Thank you for taking part in our Silver Salisbury survey. Silver Salisbury is a group of people, mostly volunteers, supporting older people in Salisbury and the surrounding areas. The information you provide will help us understand older people’s lifestyles and develop our Silver Salisbury programme, in celebration of International Older People’s Day on 1st October each year.

Some of the information we’re asking you to share is quite personal. Please be assured that all replies are anonymous and no views or data will be linked to any named individual. The results will be combined, analysed and shared with participants and other interested parties through the Silver Salisbury programme, our web-site and social media channels.

If you don’t feel comfortable answering a question that’s fine, please just skip it and move on. There’s no time pressure and different people work at different speeds but we think the questions will take around 15 to 25 minutes.

Once you’ve finished please return your completed questionnaire to the Silver Salisbury Group. Please don’t add anything to identify you.

Let’s get started.

**Firstly, we’d like to ask some questions about your lifestyle. If you’d prefer not to answer a question please skip it and move on to the next.**

1. **How many people live in your household?**  Click here to enter text.

1. **How would you describe your accommodation?**

 **Please mark the best description:**

A house, bungalow or flat within the general community. [ ]

A house, bungalow or flat with communal lounge in a development for older people. [ ]

A room or suite in a residential care home with care, meals, activities etc provided. [ ]

Other, please describe: Click here to enter text.

**3. Personal Wellbeing**

|  |
| --- |
| **How are you feeling in general? How much do you agree?** |
|  | **Strongly** | **Agree** | **Neutral** | **Disagree** | **Strongly** |
|  |  **agree** |  |  |  | **disagree** |
|  |  |  |  |  |  |
| **I am satisfied with my life** | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 |
|  |[ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |
| **What I do in my life is worthwhile** | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 |
|  |[ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |
| **I was happy yesterday** | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 |
|  |[ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |
| **I was NOT anxious yesterday** | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 | 44bca6b1-44a1-4be6-bdfd-06343076c2c2 |
|  |[ ] [ ] [ ] [ ] [ ]

1. **How often do you feel lonely?**

**On a scale of 1 to 5 where 1 is ‘Never’ and 5 is ‘Always’ please mark how often you feel lonely**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **1** | **2** | **3** | **4** | **5** |
| **Never** | **Hardly ever** | **Occasionally** | **Often** | **Always** |
|[ ] [ ] [ ] [ ] [ ]

1. **In your own words, what one change would have the greatest impact on improving your well-being?**

Click here to enter text.

1. **Do any of the following prevent you from leading the life you would like to lead?**

**Mark on a scale of 1 to 5, where 1 is ‘not at all’ and 5 is ‘completely’**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not atAll 1 | 2 | 3 | 4 | Completely5 |
| Caring responsibilities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Social confidence | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Lack of companionship  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Mobility issues  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Physical health  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Mental health  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Government Covid restrictions  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Concerns about Covid | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Lack of local activities of interest to you | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Availability of computers or smartphones | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Confidence using computers or smartphones | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Financial constraints  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Transport  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Other, please describe Click here to enter text.

1. **Before March 2020, when the Covid restrictions came into force, did you take part in any of the following? Cross all that apply**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Group fitness activities | [ ]  |  | Full or part-time paid work | [ ]  |
| Volunteering or unpaid work | [ ]  |  | Social clubs, including lunch clubs. | [ ]  |
| Learning new skills | [ ]  |  | Face to face contact with family or friends | [ ]  |
| A reading or poetry group  | [ ]  |  | Going to a pub or restaurant | [ ]  |
| A theatre or concert visit | [ ]  |  | Group creative activities eg art, music-making, singing | [ ]  |

Other, please describe

 Click here to enter text.

