



Impact Measurement Part 1

This radio is from WaveLength. We hope you enjoy it!

It is helpful for us to know your name and address, so that if you need to contact us in the future for any reason (like if your radio breaks, for example) we know who you are.

Please fill out the form below, and sign to show that you agree to let us hold your details securely.

Name _____

Address _____

Postcode _____ Age _____ Gender Female Male Prefer not to say

I agree to provide feedback upon equipment provided and its benefits, to help WaveLength understand and promote the effectiveness of its work. I agree to take all reasonable steps to look after any equipment, provide feedback and co-operate with any third parties WaveLength is working with. For the purpose of the General Data Protection Regulation 2018, I agree to the information given to WaveLength being kept by them and shared with third parties to allow WaveLength to conduct its work.

Signed _____

Date _____

WaveLength is always trying to give a better service and help more people with technology. To help us do this, we are asking you to answer the questions below. The information will be anonymised. **Please just tick the box that is closest to how you feel.**

	Hardly ever or never	Some of the time	Often
1. How often do you feel that you lack companionship?			
2. How often do you feel left out?			
3. How often do you feel isolated from others?			

4. How often do you feel lonely?

Never Hardly ever Occasionally Some of the time Often / always

5. In general, would you say that your health is

Poor Fair Good Very good Excellent

Thank you for your help. Please send this form back in the pre-paid envelope to:

WaveLength Charity Limited, 159a High Street, Hornchurch, Essex, RM11 3YB

If you have any questions, please ring 01708 621101.