



**CONNECT  
HACKNEY**  
ageing better



#FalrerHackney  
**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 \_\_\_\_\_

\_\_\_\_\_

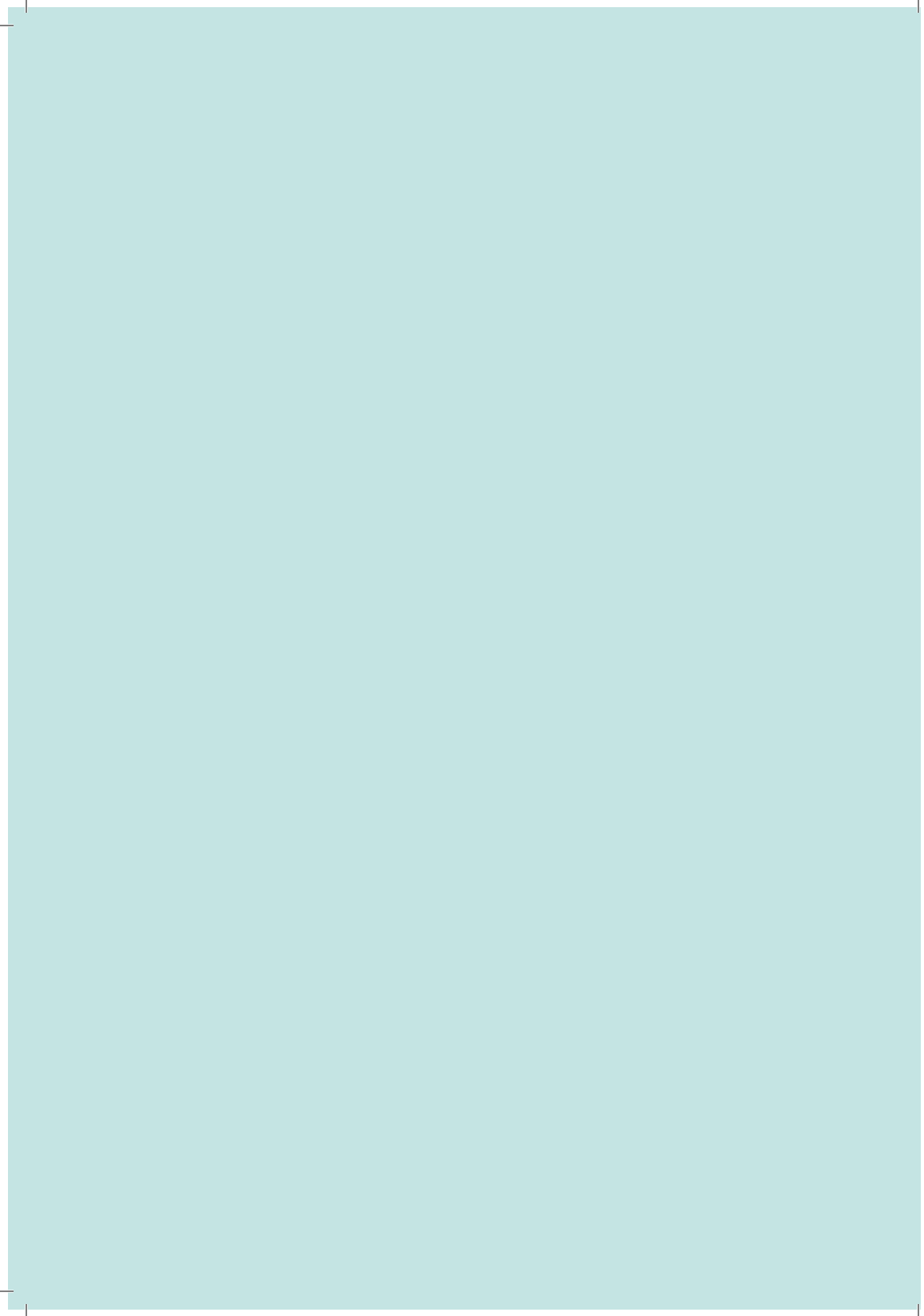
Date of birth \_\_\_\_\_

**Participant URN** \_\_\_\_\_



## Individual participants...

Please turn the page – your  
questions start inside >>



OFFICIAL USE ONLY: projects must ensure this is filled in. **Participant URN** \_\_\_\_\_

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.

This questionnaire will take about 15-20 minutes to complete. 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...

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**1. Today’s date** (Day/month/year)

.....

