has been used in TBI (McColl et al, 2001) - Both have adequate psychometric properties in general populations
Disadvantages	• Being about functional social support, provides some (but limitaed0 information on structural support (as intended – so not really a disadvantage, but rather a feature of the scale) • No clear indication about scoring procedures (but can get around this by using mean score, thereby anchoring it back to the response format) • Not widely used in clinical (and specifically ABI) populations – but this applies to many such scales. Hilari et al (2006) have used it in stroke
Additional Information	
Reviewers	Robyn Tate

References

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