



Impact Measurement

**This piece of technology is from the charity WaveLength.
We hope you enjoy it!**

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

Name: _____

D.O.B: _____ **Gender:** Female Male **Postcode:** _____

Please tick all that apply.

| | | | | | |
|--------------------------|---------------------|--------------------------|-----------------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Homeless | <input type="checkbox"/> | Domestic abuse | <input type="checkbox"/> | Victim of torture |
| <input type="checkbox"/> | Physical impairment | <input type="checkbox"/> | Mental impairment | <input type="checkbox"/> | Alzheimers/dementia |
| <input type="checkbox"/> | Learning disability | <input type="checkbox"/> | Age-related vulnerabilities (65+) | <input type="checkbox"/> | Young people (16-25) |
| <input type="checkbox"/> | Refugee | <input type="checkbox"/> | Modern day slavery/ trafficking | <input type="checkbox"/> | Other |

Signed _____ **Date:** _____

Thank you for your help.