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**Well-being Pack**

**Evaluation Form**

We would love your feedback on our new well-being pack and how you are

finding/have found the virus-related social regulations.

Please take the time to complete this short survey to help us develop future packs.

  ***Please tick***

1. Did you enjoy our Well-Being pack? A lot A little Not at all
2. What were your favourite parts? (tick any 3)

Newsletter section - ‘Move’

Newsletter section - ‘Nourish’

Newsletter section - ‘Think’

Newsletter section - ‘Enjoy’

Newsletter section - ‘Calm’

Pamphlet - ‘Getting through this together’

Leaflet - National and Local Information

Welcome page with information

Leaflet - ‘Guide to our services during coronavirus outbreak’

Other – please state ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How do you think the Well-being Pack could be improved?

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1. Was it clear and easy to read? Yes No

*If No, what should we change?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you like to receive our Newsletter updates? Yes No

*(If ‘Yes’ please give your consent at the end of this Form)*

**We would like to know a little more about your experience of the Lockdown:**

1. What worries you most about the present situation?

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1. How confident are you to return to previous day-to-day activities? Please circle the response that best reflects how you feel: 1 = No confidence, 10 = Very confident

1 2 3 4 5 6 7 8 9 10

1. What could we do to help you adjust to new ways of living?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have email address to receive an online copy? Yes No
2. Do you use the internet, if so, what for? *(tick all that apply)*

Keeping in touch with friends and family Yes No

Shopping Yes No

Groups and Forums Yes No

Other: please give brief details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

**Can we have your consent to contact you again?**

I agree that Age UK Wakefield District can record personal Yes No

information about me.

I understand that I can request a copy of the personal information Yes No

held about me free of charge and that you will supply this within

one month.

I would like you to include me when sending out information

about Age UK Wakefield District services and events. by post by email

Please enter your details below:

**Name** …………………………………………………………………………………………………..

**Address**………………………………………………………………………………………………..

…………………………………………………………………………………………………………….

**Postcode**………………………………………………………………………………………………

**Telephone Number** ………………………………………………………………………………

**Email address**………………………………………………………………………………………..

*Please use the enclosed freepost envelope to return the completed Form*

*Thank you for your time and please contact us for any further information or support.*

**Age UK Wakefield District t** 01977 552114

7 Bank Street **f** 01977 518549

Castleford **e** admin@ageukwd.org.uk

WF10 1JD [**www.ageukwd.org.uk**](http://www.ageukwd.org.uk)

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