



Interreg ASPIRE Evaluation

Health, Wellbeing and Activity Questionnaire

This is a voluntary self-assessment questionnaire that asks some questions regarding your health, wellbeing, work activity and aims for participating in ASPIRE. Please choose the answer option that best describes your situation at this moment. No names will be recorded; the survey is anonymous, and all individual responses will remain confidential. ASPIRE will only report the results of the questionnaire on a group level and the information you provide will remain anonymous and cannot be connected to you.

Thank you for your participation.

ID Number:

.....

2. At which time point are you completing this questionnaire?

☐ At the beginning of ASPIRE

☐ At 12 weeks

☐ At 6 months

☐ At 9 months

Section A: About you

1. What sex are you?

☐ Male ☐ Female ☐ Prefer not to say ☐ Other, please specify:.....

2. What is your age? years

3. Please choose your highest level of education:

☐ Compulsory schooling ☐ Vocational training/job skills training ☐ None
☐ Post-secondary education & qualifications

4. Previous employment (please select duration)

☐ None ☐ <1 year ☐ 1-2 years ☐ 3-4 years ☐ 5 years or more

5. Household:

☐ Living alone ☐ Living with partner
☐ Living with a housemate (shared rented accommodation) ☐ Living with partner and or familymembers

Section B: Health status

6. Would you say that in general your health is:

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

7. How would you rate your overall physical health, in the past 30 days?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

8. In the last 30 days, how often did your overall mental/physical health keep you from usual activities like self-care, work, or recreation?

☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

9. Does your health impact upon your activity level?

☐ Yes ☐ No

10. If yes, how?

.....

11. Regarding smoking, are you?

☐ A current smoker ☐ An ex-smoker ☐ I have never smoked

Section C: Physical activity and Leisure

12. Last week (or a week before that if you have been unwell or on holiday), how much physical activity did you do, if any?

- ☐ I didn't do any physical activity
- ☐ I did some LIGHT physical activity (e.g., gentle walking, playing snooker, light DIY/housework).
- ☐ I did some MODERATE physical activity (e.g., fast walking, swimming, cycling, heavy housework)
- ☐ I did some VIGOROUS physical activity (e.g., running, hard swimming, aerobics heavy lifting, digging)

13. Please provide details about the frequency and duration of your activity.

Type of activity	Number of times during the week(Please enter 0 if you did not do any exercise)	Duration per session(minutes, please enter 0 if you did not do any exercise)
Light physical activity		
Moderate physical activity		
Vigorous physical activity		

14. During the past month, did you participate in any leisure or recreational activities?

- ☐ Yes ☐ No

15. If "Yes," please provide details about the type, frequency, and duration of the two most common leisure activities performed in the past month.

	Activity	Number of times per month	Duration per session(minutes)
1.			
2.			

16. Where do you usually take part in this activity?

- ☐ At home ☐ Gym ☐ Leisure centre ☐ Park ☐ Other, please specify:

Section D: Work and employment

17. Which of the following best describes your current work situation?

You may choose more than one option.

- ☐ Trainee
- ☐ Workshop work or rehabilitative work
- ☐ Work trial
- ☐ Unemployed (job-seeker at employment office)
- ☐ Unemployed (not a job-seeker at employment office)
- ☐ Non-paid work, for example voluntary or charity work
- ☐ Community service
- ☐ Student or apprentice
- ☐ At home (stay-at-home parent or carer)
- ☐ On sick leave or partial sick leave
- ☐ Retired (work disability pension, partial work disability, rehabilitation allowance or partial rehabilitation allowance, survivor's pension)
- ☐ Paid employee (full-time, part-time, work with pay subsidy)
- ☐ Entrepreneur or farmer
- ☐ Self-employed or freelancer
- ☐ Work supported by a grant or scholarship

18. How do you feel in relation to work life at the moment?

Choose the number that best matches your situation

0	1	2	3	4	5	6	7	8	9	10
0 = Work life or employment does not currently apply to me	1–3 = I don't have a job. I'm poorly equipped for work life. I need support in order to obtain employment.			4–5 = I don't have a job, but I am equipped for work life. I may need support in order to obtain employment.		6–8 = I have a job. I am equipped for work life. I may however need support in order to stay in employment.			9–10 = I have a job. I am well-equipped to continue in employment.	

19. How well do the following statements reflect how you feel about the future and your skills?

Choose a number from a scale of 1 = Completely disagree to 5 = Completely agree

	Completely disagree		3	Completely agree	
	1	2		4	5
I feel positive about the future					
I have dreams and hopes for the future For example: finding a daily routine, stability, education, entering work life					
I am ready to make an effort and take action in order to make my dreams come true					
I have skills that I can use in work life					
I am able to verbally express myself in different situations For example: express my opinions, take part in conversations					
I am able to express myself in different situations in writing For example: write a job application					

20. How difficult do the following make it for you to participate in work life?

Choose a number from a scale of 1 = Extremely difficult to 6 = I don't know

	Extremely difficult	Rather difficult	Somewhat difficult	Slightly difficult	Not difficult at all	I don't know
	1	2	3	4	5	6
Lack of job opportunities						
Travel difficulties For example: lack of access to public transport, difficult transport connections, long distances, living rurally.						
Lack of training and skills For example: language skills, lack of professional qualifications or outdated qualifications						
Diminished work motivation or desire to work						
Problems connected to health (physical and/or mental) or functional capacity.						
Personal responsibilities For example: caring, dependents, family, relatives, friends.						
Financial situation For example: debts/repayments, low income, financial responsibilities, enforcement orders.						

Section E: Goals for employment and participation in ASPIRE

21. What is your aim in terms of work or employment a year from now (such as learn a new skill, improve my CV, apply for a job, get some work experience, etc)?

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22. Do you believe that you will be able to achieve this aim in a year from now?

☐ Yes ☐ No

23. What would help you to achieve this aim? You may choose more than one option.

☐ Support from family/friends ☐ More money ☐ Better physical health
☐ Better mental health ☐ More time ☐ Other, please specify:

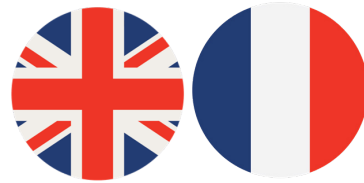
24. What would prevent you from achieving this aim? You may choose more than one option.

☐ Family/caring responsibilities ☐ Lack of money ☐ Poor physical health
☐ Poor mental health ☐ Lack of time ☐ Other, please specify:

25. Which elements of the ASPIRE project are you most interested in participating in?

- ☐ **Grow your own** (learning how to grow local food and other activities for increasing physical activity)
- ☐ **Eat your own** (preparing and eating locally and home grown food, as well as other support for a healthier diet and better nutrition)
- ☐ **Sell your own** (boosting your employability or activity in your community)
- ☐ **Self-esteem and support within a community**

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Thank you very much for taking the time to fill out this questionnaire!

Please check that you have completed each question.

If you would like to talk to us further, or have any additional thoughts or queries, please contact your local ASPIRE partner.