

# Perceived Emotional Support Inventory

*Instructions:* Please respond the following statements as you think about people in your life with whom you interact or have associations. Only circle one number per statement and please be sure to answer every question.

		Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1.	There is someone trustworthy I can share my emotional experiences with.	1	2	3	4	5	6	7
2.	I am close with someone that provides emotional support for me.	1	2	3	4	5	6	7
3.	It is rare for me to find people I can talk to about emotional issues in my life.	1	2	3	4	5	6	7
4.	I feel alone when it comes to sharing my emotions with others.	1	2	3	4	5	6	7
5.	I feel emotionally supported by others when I experience trials and challenges in my life.	1	2	3	4	5	6	7
6.	When I need emotional help I have people I can turn to.	1	2	3	4	5	6	7
7.	I don't feel like I have any close relationships with people I can be emotionally honest with.	1	2	3	4	5	6	7
8.	There are people I can seek guidance from when making decisions about my emotional well-being.	1	2	3	4	5	6	7

As you answered the statements above, if you found yourself thinking about a person or persons you could *turn to*, *talk to*, *confide in*, or feel *emotionally supported by*, please check the boxes to the left of the following individual(s) to indicate which of these person(s) you considered and how emotionally close you feel to them.

		Extremely Distant	Never Close	Seldom Close	Sometimes Close	Moderately Close	Very Close	Extremely Close
<input checked="" type="checkbox"/>	Place a check to the left of any individual(s) you considered as you completed the questions above.							
<input type="checkbox"/>	Significant other such as a spouse, partner, boyfriend, or girlfriend.	1	2	3	4	5	6	7
<input type="checkbox"/>	Circle one: Father / Step-Father	1	2	3	4	5	6	7
<input type="checkbox"/>	Circle one: Mother / Step-Mother	1	2	3	4	5	6	7
<input type="checkbox"/>	Sibling(s)	1	2	3	4	5	6	7
<input type="checkbox"/>	Relative(s) such as a grandparent, uncle or cousin	1	2	3	4	5	6	7
<input type="checkbox"/>	Ex-Spouse / Partner	1	2	3	4	5	6	7
<input type="checkbox"/>	Religious leader such as a Pastor, Bishop, Minister, or Rabbi	1	2	3	4	5	6	7
<input type="checkbox"/>	A Higher Power or Deity such as God, Ala, Buddha, etc...	1	2	3	4	5	6	7
<input type="checkbox"/>	Teacher, mentor, or coach	1	2	3	4	5	6	7
<input type="checkbox"/>	Child(ren)	1	2	3	4	5	6	7
<input type="checkbox"/>	Friend(s)	1	2	3	4	5	6	7
<input type="checkbox"/>	Workmate(s)	1	2	3	4	5	6	7
<input type="checkbox"/>	Support group such as a religious group, fraternity, community group	1	2	3	4	5	6	7
<input type="checkbox"/>	Professional(s) such as a doctor, attorney, psychologist	1	2	3	4	5	6	7
<input type="checkbox"/>	Support group such as a 12-step support group or therapy group	1	2	3	4	5	6	7
<input type="checkbox"/>	Other? Please list:	1	2	3	4	5	6	7