

UCLA LONELINESS SCALE

Scale:

INSTRUCTIONS: Indicate how often each of the statements below is descriptive of you.

C indicates "I often feel this way"

S indicates "I sometimes feel this way"

R indicates "I rarely feel this way"

N indicates "I never feel this way"

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|---|---|---|---|---|
| 1. I am unhappy doing so many things alone | O | S | R | N |
| 2. I have nobody to talk to | O | S | R | N |
| 3. I cannot tolerate being so alone | O | S | R | N |
| 4. I lack companionship | O | S | R | N |
| 5. I feel as if nobody really understands me | O | S | R | N |
| 6. I find myself waiting for people to call or write | O | S | R | N |
| 7. There is no one I can turn to | O | S | R | N |
| 8. I am no longer close to anyone | O | S | R | N |
| 9. My interests and ideas are not shared by those around me | O | S | R | N |
| 10. I feel left out | O | S | R | N |
| 11. I feel completely alone | O | S | R | N |
| 12. I am unable to reach out and communicate with those around me | O | S | R | N |
| 13. My social relationships are superficial | O | S | R | N |
| 14. I feel starved for company | O | S | R | N |
| 15. No one really knows me well | O | S | R | N |
| 16. I feel isolated from others | O | S | R | N |
| 17. I am unhappy being so withdrawn | O | S | R | N |
| 18. It is difficult for me to make friends | O | S | R | N |
| 19. I feel shut out and excluded by others | O | S | R | N |
| 20. People are around me but not with me | O | S | R | N |

Scoring:

Make all O's =3, all S's =2, all R's =1, and all N's =0. Keep scoring continuous.

