CONNECT HACKNEY
ageing better

COMMUNITY FUND

#FairerHackney
hackney cvs

Baseline questionnaire

OFFICIAL USE ONLY: This cover sheet to be completed, removed and stored securely by the project

Project name _____

Participant name _____

Contact details _____

_____

Date of birth _____

Participant URN _____

Individual participants...

Please turn the page – your questions start inside >>

OFFICIAL USE ONLY Participant URN: _____

Project name: _____

Stage: ☐ entry ☐ exit ☐ follow-up ☐ during

Ecorys UK, an independent research company, is carrying out an evaluation of **Ageing Better** – a national programme to improve older people's lives.

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

The questionnaire will take about 15-20 minutes to fill in. All your responses will remain completely anonymous. For further information, please ask the person who gave you this form. **Thank you for taking part**.

Start here...

1. Today's date (Day/month/year) .....

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

☐ Reading out questions

☐ Support / companionship

☐ No help was needed

☐ Other (please state) .....

Your details and background

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

3. How did you find out about the project?

- ☐ GP
- ☐ GP surgery
- ☐ Adult social care or social services
- ☐ Sheltered accommodation / residential care home
- ☐ Friend or family
- ☐ Leaflet or poster
- ☐ Website
- ☐ Pharmacist
- ☐ Project staff / volunteer
- ☐ I came across it
- ☐ Other (please specify) .....
- ☐ Prefer not to say

4. What is your gender?

- ☐ Male
- ☐ Female
- ☐ I would describe it another way
- ☐ Prefer not to say

5. Is your gender the same as registered at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

6. What is your year of birth?

.....

7. What is your ethnic background?

White

- ☐ English / Scottish / Welsh / Northern Irish / UK
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other white background

Mixed

- ☐ Mixed ethnic background

Asian / Asian UK:

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Black / African / Caribbean / Black UK:

- ☐ African
- ☐ Caribbean
- ☐ Any other black / African / Caribbean background

Other ethnic group:

- ☐ Arab
- ☐ Jewish
- ☐ Turkish, Kurdish or Cypriot
- ☐ Any other ethnic group (please specify) .....
- ☐ Prefer not to say

8. What is your religion?

- ☐ No religion
- ☐ Christian
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other religion (please specify).....
- ☐ Prefer not to say

9. I consider myself to be:

- ☐ Heterosexual
- ☐ Lesbian
- ☐ Gay man
- ☐ Bisexual
- ☐ Other
- ☐ Prefer not to say

10. Who do you live with?

- ☐ Alone
- ☐ With spouse, partner
- ☐ With family
- ☐ In residential accommodation
- ☐ Other (please specify) .....
- ☐ Prefer not to say

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

By long-standing we 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

12. 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

About your health, wellbeing and participation

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.

13. 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

14. 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

15. 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, Skype or FaceTime

- ☐ 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

Send / receive text messages

- ☐ 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

16. 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

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

- ☐ Political party, trade union or environmental group
- ☐ Tenants groups, neighbourhood groups, Neighbourhood Watch
- ☐ Church, mosque, synagogue, temple or other religious group
- ☐ 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

18. 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

19. Which of the following activities have you been involved in?

- ☐ Decisions about what new activities the project runs
- ☐ Steering group meetings for the project / decisions about how an activity will be delivered
- ☐ Gathering information to see if the project is making a difference for people
- ☐ Focus groups on how the project is going / consulted about policies or services
- ☐ None of the above

20. 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

21. 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 (eg. helping out at school, shopping)
- ☐ Any other help (please specify) .....
- ☐ None of the above

22. Do you intend to volunteer in the future?

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ Don't know

23. Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last two weeks

Example....

	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

	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

24. 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 (eg. 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:

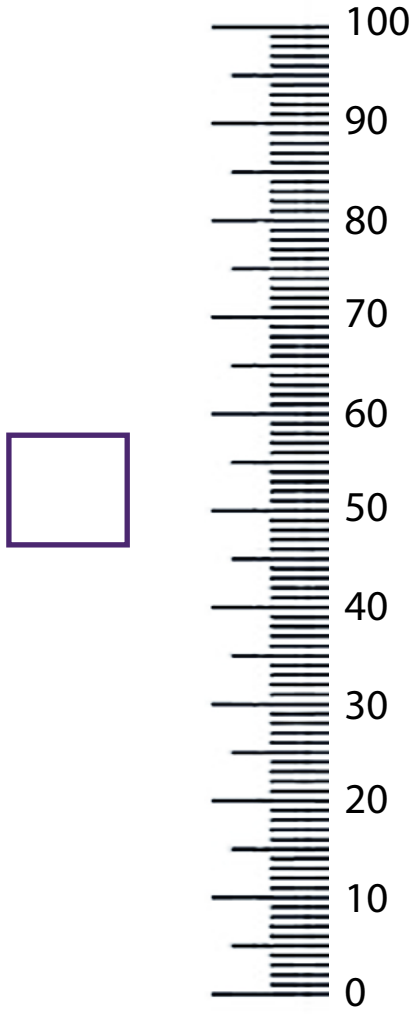
- ☐ I am not anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am extremely anxious or depressed

Nearly there...

Please turn the page – the last question is overleaf >>

25. 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 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.



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.

OFFICIAL USE ONLY: This section (two pages) should be completed by project staff

a) How is the participant engaged with the programme?

- ☐ Provided with information only
- ☐ Engaged in one-off activity
- ☐ Engaged in on-going activity

b) Was the questionnaire completed in a language other than English?

☐ No ☐ Yes (please specify) _____

c) Service delivery model

- ☐ One-to-one telephone
- ☐ One-to-one home based
- ☐ One-to-one community setting
- ☐ Group based
- ☐ Mixed delivery model
- ☐ Other _____

d) Is the participant a formal volunteer?

- ☐ Yes
- ☐ No

e) What activities is the participant involved in?

✔	Activity	Start date	End date
	Designing / delivering services for older people		
	Community research		
	Community development and volunteering		
	Social activities		
	Physical activities / healthy living		
	Intergenerational		
	Skills development		
	Practical support		
	Transport		
	Technology		
	Therapy / counselling		
	Marketing		
	Starting business or social enterprise		
	Assessing business / service age-friendliness		
	Information provided		
	Engagement activities		
	Other (please specify) _____		