

Project Evaluation Questionnaire Version 3

This questionnaire can be completed either by the participant; or the participant's responses recorded by a project worker.

Name of Well London Project <To be modified by Alliance Partner>

Area / Community <To be modified by Alliance Partner >

Name of participant _____

Home Postcode : _____

Age : (Please tick one) 0-9y 10-19y 20-29y 30-39y 40-49y 50-59y 60-69y Over 70y

Sex : Male Female

Today's Date: ____/____/____
DD MM YYYY

PLEASE ANSWER ALL QUESTIONS BY TICKING ONE BOX

1. How many sessions/activities for this project have you participated in ? 1 2 3 or more

2. Please tick as boxes below to indicate **all** the types of Well London Activity in which you have participated during **the last 3 months**

Arts /cultural- Physical Activity- Healthy Eating-

Mental Wellbeing- Training- Young People's Activities - Network Events -

3. Did you take part in any Well London activities **between 3 and 6 months ago** ? Yes No

4. Has this project helped you to make more healthy eating choices ? Yes No

5. Has this project helped you to access affordable healthy foods ? Yes No

6. Has this project helped you to increase your levels of physical activity ? Yes No

7. Has participating in this project made you feel

Please tick **one box only** against the answer which best applies

- a. Much more positive about your life than when you started/arrived
- b. More positive about your life than when you started/arrived
- c. About the same as when you started/arrived
- d. More negative about your life than when you started/arrived
- e. Much more negative about your life than when you started/arrived

8. Has this project helped improve understanding of mental wellbeing ? Yes No