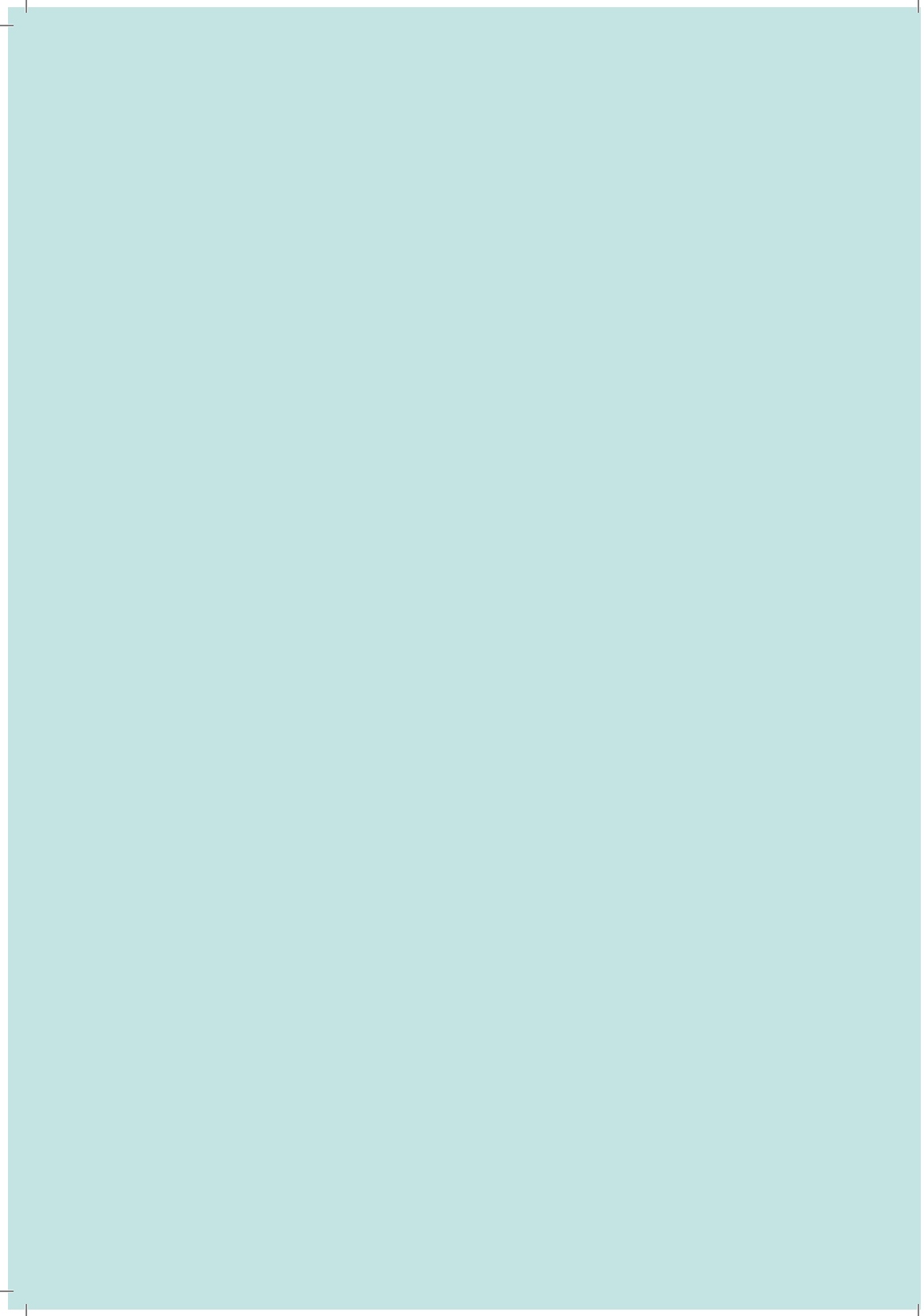
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**2. If anyone is helping you to complete this questionnaire, what help are they giving?**

Reading out questions

Support / companionship

Other (please state) .....



## Your details and background

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

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### 3. How did you find out about the project?

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

### 4. What is your gender?

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Male      | <input type="checkbox"/> Trans woman       |
| <input type="checkbox"/> Female    | <input type="checkbox"/> Intersex          |
| <input type="checkbox"/> Trans man | <input type="checkbox"/> Prefer not to say |

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

- Yes
- No
- Prefer not to say

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**6. What is your year of birth?**

.....

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**7. What is your postcode?**

.....

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**8. 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
  - Prefer not to say
- 

**9. What is your religion?**

- No religion
  - Christian
  - Buddhist
  - Hindu
  - Jewish
  - Muslim
  - Sikh
  - Other religion
  - Prefer not to say
- 

**10. I consider myself to be:**

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

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### 11. Who do you live with?

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

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### 12. 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

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### 13. 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.

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**14. 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

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**15. 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

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**16. 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

### *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

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## **17. 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

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### **18. 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

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**19. 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

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

- Decisions about what activities the project runs
- Steering group meetings for the project
- Focus groups on how the project is going
- Staff recruitment
- Other ways of helping design activities – please say what:  
.....

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**21. 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

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**22. 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
- None of the above

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**23. Do you intend to volunteer in the future?**

- Yes
- No
- Maybe
- Don't know

**24. 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
I've been feeling optimistic about the future	<b>1</b>	<b>2</b>

	None of the time	Rarely
I've been feeling optimistic about the future	<b>1</b>	<b>2</b>
I've been feeling useful	<b>1</b>	<b>2</b>
I've been feeling relaxed	<b>1</b>	<b>2</b>
I've been dealing with problems well	<b>1</b>	<b>2</b>
I've been thinking clearly	<b>1</b>	<b>2</b>
I've been feeling close to other people	<b>1</b>	<b>2</b>
I've been able to make up my own mind about things	<b>1</b>	<b>2</b>





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**25. 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:*

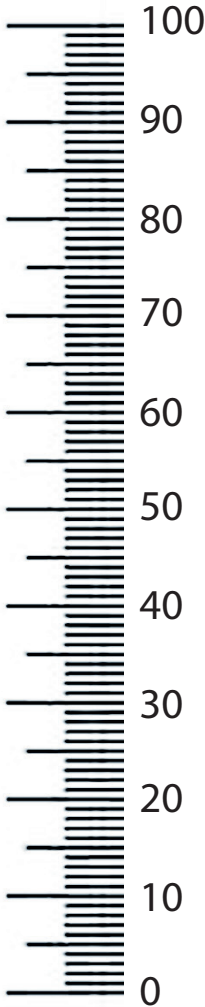
- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

**Nearly there...**

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

26. 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.

