

# Social Engagement of Older Adults

The goal of this survey is to learn more about your social behaviors, habits, and support systems. The survey asks questions about your interactions with your friends and family, and about your health.

Your participation in this survey is completely voluntary, and your responses will be kept confidential. The information you provide will be used to improve our programming. This survey should take 5-10 minutes to complete.

*This survey was adapted from Waite LJ, Laumann EO, Levinson W, Lindau ST, McClintock MK, O'Muircheartaigh CA, Schumm LP. (2006). National Social Life, Health, and Aging Project (NSHAP) Wave 1 In-Person and Leave-Behind Questionnaires. Chicago, IL: NORC at the University of Chicago by the CUNY Urban Food Policy Institute.*

1. From time to time, most people discuss things that are important to them with others. For example, these may include good or bad things that happen to you, problems you are having, or important concerns you may have. Looking back over the last 12 months, who are the people with whom you most often discussed things that were important to you? Please write down their first name or initials – you will refer to them later in the survey but we will not ask their names.

- a. \_\_\_\_\_ c. \_\_\_\_\_  
b. \_\_\_\_\_ d. \_\_\_\_\_

2. Are you currently married, living with a partner, separated, divorced, widowed, or have you never been married?

- Married  
 Living with a partner  
 Separated  
 Divorced  
 Widowed  
 Never married

3. *This question refers to the people that you wrote about in Question 1. Adding up the four people you listed in Question 1, A through D, how often do you talk to them in total? Please include in person communication, speaking on the phone, texting, sending emails and other methods.*

- Every day  
 Several times a week  
 Once a week  
 At least once a month  
 At least once a year  
 Don't know

4. If you are married or living with a partner, how often can you open to your partner if you need to talk about your worries? Would you say hardly ever, some of the time, often?

- Hardly ever  
 Some of the time  
 Often  
 Don't know  
 N/A – not applicable

5. How often can you open to your family and friends (not including your partner) if you need to talk about your worries? Would you say hardly ever, some of the time, often?

- Hardly ever  
 Some of the time  
 Often  
 Don't know  
 N/A – not applicable

**6. How often can you rely on your partner, friends, or family for help if you have a problem? Would you say hardly ever, some of the time, or often?**

- Hardly ever
- Some of the time
- Often
- Don't know
- N/A – not applicable

**7. Would you say your health is excellent, very good, good, fair, or poor?**

- Excellent
- Very good
- Good
- Fair
- Poor

**8. What about your emotional or mental health? Is it excellent, very good, good, fair, or poor?**

- Excellent
- Very good
- Good
- Fair
- Poor

**9. We are interested in what activities are easy or difficult for you. Please look at the answer categories below and select how much difficulty you have with each activity. Exclude any difficulties that you expect to last less than three months.**

Walking one block       no difficulty     some difficulty     much difficulty     unable to do

Walking across a room     no difficulty     some difficulty     much difficulty     unable to do

Driving a car during the day     no difficulty     some difficulty     much difficulty     unable to do

Driving a car at night       no difficulty     some difficulty     much difficulty     unable to do

**10. How often do you leave your apartment?**

- Once a week
- Once every few days
- Once a day
- Several times a day