Loneliness Survey

This is a short survey designed to help give you some self-feedback on the topic of loneliness.

1. Mar	ital Status □ Single □ Engaged □ Married □ Separated □ Divorced □ Widowed
2. Do y	rou have children? □ No □ Yes, not in School □ Yes, in Elementary School □ Yes, in High School □ Yes, in College/University □ Yes, adult children
3. If yo	u had to answer only yes or no. Is loneliness a struggle you have? \square No \square Yes
4. On a	scale of 1 to 10 what would your experience with loneliness rate \square Not at all \square 1-3 \square 4-6 \square 7-10
5. Wha	at do you see as contributing to your loneliness? ☐ marriage ☐ singleness ☐ life stage (young children, senior) ☐ leadership ☐ mental health struggles ☐ physical health struggles ☐ work schedule / type of work ☐ lack of close friendships ☐ lack of authentic community ☐ sin and disobedience ☐ other?
6. Do y	ou feel stuck in this place of loneliness? ☐ Yes ☐ No
7. Wha	at have you tried to help with the loneliness? ☐ exercise ☐ faith ☐ counselling ☐ sports ☐ volunteering ☐ investing in friendships ☐ go on a date ☐ grow your relationship with your spouse ☐ getting a pet ☐ watching movies/TV ☐ using social media ☐ reading books ☐ developing hobbies ☐ journaling ☐ others?
8. Have	e you ever tried other ways of dealing with your loneliness? □ alcohol □ drugs □ overeating □ self-harm □ pornography □ shopping □ sleep □ hooking up sexually □ dating □ others?

9. How many deep friendships do you have? Friends who authentically accept you and you can be yourself around. □ None □ 1-2 □ 3-5 □ 5+
Comment (optional)
10. I feel most lonely when
11. I don't feel lonely when
12. How do you think we got to this place of loneliness as a society?
Refection after survey:
What do you see about yourself after completing this survey?
Any areas you need to work on?