



WELCOME QUESTIONNAIRE

We would like you to answer the following questions to help us get a clear picture of the health and wellbeing of people taking part in this and other projects across the North West.

Please answer the questionnaire as fully as you can. If you are unable to answer a question, please leave it blank and move onto the next question.

Your answers will help ensure the success of the project you are taking part in and others in the Target: Wellbeing portfolio, as well as helping to measure how the Big Lottery Fund is supporting healthier lifestyles and improving wellbeing. If you do not wish to take part you can continue to take part in the project in the usual way.

If you have any questions about this questionnaire or require help completing it, please ask one of the project staff for help, who will be pleased to help you.

We would like to reassure you that your responses will remain anonymous and have provided a reply paid envelope to assure you of this. It will not be possible to identify you individually from the responses you give and all of your personal details will be stored securely.

The project you are taking part in is part of Target: Wellbeing. Target: Wellbeing aims to help people achieve healthier and happier lives. It's a programme of over 90 projects that increase physical activity, encourage healthier eating and promote mental wellbeing. Funded by £8.9m from the National Lottery through the Big Lottery Fund, it's managed by Groundwork for the benefit of targeted disadvantaged communities across the Northwest.

For more information about Target: Wellbeing visit:
www.targetwellbeing.org.uk

Please tick this box to confirm that you are over 16 years old



SECTION A - BACKGROUND

A.1) What is the project you are taking part in?

_____ [already inputted]

A.2) Please tick which of the following applies to you:

- I am about to start taking part in the project (today is my first session)
- I am already taking part in the project
- I have finished taking part in the project

If already finished, please indicate when you finished taking part:

___ / ___ / ___ (DD/MMYY - please give a rough date if you're not sure)

A.3) When did you first become involved in the project?

___ / ___ / ___ (DDMMYY - please give a rough date if you're not sure)

A.4) Have you filled in a welcome questionnaire before for another project?

- Yes
- No

A.5) If so, which project did you fill in a welcome questionnaire for?

_____ Project name

_____ Programme area, e.g. Burnley, Manchester

A.6) Please tick which one of the following applies to you:

- I am the person taking part in the project
- I am a project worker reading out the questions to someone taking part in the project and filling in their responses (either on paper or online)
- I am a carer / guardian completing the questionnaire on behalf of someone taking part in the project

SECTION B – HEALTHY EATING

B.1) 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? For example Shepherd's Pie made starting with raw mince and potatoes (please circle one answer only)

- | | |
|--|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> 2-3 times a week |
| <input type="checkbox"/> Less than once a week | <input type="checkbox"/> 4-6 times a week |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Daily |

B.2) On average how many portions of fruit do you eat a day?

A portion weighs 80g. Examples of a portion include a handful of grapes, an orange, apple or banana, a glass of fruit juice, a handful of dried fruits.

_____ portions

B.3) On average how many portions of vegetables do you eat a day?

A portion weighs 80g. Examples of a portion include a side salad or 3 heaped tablespoons of vegetables, beans or pulses either raw, cooked, frozen or tinned. Please do not include potatoes.

_____ portions



B.4) Please indicate how much you agree with the following statements:

(Please tick one box for each statement)

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I enjoy putting effort and care into the food I eat.	1	2	3	4	5
Healthy food often tastes nicer than unhealthy food	1	2	3	4	5
I enjoy eating a healthy balanced diet.	1	2	3	4	5

SECTION C – PHYSICAL ACTIVITY

Next we are interested in physical activity:

These questions are about the time you spent being physically active in **the last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at school, at home, or, in the garden to get from place to place and in your spare time for recreation, exercise or sport.

First, think about all the **vigorous** activities that you did in the **last 7 days**. Vigorous physical activities are those that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

C.1) During the last 7 days, on how many did you do vigorous physical activities:

_____ days per week

No vigorous physical activities (if you tick this box, skip to question C3)

C.2) How much time did you usually spend doing vigorous physical activities on one of those days? (please circle one answer only)

_____ minutes

Next, think about all the **moderate** activities that you did in the **last 7 days**. Moderate activities are those that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

C.3) During the last 7 days, on how many did you do moderate physical activities:

_____ days per week



No moderate physical activities (if you tick this box, skip to question C5)

C.4) How much time did you usually spend doing moderate physical activities on one of those days? (please circle one answer only)

_____ minutes

Now, think about the time you spent **walking** in the **last 7 days**.

