Neighbours

# THE NEIGHBOURS SURVEY

**Make your experiences matter!**

A product created by the
Health Commons Solutions Lab

HEALTH COMMONS SOLUTIONS LAB

# THE NEIGHBOURS SURVEY

*Neighbours* is about improving health and wellbeing, building strong community connections, and maintaining meaning and purpose throughout life.

The *Neighbours Survey* asks questions about your **interests**, **quality of life**, **community connections** and **aspirations**. Your participation in this survey is completely voluntary, and it can take you approximately 25-45 minutes to complete. You can skip any questions that you don't feel like answering, and you can end the survey at any time.

**By completing this survey, you will:**

- Be more aware of your physical, mental, social and spiritual health
- Receive information about any challenges you may be experiencing right now and tips for how to address them
- Contribute to helping understand and improve the quality of life of people in your community

| | |
|---|---|
| Today's date: | |
| Location where this survey was completed: | |
| Group or agency affiliation: | |

## Are you ready to get started?

# 1. PERSONAL INTERESTS

Your interests are important! Mark any activity that you enjoy.

| | | | |
|---|---|---|---|
| ☐  Gardening | ☐  Taking a Walk | ☐  Calling a Friend | ☐  Repairing/Building |
| ☐  Listening to Music | ☐  Sitting and Talking | ☐  Reading | ☐  Playing Games |
| ☐  Watching TV | ☐  Dancing | ☐  Cooking | ☐  Playing with Pets |
| ☐  Day Trips | ☐  Computer Time | ☐  Worshipping | ☐  Performing |
| ☐  Volunteering | ☐  Meditation | ☐  Exercising | ☐  Art/Painting |
| ☐  Going to the Movies | ☐  Concerts/Shows | Other: | |

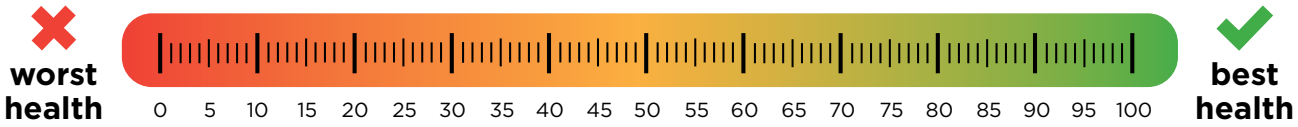
**Which activities are the most meaningful to your life?**

# 2. QUALITY OF LIFE

## 2A. YOUR HEALTH

### On a scale of 0 to 100, how good or bad is your health TODAY?

Please mark the point on the scale that indicates how good or bad your health is TODAY or write your number in the box below. The higher your number the more healthy you feel.




**YOUR HEALTH TODAY =** ☐

### In general, would you say your *physical* health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

### In general, would you say your *mental* health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

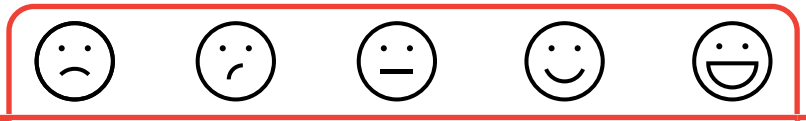
### How does your health affect your daily activities?

0 means no problems at all and 4 means extreme problems.

| How much of a problem are you experiencing TODAY in each of the following areas? | No Problem | Slight Problem | Moderate Problem | Severe Problem | Extreme Problem | Don't Know/ Can't Answer |
|---|---|---|---|---|---|---|
| Walking around | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ ? |
| Washing or dressing myself | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ ? |
| Doing my usual activities | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ ? |
| Pain or discomfort | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ ? |
| Feeling anxious or depressed | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ ? |

# 2. QUALITY OF LIFE

## 2B. PERSONAL WELL-BEING



| **TODAY, how satisfied are you with:** | 0 is **not at all satisfied** ← → **10** is completely **satisfied** | | | | | | | | | | | Don't Know/ Can't Answer |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | ? |
| Your life as a whole | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Your standard of living | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Your health | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| What you are achieving in life | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Your personal relationships | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| How safe you feel | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Feeling part of the community | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Your future security | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Your spirituality or religion | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

# 2. QUALITY OF LIFE

## 2C. SOCIAL CONNECTION

| How often do you: | Often | Sometimes | Hardly Ever | Don't Know/ Can't Answer |
|---|---|---|---|---|
| | 1 | 2 | 3 | ? |
| Open up to your spouse or members of your family | ☐ | ☐ | ☐ | ☐ |
| Rely on your spouse or members of your family | ☐ | ☐ | ☐ | ☐ |
| Open up to your friends | ☐ | ☐ | ☐ | ☐ |
| Rely on your friends | ☐ | ☐ | ☐ | ☐ |
| Feel comfortable asking for the help you need | ☐ | ☐ | ☐ | ☐ |
| Feel satisfied with the progress you are making in achieving your goals | ☐ | ☐ | ☐ | ☐ |

| How often do you: | Hardly Ever | Sometimes | Often | Don't Know/ Can't Answer |
|---|---|---|---|---|
| | 1 | 2 | 3 | ? |
| Feel that you lack companionship | ☐ | ☐ | ☐ | ☐ |
| Feel left out | ☐ | ☐ | ☐ | ☐ |
| Feel isolated from others | ☐ | ☐ | ☐ | ☐ |

