

Example of a survey

Here is an example of a survey. This survey is designed to be administered by a researcher/interviewer, for example, over the telephone or face-to-face. It could be adapted in order that respondents could self-complete it, for example, using a web-based or postal survey approach.

It is not intended to be applicable to every site/model, nor is it comprehensive, rather, it illustrates how you may wish to structure, and route your questions, and provides examples of different question types that might be useful.

Healthville Information Prescriptions Evaluation Study Survey

This survey is to collect information on what you think of the service and what difference it makes to your life. Your views are important and will help Anytown Older People's Service to decide how to support you better in future.

Your response will be treated confidentially by Anytown Research Organisation; your views will be included in any reports to Anytown Older People's Service in a way that does not identify you as an individual.

Help to complete the survey

The survey includes brief guidance on how to complete each question. However, you can also get the following help:

- We have set up an **email helpline**. Email your questions or problems to help@anytownresearch.org.uk and you will get a response by email.
- You can contact our **telephone helpline** for one-to-one support and advice. Call Anytown Research Organisation on 0123 456 7890. Someone will call you right back so you don't have to pay for the call.
- If you want a copy of this survey in a different language or format, please contact the helpline.

Please tick the box(es) for each question or write in where requested. Some questions require just one answer or tick, for others you can give more than one answer.

Please return your survey by **[insert date]** to the address below. You do not need a stamp.

Anytown Research Organisation
FREEPOST ANY 123456
Knowlegde House
44 Borough Road
ANYTOWN NE1 8NB

Service use

Q1. How long have you used Anytown Support Service? Please tick one box only

Less than 6 months	<input type="checkbox"/>
More than 6 months, less than 1 year	<input type="checkbox"/>
More than 1 year, less than 3 years	<input type="checkbox"/>
More than 3 years, less than 5 years	<input type="checkbox"/>
More than 5 years, less than 10 years	<input type="checkbox"/>
More than 10 years, less than 15 years	<input type="checkbox"/>
More than 15 years, less than 20 years	<input type="checkbox"/>
20 years or more	<input type="checkbox"/>

Q2. Who aspects of the Service have you used? It does not matter if you do not use them all at the moment. Please tick all that apply

Luncheon club	<input type="checkbox"/>
Befriending service	<input type="checkbox"/>
Telephone support line	<input type="checkbox"/>
Financial support and benefits service	<input type="checkbox"/>
Exercise classes	<input type="checkbox"/>
Other (please write in)	

Q3. On average, how long do you spend each week attending the Service? Please tick one box only

0-9 hours per week	<input type="checkbox"/>
10-19 hours per week	<input type="checkbox"/>
20-29 hours per week	<input type="checkbox"/>
30-39 hours per week	<input type="checkbox"/>
40-49 hours per week	<input type="checkbox"/>
50 hours or more	<input type="checkbox"/>
Other (please write in)	

Q4. On average, how long does it take you to get to the Service? Please tick one box only

0-29mins	<input type="checkbox"/>
30-59mins	<input type="checkbox"/>
60mins or over	<input type="checkbox"/>

Q5. What is the main form of transport you use to get to the Service? Please tick one box only

Bus	<input type="checkbox"/>
I drive my car	<input type="checkbox"/>
A friend/carer/relative drives me here	<input type="checkbox"/>
Taxi	<input type="checkbox"/>
Train	<input type="checkbox"/>
Tube	<input type="checkbox"/>
Walk	<input type="checkbox"/>
Other (please write in)	

What is working well and what could be improved

Q6. What aspects of the Service do you like the most? Please tick one box only

Luncheon club	<input type="checkbox"/>
Befriending service	<input type="checkbox"/>
Telephone support line	<input type="checkbox"/>
Financial support and benefits service	<input type="checkbox"/>
Exercise classes	<input type="checkbox"/>
Other (please write in)	

Q7. Why do you say that?

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Q8. What is the one area of the Service that you think it is most important to for improve? Please tick one box only

Luncheon club	<input type="checkbox"/>
Befriending service	<input type="checkbox"/>
Telephone support line	<input type="checkbox"/>
Financial support and benefits service	<input type="checkbox"/>
Exercise classes	<input type="checkbox"/>
Other (please write in)	

Q9. Why do you say that?

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Your needs

**Q10. What kinds of things do/ did you usually need help with?
 Please tick all that apply**

Personal care (e.g. dressing, bathing, washing, eating, using the toilet)	<input type="checkbox"/>
Physical help (e.g. walking, using the stairs, getting into and out of bed)	<input type="checkbox"/>
Helping with paperwork/finances (e.g. dealing with bills / forms / banking)	<input type="checkbox"/>
Socialising (e.g. getting out of the house to see friends and family)	<input type="checkbox"/>
Going out (e.g. leaving the house to go for a walk, or to do errands)	<input type="checkbox"/>
Living independently (e.g. doing housework, cooking)	<input type="checkbox"/>
Mental health/emotional support (e.g. having a counsellor to talk to)	<input type="checkbox"/>
Other (please write in)	

Q11. How often in the last year have you been admitted to hospital? Please tick one box only

Once or twice	<input type="checkbox"/>
Three to four times	<input type="checkbox"/>
More than five times	<input type="checkbox"/>
I have not been admitted in the last year	<input type="checkbox"/>

Q12. Do you have regular association with, or support from other organisations or services in Anytown?

Yes (Go to Q13)	<input type="checkbox"/>
No (Go to Q14)	<input type="checkbox"/>

Q13. Which other Anytown support services do you use?

Anytown Befrienders	<input type="checkbox"/>
Anytown Home Help	<input type="checkbox"/>
Anytown Meals on Wheels	<input type="checkbox"/>

Other (please write in)

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Q14. Tell us how much you agree with the following statement:

I have all the support I need at the moment

Strongly agree	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Strongly disagree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

Q15. How well do you think Anytown Support Service understands what you need? Please tick one box only

Not well at all	<input type="checkbox"/>
Reasonably well	<input type="checkbox"/>
Very well	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**Q16. What do you think needs to change to make life better for older people using support services in Anytown in the future?
Please write in the box below**

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Q17. Thinking in terms of the next 10 years, how do you feel about your future?

Hopeful	<input type="checkbox"/>
Pessimistic	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

Q18. Is there anything else you would like to say?

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About you

In order for us to have a profile of the people who have completed this questionnaire please complete the section below. This information will not be used to identify you as an individual and if there is any information you do not want to give, please just miss out the question and move onto the next.

Q19. How old are you? Please tick one box only

40-49 years	<input type="checkbox"/>
50-59 years	<input type="checkbox"/>
60-69 years	<input type="checkbox"/>
70-79 years	<input type="checkbox"/>
80-89 years	<input type="checkbox"/>
90+ years	<input type="checkbox"/>

Q20. Are you male or female? Please tick one box only

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Q21. How would you describe your ethnic background¹? Please tick one box only

White	<input type="checkbox"/>
Dual/mixed heritage	<input type="checkbox"/>
Black/Black British	<input type="checkbox"/>
Asian/Asian British	<input type="checkbox"/>
Latin American	<input type="checkbox"/>
Other Ethnic Group	<input type="checkbox"/>

Thank you for taking the time to complete the survey.

¹ Typically ethnic groups would be broken down into detailed sub-groups. For simplicity, we have just represented high-level group headings here.

