**Survey Week – Participant Profile and Outcomes**

The following information will tell us a little bit about you. It helps us understand who we are providing a service to. You don’t need to tell us your name, so your answers will remain anonymous.

1. **Age (please circle):**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0-4 | 5-8 | 9-11 | 12-14 | 15-19 | 20-25 | 26-34 | 35-44 | 45-64 | 65-74 | 75+ | Prefer not to say |

1. **Gender (please tick):**

* Male
* Gender Diverse, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Female
* Prefer not to say

1. **Are you of Aboriginal or Torres Strait Islander origin? (please tick)**

* No
* Aboriginal
* Torres Strait Islander
* Aboriginal and Torres Strait Islander
* Prefer not to say

1. **In which country were you born? (please tick):**

* Australia
* Other – please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say

1. **Which language do you mainly speak at home? (please tick):**

* English
* Other – please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say

The next two questions relate to two priority populations of the Department of Human Services (DHS), who contribute funding to our Community Centre. If you do not wish to answer, please tick “Prefer not to say”.

1. **Do you provide unpaid care to family members or others because of a disability, a long-term health condition or problems related to old age?** *(Excluding voluntary work for an organisation or group).*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Prefer not to say |

1. **Do you need help or assistance in one or more core activity areas: self-care, mobility and or communication, because of a disability, long-term health condition (lasting six months or more) or old age?**

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Prefer not to say |

1. **Are you new to the Community centre? *I.e. you started accessing the centre, for the first time, within the last month (either online or in person).* (please tick):**

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Prefer not to say |

1. **I have been connected to other services as a result of the Community Centre. (please tick):**

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Prefer not to say |

For the next question, please tell us to what extent you agree or disagree.

1. **I feel better connected to other people as a result of the Community Centre. (please circle):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly  disagree | Disagree | Neutral | Agree | Strongly agree | Prefer not to say |

We would like to ask you a few questions to enable us to measure how helpful our services are. You can choose to answer all or none of the questions, and choosing not to answer will not affect your access to any of our services in any way. When answering the questions, you could take account of the following:

* There are no right or wrong answers
* We would like you to be completely honest
* In answering the questions it is best to think of your life as it generally is now (we all have some good or bad days)

1. **I am content with my friendships and relationships. (please circle):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly  Disagree  4 | Disagree  3 | Neutral  2 | Agree  1 | Strongly Agree  0 | Prefer not to say |

1. **I have enough people I feel comfortable asking for help at any time. (please circle):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly  Agree  0 | Agree  1 | Neutral  2 | Disagree  3 | Strongly Disagree  4 | Prefer not to say |

1. **My relationships are as satisfying as I would want them to be. (please circle):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly  Disagree  4 | Disagree  3 | Neutral  2 | Agree  1 | Strongly Agree  0 | Prefer not to say |