



May 2018 – July 2018 - Changing Lives is funded by Cambridgeshire County Council's Innovation Fund. We would be grateful if you would tell us about your experience of the programme and any impact it has had on you.

The information you provide us with will be held confidentially and will be used to help us evidence the impact of the programme which will enable us to plan the future development of our programme. Many thanks.

Name of participant: _____

Classes/activities attended: _____

Please tick any of the following that apply to you.

As a result of attending the group ...	Yes	No	Not sure
1. Do you feel any of the following have been maintained or improved?			
• Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Body Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Starting movements more easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Respiratory problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Stabilised blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. It has helped with pain management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It has helped me feel less alone/isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. It has helped me feel more supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. It has helped me feel more confident in myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have learnt about the support that is available to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. It has improved my wellbeing – made me feel better in myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. It has helped me feel more positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am more active in my daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have benefitted socially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have your friends/family noticed any differences in you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About the sessions			
12. Do you feel the pace of the sessions has been right?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The sessions are weekly – has this met your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you receive the support you needed during the class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Would you like to continue attending the session(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About you	Yes	No	Not sure
16. Have you had a fall in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Did you participate in physical activity before attending these sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you been continuing with recommended exercises at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you receive any help from a professional/non-professional carer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. If yes, is the support from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A family member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A neighbour/friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A professional organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please supply the name of this organisation _____			

Briefly sum up the impact of attending the Changing Lives Programme.

Do you have any ideas about how we could improve or develop the Changing Lives Programme in the future?

To ensure continued funding we would like you to share your stories about the Changing Lives programme and any impact it has had. If you require more paper to write this down or would be willing to speak to us, please add your contact details here:

PRIVACY NOTICE - How information about you will be used

- Personal information which you supply to us will be used to measure the impact of the Changing Lives programme.
- If we tell your story as part of our evaluation, names will be changed to protect identities.
- We will not disclose any personal information to any company outside the Changing Lives Project and Somersham Parish Council.
- Your information will be kept on the secure Changing Lives database system, which is only accessed by the Changing Lives instructor leading your session and the Changing Lives admin staff.
- I have been made aware I can view the General Privacy Notice at <https://wordpress.com/page/changinglivessomersham.wordpress.com/470>, or a paper copy is available on request.
- For further information on how your information is used, how we maintain the security of your information, and your rights to access information we hold on you, please contact Parish Clerk – clerk@somersham-pc.gov.uk or Somersham Parish Council, The Norwood Building, Parkhall road, Somersham PE28 3HE

I give my permission for my information to be used as described above.

I declare that the information I have given on this form is correct and complete.

Signed _____