



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

Please add any further comments you might have. You may wish to write about the difference that the equipment has made to your life.

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

Thank you for your help.