**AgeOptions’ Library Program Survey**

The Library programming is made possible with funding from AgeOptions. Your responses to this survey help us understand the reach and impact of programs like this. Thank you for participating in your local library's programming and thank you for your response to the following questions.

1. Is this your first time taking this survey?
	* Yes
	* No
	* Not Sure

Survey ID

This survey is anonymous. Your library will follow up in a few months. To keep the survey anonymous and to allow us to connect your answers later, we are going to ask you a few questions to create a unique ID.

1. What are the first TWO letters of your FIRST name?

Example: If your first name is Jane, enter "JA"

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1. What are the first TWO letters of your LAST name?

Example: If your last name is Smith, enter "SM"

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1. What is your birth year?

Four digits. Example: If you were born in 1957, enter "1957"

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Library Selection:

1. Please list the library that hosted the programming: **[INSERT NAME OF LIBRARY HERE BEFORE YOU PRINT OUT THIS FORM]**

UCLA Loneliness Scale Survey:

We are asking participants to complete this survey to better understand the impact of programming (presented by library partners) in Suburban Cook County.

You will only be asked to complete this survey three times: your first time taking the survey, again in 3 months, and again in 6 months from that first time.

Please select an option for each question.

1. How often do you feel that you lack companionship?
	* (1) Hardly Ever
	* (2) Some of the time
	* (3) Often
2. How often do you feel left out?
	* (1) Hardly Ever
	* (2) Some of the time
	* (3) Often
3. How often do you feel isolated from others?
	* (1) Hardly Ever
	* (2) Some of the time
	* (3) Often

Demographic Information:

We are asking participants to complete this demographic survey to better understand the audience that attends and participates in programming hosted by our library partners.

Please select an option for each question. You may select "Prefer not to answer."

1. Age
	* Below 60
	* 60-64
	* 65-74
	* 75-84
	* 85 and above
	* Prefer not to answer
2. Gender
	* Female
	* Male
	* Prefer not to answer
3. Ethnicity
	* Hispanic or Latino
	* Not Hispanic or Latino
4. Race (select all that apply):
	* American Indian or Alaska Native
	* Asian or Asian American
	* Black or African American
	* Native Hawaiian or Pacific Islander
	* White
	* Prefer not to answer
5. Living arrangements:
	* Lives alone, has identified caregiver
	* Lives alone, no identified caregiver
	* Does not live alone
	* Prefer not to answer

Thank you for your response, it will be submitted.

AgeOptions and your public library host are working to reduce social isolation. If you or someone you love has limited or no contact with others but would prefer more, you or they may be experiencing social isolation.

Reach out to your local library, read more by reading the resource provided or by visiting <https://www2.illinois.gov/aging/Resources/NewsAndPublications/Publications/Documents/social_isolation.pdf>