

YOUR PROJECT

YOUR LOGO

*The South West Well-being programme*

This form will ask you questions about your health, your diet, your community and your lifestyle. Please answer all questions.

1) Please tell us your postcode and date of birth.

Your Postcode	Your Date of Birth

2) How would you describe your health generally over the **last week**?

Excellent	Very good	Good	Fair	Poor

3) Do you smoke?

Yes	
No	

(Go to question 5)

4) How many cigarettes per day do you usually smoke?

\_\_\_\_\_ cigarettes per day.

I don't smoke daily.

5) Do you drink alcohol?

Yes	
No	

(Go to question 7)

6) How many units do you drink in an average week?

\_\_\_\_\_ units per average week

A unit of alcohol is half a pint of beer, lager or cider; a pub measure of spirit, a small glass of wine.

7) On average how many portions of fruit and vegetables do you eat a **day**?

\_\_\_\_\_ per day on average

A portion is e.g. an apple, a glass of fruit juice, 3 handfuls of carrots. Do not include potatoes.

8) In a **normal week**, how often do you eat a meal that has been prepared and cooked from basic ingredients, either by yourself or someone else?

Never	Less than once a week	Once a week	2-3 times a week	4-6 times a week	Daily

For example Shepherd's Pie made with raw mince and potatoes, or curry made with fresh vegetables and boiled rice?

9) Please indicate how much you agree with the following statements.

		Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a)	<b>I enjoy putting effort and care into the food I eat.</b>					
b)	<b>I enjoy eating healthy food.</b>					

10) Please tell us the type and amount of physical activity involved in your work.

<b>I am not in employment</b> e.g. retired, retired for health reasons, unemployed, full time carer	
<b>I spend most of my time at work sitting</b> e.g. in an office	
<b>I spend most of my time at work standing or walking</b> However, my work does not require much intense physical effort (e.g. shop assistant, hair dresser, childminder etc).	
<b>My work involves definite physical activity</b> Including handling heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, nurse etc).	
<b>My work involves vigorous physical activity</b> - including handling of heavy objects - (e.g. scaffolder, construction worker, refuse collector etc).	



15) Below are a number of things people might say that they feel. Please tick the box that best describes how often during the **past week** each description would have applied to you?

		Never	At least once	On a few days	Most days	Every day
a)	<b>You felt happy or contented</b>					
b)	<b>You felt depressed</b>					
c)	<b>You felt engaged or focused in what you were doing</b>					
d)	<b>You felt energised or lively</b>					
e)	<b>You felt lonely</b>					
f)	<b>You felt everything you did was an effort</b>					
g)	<b>Your sleep was restless</b>					

16) Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the **past four weeks**.

		None of the time	Rarely	Some of the time	Often	All of the time
a)	<b>I've been feeling optimistic about the future</b>					
b)	<b>I've been feeling useful</b>					
c)	<b>I've been feeling relaxed</b>					
d)	<b>I've been dealing with problems well</b>					
e)	<b>I've been thinking clearly</b>					
f)	<b>I've been feeling close to other people</b>					
g)	<b>I've been able to make up my own mind about things</b>					
h)	<b>I've been feeling like a failure</b>					
i)	<b>I've felt like I belong to something I would call a community</b>					
j)	<b>I've been feeling good about myself</b>					

17) Please indicate how much you agree with the following statements by ticking the appropriate box on each line.

		Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a)	<b>There are people in my life who really care about me</b>					
b)	<b>I regularly meet socially with friends and relatives</b>					
c)	<b>I find it difficult to meet with people who share my hobbies or interests</b>					
d)	<b>People in my local area help one another</b>					

18) How often in the last **twelve months** did you help with or attend activities organised in your local area?

At least once a week	At least once a month	At least once every three months	At least once every six months	Less often	Never	Don't know

19) How strongly do you feel you belong to your immediate neighbourhood?

Very strongly	Fairly strongly	Not very strongly	Not at all strongly

20) Overall, how satisfied or dissatisfied are you with your neighbourhood as a place to live?

Extremely Dissatisfied	1	2	3	4	5	Extremely Satisfied

**21) Is there anything else you would like to tell us about yourself or the activity you are doing?**

**22) What are your health goals? What would you like to get out of this activity?**

**Office Use Only**

Participant ID reference \_\_\_\_/\_\_\_\_

Is this questionnaire being completed:

- At the start of the activity/service?
- During the activity/service?
- On completion of the activity/service?
- Some time after being involved in the activity/service?

If so, please indicate when involvement ended:   /   /

First involvement in this activity/start using the service

/   /   (please provide a rough date if you are not certain)

Today's date:   /   /

Tick one of the below:

- Completed by a service user filling in the questionnaire
- Completed by a project worker or carer reading out the questions to the service user and filling in their responses.