

D2D: Want to Connect?

You are receiving this survey because you indicated that you were interested in participating at a University of Minnesota Driven to Discover program at a Minnesota county fair. Your answers to this survey will help researchers better understand social well-being in Minnesota and will be used to inform policy and programming to improve social resources in rural Minnesota.

*By completing this survey, you agree that your responses may be used for research purposes. Your responses will **not** be identified by name or any other identifying information. You may stop the survey at any point. Please see the information sheet for more details.*

Do you agree to participate in the survey?

- ☐ Yes (continue on with survey)
- ☐ No (discontinue survey)

Section 1. Sociodemographics

1. What is your ethnic background?

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

2. What is your racial background?

- ☐ White
- ☐ Asian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ More than One Race
- ☐ Other Race _____

3. What is your gender identity?

- ☐ Female
- ☐ Male
- ☐ Gender diverse/non-binary
- ☐ Other _____

4. What is your current marital status?

- ☐ Married and/or living with partner
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never Married

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5. What is the highest level of education you have completed?

- ☐ Did not complete high school
- ☐ High school graduate
- ☐ Some college courses/ Associate's degree (2-year college)
- ☐ Bachelor's degree (4- year college)
- ☐ Master's degree/Some graduate courses
- ☐ Doctorate degree (MD, PhD, DNP, Dr.PH, DSC, DNS, DBA etc.)

6. Are you a veteran?

- ☐ Yes
- ☐ No

7. What is your current work status? Are you:

- ☐ Working at a full-time job
- ☐ Working at a part-time job
- ☐ Retired
- ☐ Not employed
- ☐ Seeking employment

8. Where do you currently live?

- ☐ Single Family Home
- ☐ Duplex
- ☐ Apartment Building
- ☐ Assisted Living
- ☐ Skilled Nursing Facility
- ☐ Other _____

9. Including yourself, how many people live in your household?

- ☐ One (*skip to question 11*)
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five and above (please specify exact number): _____

10. Who do you currently live with? (Select all that apply.)

- ☐ Spouse or Partner
- ☐ Sibling(s)
- ☐ Child(ren)
- ☐ Other Relative(s)
- ☐ Friend(s)/Roommate(s)
- ☐ Other: _____

11. What is your age (in years)? _____

12. What year were you born? _____

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12. In what county do you live? _____

13. Would you describe your community as:

- ☐ Rural/small town
- ☐ Suburban
- ☐ Urban

Section 2: Social Well-Being and Health

For each of the following questions, put a check or X in the box that fits best.

1. Loneliness (UCLA 3-item loneliness scale)

How often do you...	Hardly ever	Some of the time	Often
feel that you lack companionship?			
feel left out?			
feel isolated from others?			

2. Social Support (NSHAP Scale)

How often can you...	N/A	Hardly ever	Some of the time	Often
Open up to members of your family?				
Rely on members of your family?				
Open up to your friends?				
Rely on your friends?				
Open up to your spouse or partner?				
Rely on your spouse or partner?				

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3. Social Network (Lubben Social Network Scale – LSNS-6)

	0	1	2	3-4	5-8	9 or more
FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc..						
How many relatives do you see or hear from at least once a month?						
How many relatives do you feel at ease with that you can talk about private matters?						
How many relatives do you feel close to such that you could call on them for help						
FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood/community						
How many of your friends do you see or hear from at least once a month?						
How many friends do you feel at ease with that you can talk about private matters?						
How many friends do you feel close to such that you could call on them for help?						

4. Global Health Scale (Adapted from PROMIS)

Please respond to each item by marking one box per row	Excellent	Very good	Good	Fair	Poor
In general, would you say your health is:					
In general, how would you rate your mental health?					
In general, how would you rate your satisfaction with your social activities and relationships?					

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Section 3: Social Infrastructure and Social Participation

1. Use of Public Social Infrastructure

Thinking about gathering places in your community, how often do you visit the following:	Several times a week	Every week	About once a month	Several times a year	About once or twice a year	Less than once a year	Never	N/A – this is not in my community
Park								
Community center								
Gym or fitness center								
Senior center								
Place of worship (e.g., church, temple, mosque)								
Restaurant or coffee shop (mainly serving food and non-alcoholic beverages)								
Bar or pub (mainly serving alcoholic beverages; may also serve food)								
Library								
VFW or American Legion								
Bowling alley								
Other (please specify):								

2. Use of Private Social Infrastructure

Thinking about people's homes in your community, how often do you socialize with other people at:	Several times a week	Every week	About once a month	Several times a year	About once or twice a year	Less than once a year	Never
Friend's house							
Relative's house							
Your own home (with visitors over)							

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3. Where do you socialize (get together) with other people the most often?

4. How much are each of the following barriers to your social life in your community?

	A lot	Somewhat	Not very much	Not at all
Money				
Transportation				
Child care				
Caring for another adult				
Your own health				
Your work schedule				
Availability of gathering places				
Other (please describe):				

5. What type of gathering place for socializing would you like to see in your community that's not there now?

6. What else would you like us to know about your community and social well-being?

END OF SURVEY

Thank you for your participation!