You are invited to provide feedback on the support you have received participating in a service/activity funded through VANL's Community Solutions Programme.

The information you share in this survey will be used to help the organisation providing the service/activity to make improvements where needed and potentially secure further funding. Your feedback will also give the Community Solutions programme a better idea of the impact of its funding on the wellbeing of people in North Lanarkshire.

This information will be anonymous. It will take about 10 minutes to complete the survey. If you need help completing this survey, please ask a member of staff or volunteer in the organisation providing the service/activity to assist you.

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| **About the Project** | |
| Name of the service/project that provided support |  |
| Name of the organisation providing the above service/project |  |
| How frequently did you receive support from this organisation/project? (e.g. weekly, twice a week etc) |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Satisfaction** | | | | | | | | | |
| 1.1 How satisfied are you with the support you received/activity you participated in? | | | | | | | | | |
| 1- Very unsatisfied | 2 | | 3 | | 4 | | 5 | | 6 - Very satisfied |
|  |  | |  | |  | |  | |  |
| 1.2 How would you rate your overall experience of the service/activity? | | | | | | | | | |
| Very poor | | Poor | | Average | | Good | | Excellent | |
|  | |  | |  | |  | |  | |
| 1.3 Please explain your answers. | | | | | | | | | |
|  | | | | | | | | | |
| 2.1 How likely is it that you would recommend this service/activity to other people? | | | | | | | | | |
| 1- Very unlikely | 2 | | 3 | | 4 | | 5 | | 6 - Very likely |
|  |  | |  | |  | |  | |  |
| 2.2 How likely are you to ask this organisation for support again? | | | | | | | | | |
| 1- Very unlikely | 2 | | 3 | | 4 | | 5 | | 6 - Very likely |
|  |  | |  | |  | |  | |  |
| 2.3 Please explain your answers. | | | | | | | | | |
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| 3. How could the support you received be improved? | | | | | | | | | |
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| **Your Experience** | | | | | | |
| 4. Please read the following statements about the support you received, and select the extent to which you agree. | | | | | | |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don’t know |
| Participating in this service/activity has made me feel more connected, included and safe in my community |  |  |  |  |  |  |
| Participating in this service/activity has made me feel more connected to others |  |  |  |  |  |  |
| Participating in this service/activity has made me feel more hopeful and optimistic about my future |  |  |  |  |  |  |
| Participating in this service/activity has improved my mental health |  |  |  |  |  |  |
| Participating in this service/activity has helped improve how I look after my mental health |  |  |  |  |  |  |
| Participating in this service/activity has improved my physical health |  |  |  |  |  |  |
| Participating in this service/activity has helped improve how I look after my physical health |  |  |  |  |  |  |
| Participating in this service/activity has made me more aware of where to access further support from other community groups or voluntary organisations |  |  |  |  |  |  |
| Participating in this service/activity has made me more aware of where to access further support from public sector organisations, like the NHS or council |  |  |  |  |  |  |
| 4.1 If you are comfortable doing so, please tell us about other services and activities you have become aware of or have accessed. | | | | | | |
|  | | | | | | |
| 4.2 Please use the space below to provide any other comments about your experience, or share any stories about this service/activity. | | | | | | |
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| **Carers**  Please only complete this section if you are an unpaid carer. | | | |
| 5. I am an unpaid carer | | | |
| Yes | | No | |
|  | |  | |
| 5.1 Because of participating in this service/activity, I am more able to have a life outside of my caring role | | | |
| Yes | No | | Don’t know |
|  |  | |  |
| 5.2 Because of participating in this service/activity, I am able to access a break from my caring role | | | |
| Yes | No | | Don’t know |
|  |  | |  |