

Ageing Better questionnaire



LOTTERY FUNDED

For office use only – unique reference number (URN)
if this is a follow-up questionnaire:

Today's date (dd/mm/yy) _____

The next few questions are about your feelings. Please remember that we will not ask for your name on this form or tell anyone about any answers you give. You can skip any question.

Please read the statements that follow and tick the box for the statement that best describes your situation:

	Yes	More or less	No
I experience a general sense of emptiness			
There are plenty of people I can rely on when I have problems			
There are many people I can trust completely			
There are enough people I feel close to			
I miss having people around			
I often feel rejected			

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

	Hardly ever or never	Some of the time	Often
How often do you feel you lack companionship?			
How often do you feel left out?			
How often do you feel isolated from others?			
How often do you feel in tune with the people around you?			

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

Form of contact	3 times a week or more	1 or 2 times a week	1 or 2 times a month	Every few months	1 or 2 times a year	Less than once a year or never
Meet up in person						
Speak on the phone (or Facetime / Skype)						
Email or write						
Text message						

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. Please tick one box.

- 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

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

Please tick all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Political party, trade union or environmental group | <input type="checkbox"/> Education, arts or music groups or evening classes |
| <input type="checkbox"/> Tenants groups, neighbourhood groups, Neighbourhood Watch | <input type="checkbox"/> Social clubs |
| <input type="checkbox"/> Church or other religious groups | <input type="checkbox"/> Sports clubs, gyms or exercise classes |
| <input type="checkbox"/> Charitable organisation | <input type="checkbox"/> Any other organisations, clubs or societies |
| <input type="checkbox"/> No, I am not a member of any organisations, clubs or societies | |

Compared to other people of your age, how often would you say you take part in social activities? Please tick one box.

- | | |
|--|---|
| <input type="checkbox"/> Much less than most | <input type="checkbox"/> Less than most |
| <input type="checkbox"/> About the same | <input type="checkbox"/> More than most |
| <input type="checkbox"/> Much more than most | |

Which of the following have you been involved in whilst taking part in this project? 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
- None of the above

Do you agree or disagree that you personally can influence decisions affecting your local area? Please tick one box.

- | | | |
|--|--|---|
| <input type="checkbox"/> Definitely agree | <input type="checkbox"/> Tend to agree | <input type="checkbox"/> Tend to disagree |
| <input type="checkbox"/> Definitely disagree | <input type="checkbox"/> Don't know | |

In the last 12 months, have you given unpaid help in any of the ways shown below? Please tick all that apply.

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

Do you intend to volunteer in the future? Please tick one box.

- 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 two weeks.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 Warwick Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

About your health

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

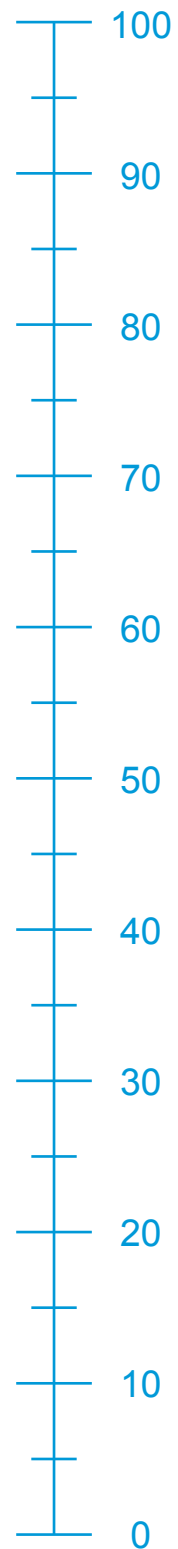
- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

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.

Your own health state today

Best imaginable health state



Worst imaginable health state

Who do you live with? Please tick one box.

- Alone With spouse, partner
 With family In residential accommodation
 Prefer not to say Other _____

Do you have any long-standing physical or mental illness, or disability? (Long-standing means 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

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

- Yes No Prefer not to say

How did you find out about the activity? Please tick one box.

- GP Adult social care or social services
 Friend or family Leaflet or poster
 Website Pharmacist
 Project staff / volunteer
 Sheltered accommodation / residential care home
 Other _____
 Not applicable Prefer not to say

Thank you for taking the time to complete this survey.