WaveLength
Fighting loneliness

PART 1

Impact Measurement

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: _____

Date of Birth: _____ **Gender:** ☐ Female ☐ Male **Postcode:** _____

Please tick all that apply.

	Homeless		Previously homeless		Domestic abuse
	Victims of torture		Physical impairment		Mental impairment
	Alzheimers/dementia		Learning disability		Age-related vulnerabilities (55+)
	Refugee		Young people (16-25)		Modern day slavery/ trafficking

Signed _____ **Date:** _____

Thank you for your help.