# 3. COMMUNITY CONNECTIONS

## 3A. CONNECTING WITH OTHERS

| How often do you get together with other people to participate in: | Daily | Weekly | Monthly | 3-4 Times a year | Yearly | Never | |
|---|---|---|---|---|---|---|---|
| Religious activities | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ |
| Sports, exercise, or physical activities | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ |
| Recreational activities (e.g. hobbies, games, bingo, gardening, reading club) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ |
| Education or cultural activities (e.g. attending classes, concerts, plays, visiting museums, watching movies) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ |
| Formal or informal neighbourhood, community or professional associations, or service clubs (in person) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ |
| Volunteer or charity work for a group or organization | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ |
| Without being paid, providing informal support for friends, family or neighbours (e.g. cooking, shopping, errands, home help, visits, emotional care) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ |
| Playing a musical instrument or singing | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ |
| Using the computer or internet to connect with other people socially | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ |

**Mark the activities that you want to do more of.**

**What stops you from doing more of the activities you love?**

# 3. COMMUNITY CONNECTIONS

## 3B. FAMILY, FRIENDS AND NEIGHBOURS

**How many:**

a. People live in your home (including yourself) .....

b. Children do you have .....

c. Living relatives do you have .....

d. People do you count as close friends and/or chosen family ....

e. Neighbours do you know .....

| **Are there people in your life that:** | Yes | No |
|---|---|---|
| You have a good time with or do something enjoyable with | ☐ | ☐ |
| You get together with for relaxation | ☐ | ☐ |
| Help you get your mind off of things | ☐ | ☐ |

| **NOT including people who live with you, how often do you get together with:** | Daily | Weekly | Monthly | 3-4 Times a year | Yearly | Never |
|---|---|---|---|---|---|---|
| Family | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Friends | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Neighbours | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **Do you see your:** | Yes | No |
|---|---|---|
| Family as much as you would like | ☐ | ☐ |
| Friends as much as you would like | ☐ | ☐ |
| Neighbours as much as you would like | ☐ | ☐ |

# 3. COMMUNITY CONNECTIONS

## 3C. SUPPORT FOR YOUR HEALTH

| In the past 12 months, how often have you: | Daily | Weekly | Monthly | 3-4 Times a year | At least once | Never |
|---|---|---|---|---|---|---|
| Attended a wellness program (e.g. falls prevention, dementia workshops, support groups) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Seen a health care provider (e.g. nutritionist, physiotherapist, nurse, social worker) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Had a home health care or personal support visit | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Paid privately for a home health care or personal support visit | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Received informal support from a friend, family member, or neighbour (e.g. cooking, shopping, home help, errands, visits, emotional care) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| In the past 12 months, how often have you: | |
|---|---|
| Gone to the emergency department for care | Number of times: |
| Stayed in a hospital overnight | Number of times: |

**Do you have regular access to a primary care provider?** Yes ☐ No ☐

# 4. MY GOALS

My goals for a happier and healthier life:

#1

Goal:

First step:

#2

Goal:

First step:

#3

Goal:

First step:

## CONSENT

Your answers to the *Neighbours Survey* can be used to help you achieve your goals and to build stronger communities. Your information and time is invaluable – thank you for sharing your information with Neighbours. You will receive a private written report with a summary of your results, along with suggestions to improve your quality of life, based on the answers you provided.

**1. As a further benefit of participation, you may be contacted in the future to follow-up on your personal responses, or to receive information about activities that may interest you. Do you agree to be contacted by Neighbours in the future?**

Yes ☐ No ☐

Your non-identifying* information also informs how to improve community services and supports.

**2. Do you agree that your non-identifying information can be used to keep track of and report on neighbourhood results?**

Yes ☐ No ☐

**3. Do you agree that your non-identifying survey data can be used for research, including being linked with other community and health data sets for analysis and to compare neighbourhood data with other program, provincial or Canadian data?**

Yes ☐ No ☐

**Non-identifying* means that your name, address or anything that can be used to identify you as a person will be deleted, and any results or reports shared with others will never name you personally or include anything that reveals who you are.*

You should understand that you may cancel your consent or change your decision about your selections above at any time, and that choosing to not consent will not change the help you receive.

By signing this document below, you agree that your consent is valid and freely given:

Your signature.... _____

Your full name.... _____

If someone signed this for you:

Their name ..... _____

Their relationship to you .... _____

Your personal and health information is being collected to assist you in making community connections and finding new opportunities. It will never be used or disclosed without your consent and in full compliance with all applicable laws in Ontario.

## A FEW MORE DETAILS

What is your gender? .....

What is your date of birth? .....

What language do you most use at home? ...

### HOW DO WE REACH YOU?

Name:

Address:

Unit/Apt #:

Postal Code:

City:

Province:

Phone #:

Email:

### HOW DO YOU PREFER TO BE CONTACTED?

By Email * ☐ By Phone ☐ By Mail ☐ In Person ☐

* The confidentiality of the information you are sending via e-mail cannot be guaranteed.

Neighbours

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