

A brief form of the Perceived Social Support Questionnaire (F-SozU) was developed, validated, and standardized

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Abstract

Objectives: Development of a brief instrument (F-SozU K-6) for the measurement of perceived social support in epidemiologic contexts by shortening a well-established German questionnaire (F-SozU K-14).

Study Design and Setting: The development of the F-SozU K-6 consisted of two phases; phase 1: the F-SozU K-14 was presented to a general population sample representative for the Federal Republic of Germany ($N = 2,007$; age: 14–92 years). Six items for the short form were selected based on the maximization of coefficient alpha. Phase 2: the new short form (F-SozU K-6) was evaluated and standardized in an independent second population survey ($N = 2,508$, age: 14–92 years).

Results: The F-SozU K-6 showed very good reliability and excellent model fit indices for the one-dimensional factorial structure of the scale. Furthermore, strict measurement invariance was detected allowing unbiased comparison of means and correlation coefficients and path coefficients between both sexes across the full lifespan from adolescence (14–92 years). Well-established associations of perceived social support with depression and somatic symptoms could be replicated using the short form.

Conclusion: The F-SozU K-6 presents a reliable, valid, and economical instrument to assess perceived social support and can thus be effectively applied within the frameworks of clinical epidemiologic studies or related areas. © 2015 Elsevier Inc. All rights reserved.

Keywords: Perceived social support; Self-report questionnaire; Standardization; Social Support Questionnaire short form (F-SozU K-6); Measurement invariance; Psychometrics; Confirmatory Factor Analysis

1. Introduction

In the field of clinical epidemiology, economizing self-assessment instruments seems of particular relevance. This is especially true for large population samples, with the necessity to assess a variety of relevant constructs and given space constraints due to reasons of costs and acceptance. One solution to this problem could be to include short forms of well-established instruments, which are highly correlated with their long versions. In the past, numerous

short forms assessing physical health or physical constraints [1–4] and psychopathology (eg, depression [5–7], anxiety [6,8], somatoform disorder [3,9], or post-traumatic stress symptoms [10,11]) have been either well established or recently developed. In addition to these clinically relevant measures, short forms of more general constructs are needed that possibly (1) maintain or induce pathology, (2) moderate or mediate the outcome of medical or psychotherapeutic interventions, or (3) could be seen as secondary outcome measures (eg, quality of life or global functioning).

Decades of research have shown that perceived social support plays an essential role in preventing mental and physical illness [12–17]. Correspondingly, a current meta-analysis [12], which evaluated three major components of social relationships, shows that regarding mortality, the importance of the functional aspects of social relationship (ie, received and perceived social support) may be rated as comparable to other well-researched risk

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What is new?

Key findings

- Decades of research have shown that perceived social support plays an essential role in preventing mental and physical illness. In this study, the six-item brief social support questionnaire, F-SozU K-6, was developed and evaluated based on two independent surveys, representative of the general population of Germany.
- The F-SozU K-6 showed very good reliability, and excellent model fit indices were detected for the one-dimensional factorial structure of the scale.

What this adds to what was known?

- The F-SozU K-6 provides an economical and reliable instrument for evaluating the degree of perceived social support.
- Based on measurement invariance analyses, the F-SozU K-6 allows comparison of means and correlation coefficients, as well as path coefficients within structural equation models between both sexes across the full lifespan (14–92 years).

What is the implication and what should change now?

- The application of the F-SozU K-6 within the frameworks of clinical epidemiologic studies or related areas is supported.

factors, such as smoking or regular alcohol consumption, and even surpasses the importance of other risk factors, such as obesity or physical inactivity.

Furthermore, social support can be awarded to have relevance in medical settings, for example, the development and progression of cardiovascular disease [18], compliance with medical regimens [19], and a decreased length of hospitalization [20].

1.1. Measures of social support

The importance of the concept of social support is also reflected in the number of measures developed for its assessment. However, available instruments for assessing perceived social support seem to be unsuited in the framework of clinical–epidemiologic studies due to the number of items [eg, MSPSS (Multidimensional Scale of Perceived Social Support) [21], SPS (Social Provisions Scale) [22], DUFSS (Duke-UNC Functional Social Support Questionnaire) [23], ASSIS (Arizona Social Support Interview Schedule) [24], PSSS (Perceived Social Support Scale) [25], SSQ (Social Support Questionnaire) [26]]; low

validity or reliability [eg, short forms of the OSSS (Oslo Social Support Scale) [27,28], short form of the SPS [29]]; or elaborated scoring [NSSQ (Norbeck Social Support Questionnaire) [30], SSQ-6 [31]] or they have not been conceived [eg, mMOS-SS (modified Medical Outcomes Study Social Support Survey) [32], DUFSS-10 [33]] or even evaluated (DUFSS-8 [34], DUFSS-6 [35], NSSQ [30], SSQ-6 [31]) in the general population.

1.2. The German Social Support Questionnaire

In German-speaking countries, the Social Support Questionnaire (F-SozU) by Fydrich et al. [36] is well accepted to assess general social support in the general population and in clinical trials. Since the 1980s, it is primarily used in research contexts in clinical psychology, psychotherapy, medical sociology, health psychology, and behavioral medicine [37]. Following Barrera [38], Heller and Swindle [39], and House [40], the authors conceptualize social support as perceived or anticipated support from the social network. This cognitive approach goes back to Cobb [41] and focuses on the assessment by the recipient of social support. Several studies have shown that in clinical and epidemiologic contexts, this perspective attains higher significance than formal or structural network characteristics. The F-SozU assesses social support in the natural environment (general social support) that excludes help from health care professionals [37].

From an individual perspective, statements regarding perceived or anticipated social support are rated on a five-point Likert scale, ranging from 1 (does not apply) to 5 (exactly applicable). These statements cover generalized experiences rather than concrete situations. A long version with 54 items (S-54) [36,37] and a short version with 22 items (K-22) [37] cover three central characteristics of social support: practical and material (instrumental) support (being able to receive practical help with daily problems, for example, borrowing something, receiving practical advice, being relieved of tasks), emotional support (being liked and accepted by others, being able to show feelings, experiencing sympathy), and social integration (belonging to a circle of friends, undertaking ventures together, knowing people with similar interests). These dimensions can be interpreted as subscales and combined to a total score of general perceived social support. Although also containing items from all the three dimensions, another short version comprising 14 items (K-14) [37,42] focuses exclusively on general perceived social support, which in this instrument is not further differentiated. Hence, the authors suggest an unidimensional interpretation of a total score. Quality criteria of the F-SozU K-14 are overall convincing, showing high consistency of the instrument ($\alpha = 0.94$) and satisfactory selectivity between 0.55 and 0.76 [42]; a 1-week retest reliability of 0.96 is specified. All short forms were generated by selecting items based on psychometric properties [37].

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