

## Revised UCLA Loneliness Scale

Name: \_\_\_\_\_ Date: \_\_\_\_\_ dd / mm / yyyy

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

**I feel in tune with the people around me.**

1 2 3 4

**I lack companionship.**

1 2 3 4

**There is no one I can turn to.**

1 2 3 4

**I do not feel alone.**

1 2 3 4

**I feel part of a group of friends.**

1 2 3 4

**I have a lot in common with the people around me.**

1 2 3 4

**I am no longer close to anyone.**

1 2 3 4

**My interests and ideas are not shared by those around me.**

1 2 3 4

**I am an outgoing person.**

1 2 3 4

**There are people I feel close to.**

1 2 3 4

**I feel left out.**

1 2 3 4

**My social relationships are superficial.**

1 2 3 4

**No one really knows me well.**

1 2 3 4

**I feel isolated from others.**

1 2 3 4

I can find companionship when I want it.

1  2  3  4

There are people who really understand me.

1  2  3  4

I am unhappy being so withdrawn.

1  2  3  4

People are around me but not with me.

1  2  3  4

There are people I can talk to.

1  2  3  4

There are people I can turn to.

1  2  3  4

Total score: \_\_\_\_\_