1. **In the next 6 months would you like to take part in any of the following?**

**Cross all that apply**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Group fitness activities | [ ]  |  | Full or part-time paid work | [ ]  |  |
| Volunteering or unpaid work | [ ]  |  | Social clubs, including lunch clubs. | [ ]  |  |
| Learning new skills | [ ]  |  | Face to face contact with family or friends | [ ]  |  |
| A reading or poetry group  | [ ]  |  | Going to a pub or restaurant | [ ]  |  |
| A theatre or concert visit | [ ]  |  | Group creative activities eg art, music-making, singing | [ ]  |  |

Other, please describe Click here to enter text.

1. **What would encourage you to take part in group activities over the next 6 months?**

**Cross all that apply**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| More information on opportunities available | [ ]  |  | Virtual meetings that can be accessed from home  | [ ]  |
| Local venues  | [ ]  |  | Knowing that older people are welcome  | [ ]  |
| Better transport arrangements | [ ]  |  | Commitment-free trial sessions | [ ]  |
| Knowing my religious needs are catered for | [ ]  |  | Outdoor activities | [ ]  |
| Knowing the building is easily accessible | [ ]  |  | Low cost or free activities | [ ]  |
| Someone to go with  | [ ]  |  | Other | [ ]  |
| Knowing there are plenty of toilets | [ ]  |  | **Nothing** | [ ]  |

If you answered ‘other’ please describe Click here to enter text.

**Finally, we’d like to ask about your background to check we’re getting feedback from all the community. If you’d prefer not to answer a question please skip it and move on to the next.**

1. **What is your age?**

 59 or less [ ]  60 – 69 [ ]  70 – 79 [ ]  80 – 89 [ ]  90 or over [ ]

1. **How would you describe your national identity?**

 Click here to enter text.

1. **What is your ethnic group? Choose one option that best describes your ethnic group or background**

***White***

English [ ]  Welsh [ ]  Scottish [ ]  Northern Irish [ ]  Irish [ ]  British [ ]

Gypsy or Irish Traveller [ ]  Any other white background, please describe:

Click here to enter text.

***Mixed/multiple ethnic groups***

White and Black Caribbean [ ]  White and Black African [ ]  White and Asian [ ]

Any other mixed/multiple ethnic background, please describe: Click here to enter text.

***Asian/Asian British***

Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese [ ]

Any other Asian background, please describe: Click here to enter text.

 ***Black/ African/ Caribbean/ Black British***

African [ ]  Caribbean [ ]

Any other Black/African/Caribbean background, please describe: Click here to enter text.

***Other ethnic group***

Arab [ ]  Any other ethnic group, please describe: Click here to enter text.

 **13. Do you consider yourself to have a disability or long term health condition?**

 Yes [ ]  No [ ]

Please don’t provide any details of your disability or long term health condition.

 **14. Do you have 1 or more carers?**

 Yes  [ ]  No [ ]

**If yes, how would you describe your carer? Tick all that apply**

Family [ ]  Friend [ ]  Paid carer [ ]

Other, please describe Click here to enter text.

**15. Do you have caring responsibilities? If yes, please tick all that apply**

Yes  [ ]  No [ ]

Primary carer of an older person or people [ ]

Secondary carer (another person carries out the main caring role) [ ]

Primary carer of a child/children (under 18) [ ]

Primary carer of a disabled adult (over 18) [ ]

**16. Which area do you live in?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | **Amesbury Area** including the Woodford Valley | [ ]  | **Salisbury City Council Area** |
| [ ]  | **Southern Wiltshire Area** including Alderbury, Britford, Coombe Bissett, Laverstock & Ford, Odstock, Pitton & Farley & Winterbourne  | [ ]  | **South West Wiltshire Area** including Barford St Martin, Bishopstone, Netherhampton, Quidhampton & Wilton  |
| Other please describe Click here to enter text. |

**We’ve finished our questions. Thanks for sharing your views. If you’ve been affected by any of the questions in the survey please call us on 07976 950902 or email us at the****silverproject@outlook.com****. If you know anyone that would like to take part we’d love to hear from them.**

If you completed the form on your computer please email it to

**thesilverproject@outlook.com**

If you’ve printed it please post to

**Silver Salisbury, 45 Lower Road, Salisbury SP2 9NF**