Supplementary table 1A: Questions included in Social Support Construct

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question: People sometimes look to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
| 1. Someone you can count on to listen to you when you need to talk
 |  |  |  |  |  |
| 1. Someone to give you good advice about a problem
 |  |  |  |  |  |
| 1. Someone to take you to the doctor if you need it
 |  |  |  |  |  |
| 1. Someone to have a good time with
 |  |  |  |  |  |
| 1. Someone to help you understand a problem when you need it
 |  |  |  |  |  |
| 1. Someone to help with daily chores if you are sick
 |  |  |  |  |  |
| 1. Someone to share your most private worries and fears
 |  |  |  |  |  |
| 1. Someone to do something fun with
 |  |  |  |  |  |
| 1. Someone to love you and make you feel wanted
 |  |  |  |  |  |

Supplementary table 1B: Subscales of social support:

|  |  |
| --- | --- |
| subscales | Question from supplementary table 1.a |
| Emotional/information support subscale | 1, 2, 5, 7 |
| Affection support subscale | 9 |
| Tangible support subscale | 3, 6 |
| Positive social interaction subscale | 4, 8 |

Supplementary table 2. Questions included in social strain construct

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Questions: Of the people who are important to you, how many … | None | One | Some | Most | All |
| Get on your nerves |  |  |  |  |  |
| Ask too much of you? |  |  |  |  |  |
| Do not include you? |  |  |  |  |  |
| Try to get you to do things you don’t want to  |  |  |  |  |  |

Supplementary table 3. Questions included in stressful Life Event Construct

|  |  |  |
| --- | --- | --- |
| Question: Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answers that seems best. |  | Yes, and it upset me:  |
| no | Not too much | Moderately (Medium) | Very much |
| 1. Did you spouse of partner die?
 |  |  |  |  |
| 1. Did a close friend or family member die or have a serious illness (other than your spouse or partner)?
 |  |  |  |  |
| 1. Did you have any major problems with money?
 |  |  |  |  |
| 1. Did you have a divorce or break-up with a spouse or partner?
 |  |  |  |  |
| 1. Did a family member or close friend have a divorce or break-up?
 |  |  |  |  |
| 1. Did you have a major conflict with children or grandchildren?
 |  |  |  |  |
| 1. Did you have any major accidents, disasters, mugging, unwanted sexual experiences, robberies, or similar events?
 |  |  |  |  |
| 1. Did you or a family member or close friend lose their job or retire?
 |  |  |  |  |
| 1. Were you physically abused by being hit, slapped, pushed, shoved, punched or threatened with a weapon by a family member of close friend?
 |  |  |  |  |
| 1. Were you verbally abused by being made fun of, severely criticized, told you were stupid or worthless person, or threatened with harm to yourself, your possessions, or your pets, by a family member or close friend?
 |  |  |  |  |
| 1. Did a pet die?
 |  |  |  |  |