

For project use only - Questionnaire 1 2 3
 Entry During Exit Long term follow up

Unique Reference Number (URN): _____ Date: _____



Time to Shine Questionnaire

Thank you for agreeing to take part in this research. You can answer the questions in any order you like. **Your answers are confidential.**

Date: _____

Who do you live with? Please tick one box.

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

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

Not counting the people you live with, how often do you do any of the following with children, family or friends? Please tick 4 boxes.

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.

- | | |
|--|--|
| <input type="checkbox"/> Every day or almost every day | <input type="checkbox"/> Once every two months |
| <input type="checkbox"/> Three or more times a week | <input type="checkbox"/> Every few months |
| <input type="checkbox"/> Once or twice a week | <input type="checkbox"/> Once or twice a year |
| <input type="checkbox"/> A few times a month | <input type="checkbox"/> Less than once a year |
| <input type="checkbox"/> Once a month | |

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

The next four questions are a little more personal as they are about your feelings. For every statement please tick one box.

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?			

How often do you feel lonely? Please tick one box.

- Often or always Some of the time
 Occasionally Hardly ever Never

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.

This is the end of the questionnaire
 Thank you for taking part.

The following section is for project workers to complete:

This person is involved in: Tick all that apply

- | | |
|---|---|
| <input type="checkbox"/> Designing or delivering services or activities for older people
<input type="checkbox"/> Community research
<input type="checkbox"/> Community development and volunteering
<input type="checkbox"/> Social Activities (e.g. coffee mornings, dinner dates, crafts)
<input type="checkbox"/> Physical activities / healthy living
<input type="checkbox"/> Intergenerational activities
<input type="checkbox"/> Skills development activities
<input type="checkbox"/> Practical services (care, health, gardening, shopping etc.) | <input type="checkbox"/> Transport
<input type="checkbox"/> Technology
<input type="checkbox"/> Therapy / counselling
<input type="checkbox"/> Marketing
<input type="checkbox"/> Establishing a business or social enterprise
<input type="checkbox"/> Assessing local services and businesses on age-friendliness
<input type="checkbox"/> Provided with information only
<input type="checkbox"/> Engagement activities
<input type="checkbox"/> Other _____ |
|---|---|

Delivery Model: Tick one

-
- 1-2-1 telephone
-
-
- 1-2-1 home based
-
-
- 1-2-1 in community setting
-
-
- Group based
-
-
- Mixed delivery
-
-
- Other _____

Is this person a formal volunteer?

-
- Yes
-
- No