WaveLength
Fighting loneliness

PART 2
Individual Impact Measurement

In order to operate the WaveLength charity, understand the impact of our work on individuals, develop and improve WaveLength charitable operations and to inform future decision making, we would like to collect data in relation to your health, as per question 5 below and any further information about your health you provide to us in this form. We need your explicit consent to process such information about you. You have the right to withdraw your consent at any time, except to the extent that action has already been taken based on your consent, and that the withdrawal will not apply to information that has already been processed based on your consent. Providing health data to us is entirely optional. If you do not consent, please do not make an application, complete question 5 or provide any health data to us in this form.

☐ **By ticking the box I consent to the processing of my health data for the purposes set out above.**

We will store and process personal data you have provided as set out in the WaveLength Privacy Notice available at: https://wavelength.org.uk/contact/privacy-cookies-wavelength-website/

Please only 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 _____

Signed _____ **Date** _____

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

_____

_____

_____

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Please send this form back to:

WaveLength Charity, 47-51 Norfolk Street, Cambridge, CB1 2LD

Thank you for your help

Form updated 12-2023