|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Provider ID |  | For office use only | | | | |
|  | Brightlife ID | Provider Name | Intervention | Volunteer | ES |
|  |  |  |  |  |  |  |

**Brightlife participant follow up questionnaire**

Ecorys UK, an independent research company, is carrying out an evaluation of Ageing Better, which is a national programme to improve the lives of older people. We want to understand what difference it has made.

As part of this evaluation, all Ageing Better programmes, including Brightlife, are asking older people some questions about themselves before and after taking part in the programme to see whether it has made a difference.

This questionnaire will take about 15-20 minutes to complete. All your responses will remain completely anonymous. For further information please refer to your participant information sheet which should be attached.

Thank you for taking part and helping to improve services.

|  |  |
| --- | --- |
| **Date: *[Day/month/year]*** |  |

**If anyone is helping you to complete this questionnaire, what help are they giving?**

* Reading out questions
* Support / companionship
* Other - please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Your details

There are a number of topics in this questionnaire but the first questions are about your background

1. **Who do you live with?**

* Alone
* With spouse, partner
* With family
* In residential accommodation
* Other: please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say

1. **Do you have any long-standing physical or mental illness, or disability?**

*By long-standing I mean anything that has troubled you over a period of at least 12 months or that is likely to affect you over a period of at least 12 months.*

* Yes
* No
* Prefer not to say

**If yes, do any of these conditions or illnesses affect you in any of the following areas? Please tick the relevant box(es).**

* Vision (e.g. blindness or partial sight)
* Hearing (e.g. deafness or partial hearing)
* Mobility (e.g. walking short distances or climbing stairs)
* Cognitive ability (e.g. dementia, brain injury, autism spectrum disorder)
* Mental health
* Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above
* Prefer not to say

1. **Is there anyone who is sick, disabled or elderly whom you look after or give special help to (for example, a sick, disabled or elderly relative, wife, husband, partner, child or friend)?**

* Yes
* No
* Prefer not to say

1. **This question is about how you feel about different aspects of your life. For each statement, please say how often you feel that way.**

**How often do you feel you lack companionship?**

* Hardly ever or never □ Some of the time □ Often

**How often do you feel left out?**

* Hardly ever or never □ Some of the time □ Often

**How often do you feel isolated from others?**

* Hardly ever or never □ Some of the time □ Often

**How often do you feel in tune with the people around you?**

* Hardly ever or never □ Some of the time □ Often

**The next few questions are a little more personal as they are about your feelings. Please remember that we will not tell anyone about any answers you give and if there are any questions that make you uncomfortable or that you would prefer not to answer, that is fine.**

1. **Please****read the statements that follow and tick the box for the statement that best describes your situation.**

**I experience a general sense of emptiness**

* Yes □ More or less □ No

**There are plenty of people I can rely on when I have problems**

* Yes □ More or less □ No

**There are many people I can trust completely**

* Yes □ More or less □ No

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

* Yes □ More or less □ No

**I miss having people around**

* Yes □ More or less □ No

**I often feel rejected**

* Yes □ More or less □ No

1. **Not counting the people you live with, how often do you do any of the following with children, family or friends?**

**Meet up in person**

* Three times a week or more
* Once or twice a week
* Once or twice a month
* Every few months
* Once or twice a year
* Less than once a year or never

**Speak on the phone (including Facetime and Skype)**

* Three times a week or more
* Once or twice a week
* Once or twice a month
* Every few months
* Once or twice a year
* Less than once a year or never

**Email or write**

* Three times a week or more
* Once or twice a week
* Once or twice a month
* Every few months
* Once or twice a year
* Less than once a year or never

**Text message**

* Three times a week or more
* Once or twice a week
* Once or twice a month
* Every few months
* Once or twice a year
* Less than once a year or never

1. **Thinking about people in your local area, how often do you speak to anyone who isn’t a family member? Please include local friends, neighbours, acquaintances, people who come in to help you, people you see if you go out, and so on.**

* Every day or almost every day
* Three or more times a week
* Once or twice a week
* A few times a month
* Once a month
* Once every two months
* Every few months
* Once or twice a year
* Less than once a year

1. **Are you a member of any clubs, organisations or societies?**

* Political party, trade union or environmental group
* Tenants groups, neighbourhood groups, Neighbourhood Watch
* Church or other religious groups
* Charitable organisation
* Education, arts or music groups or evening classes
* Social clubs
* Sports clubs, gyms or exercise classes
* Any other organisations, clubs or societies
* No, I am not a member of any organisations, clubs or societies

1. **Compared to other people of your age, how often would you say you take part in social activities?**

* Much less than most
* Less than most
* About the same
* More than most
* Much more than most

1. **Which of the following activities have you been involved in? Please tick all that apply**

* Sharing ideas to help plan a new activity
* Deciding how an activity will be delivered
* Helping to run an activity for other people
* Gathering information to see if an activity is making a difference for people
* Been consulted about policies and services
* None of the above

1. **Do you agree or disagree that you personally can influence decisions affecting your local area?**

* Definitely agree
* Tend to agree
* Tend to disagree
* Definitely disagree
* Don’t know

**12a In the last 12 months, have you given unpaid help in any of the ways shown below?**

* Raising or handling money / taking part in sponsored events
* Leading a group / member of a committee
* Organising or helping to run an activity or event
* Visiting people
* Befriending or mentoring people
* Giving advice / information / counselling
* Secretarial, admin or clerical work
* Providing transport / driving
* Representing
* Campaigning
* Other practical help (e.g. helping out at school, shopping)
* Any other help: please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above

**12b Do you intend to volunteer in the future?**

* Yes
* No
* Maybe
* Don’t know

**Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.[[1]](#footnote-1)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | None of the time | Rarely | Some of the time | Often | All of the time |
| I’ve been feeling optimistic about the future | **1** | **2** | **3** | **4** | **5** |
| I’ve been feeling useful | **1** | **2** | **3** | **4** | **5** |
| I’ve been feeling relaxed | **1** | **2** | **3** | **4** | **5** |
| I’ve been dealing with problems well | **1** | **2** | **3** | **4** | **5** |
| I’ve been thinking clearly | **1** | **2** | **3** | **4** | **5** |
| I’ve been feeling close to other people | **1** | **2** | **3** | **4** | **5** |
| I’ve been able to make up my own mind about things | **1** | **2** | **3** | **4** | **5** |

1. **By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.**

Mobility:

* I have no problems in walking about
* I have some problems in walking about
* I am confined to bed

Self-Care:

* I have no problems with self-care
* I have some problems washing or dressing myself
* I am unable to wash or dress myself

Usual activities (e.g. work, study, housework, family or leisure activities):

* I have no problems with performing my usual activities
* I have some problems with performing my usual activities
* I am unable to perform my usual activities

Pain / Discomfort:

* I have no pain or discomfort
* I have moderate pain or discomfort
* I have extreme pain or discomfort

Anxiety / Depression:

* I am not anxious or depressed
* I am moderately anxious or depressed
* I am extremely anxious or depressed

Your own health state today

Best imaginable health state

9 0

8 0

7 0

6 0

5 0

4 0

3 0

2 0

1 0

100

|  |
| --- |
| To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0. |
|  |
| We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today. |

Worst imaginable health state

**Brightlife values your comments and feedback, if you would like to add your own comments, please do so here:**

Thank you for taking the time to complete this questionnaire.

Please return it to a member of staff in person, or use the stamped addressed envelope provided if you have completed this at home.

1. Warwick Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved. [↑](#footnote-ref-1)