C.5) During the last 7 days, on how many did you walk for at least 10 minutes at a time:

_____ days per week

No walking (if you tick this box, skip to question C7)

C.6) How much time did you usually spend walking on one of those days? (please circle one answer only)

_____ minutes

Lastly, think about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, in a car or on public transport, while studying and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

C.7) During the last 7 days, how much time did you spend sitting on a typical week day? (please circle one answer only)

_____ minutes

C.8) Please circle the number on the scale which best shows your feelings about physical activity. (Circle one number only)

I dislike doing physical activity	1	2	3	4	5	I enjoy doing physical activity
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SECTION D - WELLBEING

D.1) All things considered, how satisfied are you with your life as a whole nowadays? (please circle one number only)

Extremely Dis-satisfied	0	1	2	3	4	5	6	7	8	9	10	Extremely Satisfied
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D.2) Please tick the boxes below that best describe your experience of each statement over the past two weeks.

I have been...	None of the time	Rarely	Some of the time	Often	All of the time
...feeling optimistic about the future					
...feeling useful					
...feeling relaxed					
...dealing with problems well					
...thinking clearly					
...feeling close to other people					
...able to make up my own mind about things					

D.3) Please tick the boxes below that best describe how much you agree or disagree with each statement.

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

D.4) How often in the last twelve months did you help with or attend any activities in your local area? (Do not include activities run by this project. Please tick one box only)

- | | |
|---|---|
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> At least once every year |
| <input type="checkbox"/> At least once a month | <input type="checkbox"/> Never |
| <input type="checkbox"/> At least once every three months | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> At least once every six months | |

D.5) How strongly do you feel that you are part of your immediate neighbourhood? (Please circle one answer only)

Very strongly	Fairly strongly	Not very strongly	Not at all strongly
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D.6) Overall, how satisfied or dissatisfied are you with your neighbourhood as a place to live? (Please circle one answer only)

Extremely dissatisfied	1	2	3	4	5	Extremely satisfied
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SECTION E - ABOUT YOU

E.1) Are you.....?

- Male Female

E.2) What is your date of birth?

(Day, month, year)

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E.3) Which is your ethnic group?

(Please tick one box only)

White

- British
Irish
Any other White background
(and write in below)

--

Black or Black British

- Caribbean
African
Any other Black background
(and write in below)

--

Asian or Asian British

- Indian
Pakistani
Bangladeshi
Any other Asian background
(and write in below)

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Mixed

- White & Black Caribbean
White & Black African
White & Asian
Any other Mixed background
(and write in below)

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Chinese or other ethnic groups

- Chinese



Any other
(and write in below)

E.4) What is your postcode?

E.5) How is your health in general, would you say it was.....

- Very good
- Good
- Fair
- Bad
- Or very bad?

E.6) How tall are you?

_____ Feet _____ Inches

_____ Metres _____ Centimetres

E.7) What is your current weight?

_____ Stones _____ Pounds

_____ Kilograms

E.8) Has a health professional ever told you that you have had...

(Please tick for each)

	Yes	No
...a heart attack?		
...a stroke?		

E.9) Over the last 12 months have you suffered from any of the following illnesses?

(Please tick for each)

	Yes	No
Asthma		
Angina		
Arthritis		
Nervous trouble or depression		
Sciatica, lumbago or recurring backache		
Diabetes		
High blood pressure		

E.10) Does a long standing health problem or disability mean that you have substantial difficulty doing day-to-day activities?

(Include problems due to old age)

- Yes
- No



E.11) Do you care for someone with long-term ill health or problems related to old age other than as part of your job?

- No
- Yes, 1-19 hours a week
- Yes, 20-49 hours a week
- Yes, 50+ hours a week

That's all! Thank you very much for taking the time to fill in this form.

