

BRISTOL AGEING BETTER

Wellbeing Form

LARGE PRINT VERSION



LOTTERY FUNDED

Wellbeing Form

Delivery partner:	
Project name:	
Time point: (please circle)	Entry Exit Follow Up

For further information please refer to your participant information sheet which should be attached.

Please fill in as much as you can. This questionnaire will help us reduce isolation and loneliness among older people.

Personal Identifiers

The following information will help us track your journey. Your personal information will not be shared with anyone.

Surname:	
Year of Birth:	
Postcode:	
Date of Completion:	

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

Reading out questions	<input type="checkbox"/>	Support/companionship	<input type="checkbox"/>
Other - please explain:	<input type="checkbox"/>		

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A bit about you

If you have just filled in the BAB Registration Form (the Blue Form), please skip to question 4 on the next page.

1. Who do you live with? Please choose an option for the list below.

Alone	<input type="checkbox"/>	In residential accommodation	<input type="checkbox"/>
With spouse, partner	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
With family	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

2. Do you have any long-standing physical or mental illness, or disability?

By 'long-standing' we 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	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

3. Is there anyone who is sick, disabled or elderly who you look after or give special help to (for example, a sick, disabled or elderly relative, wife, husband, partner, child or friend)?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

About your wellbeing

The next few questions are a little more personal as they are about your wellbeing.

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.

4. Please read the statements that follow and tick the box for the statement that best describes your situation.

	Yes	More or Less	No
1. I experience a general sense of emptiness.			
2. There are plenty of people I can rely on when I have problems.			
3. There are many people I can trust completely.			
4. There are enough people I feel close to.			
5. I miss having people around.			
6. I often feel rejected.			

5. 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
1. How often do you feel that you lack companionship?			
2. How often do you feel left out?			
3. How often do you feel isolated from others?			
4. How often do you feel in tune with the people around you?			

6. Not counting the people you live with, **how often do you do any of the following** with children, family or friends?

	Three times a week	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
a. Meet up in person						
b. Speak on the phone (including FaceTime and Skype)						
c. Email or write						
d. Text message						

7. 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 times a week or more	
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 or never	

8. Are you a member of any **clubs, organisations or societies**?

Political party, trade union or environmental group	
Tenants groups, neighbourhood groups, Neighbourhood Watch	
Church or religious groups	
Charitable organisation	
Education, arts or music groups or evening classes	
Social groups	
Sports clubs, gyms or exercise classes	
I am not a member of any organisations, clubs or societies	
Prefer not to say	

• Any other organisation, clubs or societies (please provide more details)

9. 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	

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

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	
Been consulted about policies and services	
None of the above	

11. 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	

12. In the last 12 months, have you given **unpaid help or volunteered** in any of the ways shown below?

Raising or handling money/taking part in sponsored events	<input type="checkbox"/>	Providing transport/driving	<input type="checkbox"/>
Leading a group/member of a committee	<input type="checkbox"/>	Representing	<input type="checkbox"/>
Organising or helping to run an activity or event	<input type="checkbox"/>	Campaigning	<input type="checkbox"/>
Visiting people	<input type="checkbox"/>	Other practical help (e.g. helping out at school, shopping)	<input type="checkbox"/>
Befriending or mentoring people	<input type="checkbox"/>	Any other help	<input type="checkbox"/>
Giving advice/information/counselling	<input type="checkbox"/>	None of the above	<input type="checkbox"/>
Secretarial, admin or clerical work	<input type="checkbox"/>		

12b. Do you intend to give **unpaid help or volunteer** in the future?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Maybe	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

13. Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks. **

	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

** Warwick Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

14. 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	<input type="checkbox"/>
I have some problems in walking about	<input type="checkbox"/>
I am confined to bed	<input type="checkbox"/>

Self-Care (looking after yourself):

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 (e.g. 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	

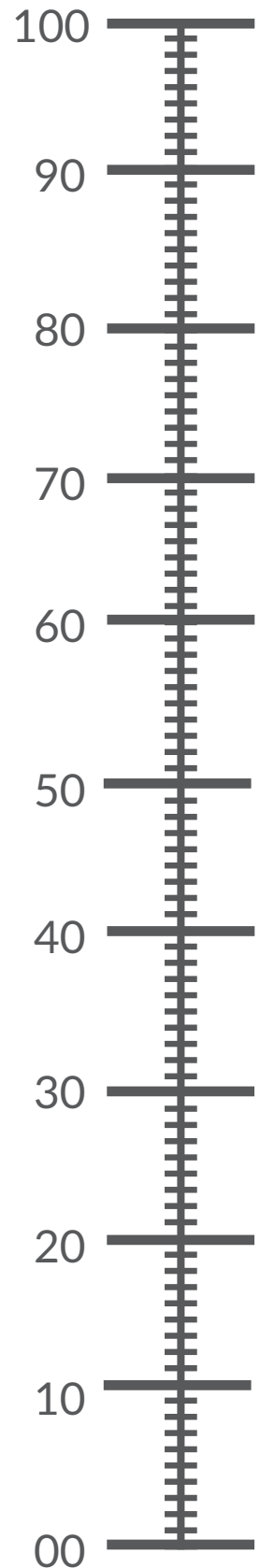
Anxiety / Depression:

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

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 you can imagine 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.

**Best imaginable
health state**



**Your own health
state today**

**Worst imaginable
health state**

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.

Bristol Ageing Better is a partnership working to reduce social isolation and loneliness among older people and help them live fulfilling lives.

www.bristolageingbetter.org.uk

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