



Neighbours



THE NEIGHBOURS SURVEY

Make your experiences matter!



A product created by the
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! Put an 'X' over 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: _____ _____ _____	

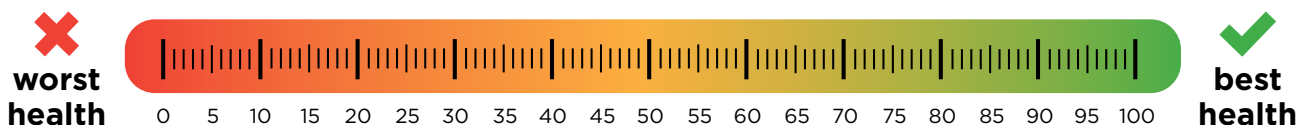
Which activities are the most meaningful to your life? _____

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
Your life as a whole	0	1	2	3	4	5	6	7	8	9	10	?	
Your standard of living	0	1	2	3	4	5	6	7	8	9	10	?	
Your health	0	1	2	3	4	5	6	7	8	9	10	?	
What you are achieving in life	0	1	2	3	4	5	6	7	8	9	10	?	
Your personal relationships	0	1	2	3	4	5	6	7	8	9	10	?	
How safe you feel	0	1	2	3	4	5	6	7	8	9	10	?	
Feeling part of the community	0	1	2	3	4	5	6	7	8	9	10	?	
Your future security	0	1	2	3	4	5	6	7	8	9	10	?	
Your spirituality or religion	0	1	2	3	4	5	6	7	8	9	10	?	

2. QUALITY OF LIFE

2C. SOCIAL CONNECTION



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

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>
Sports, exercise, or physical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>
Recreational activities (e.g. hobbies, games, bingo, gardening, reading club)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>
Education or cultural activities (e.g. attending classes, concerts, plays, visiting museums, watching movies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>
Formal or informal neighbourhood, community or professional associations, or service clubs (in person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>
Volunteer or charity work for a group or organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>
Without being paid, providing informal support for friends, family or neighbours (e.g. cooking, shopping, errands, home help, visits, emotional care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>
Playing a musical instrument or singing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>
Using the computer or internet to connect with other people socially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>

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:

- People live in your home (including yourself) _____
- Children do you have _____
- Living relatives do you have _____
- People do you count as close friends and/or chosen family _____
- Neighbours do you know _____

Are there people in your life that:	Yes	No
You have a good time with or do something enjoyable with	<input type="checkbox"/>	<input type="checkbox"/>
You get together with for relaxation	<input type="checkbox"/>	<input type="checkbox"/>
Help you get your mind off of things	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you see your:	Yes	No
Family as much as you would like	<input type="checkbox"/>	<input type="checkbox"/>
Friends as much as you would like	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours as much as you would like	<input type="checkbox"/>	<input type="checkbox"/>

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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seen a health care provider (e.g. nutritionist, physiotherapist, nurse, social worker)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a home health care or personal support visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid privately for a home health care or personal support visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received informal support from a friend, family member, or neighbour (e.g. cooking, shopping, home help, errands, visits, emotional care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

**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.*

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

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: _____

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: _____

Telephone Number: _____

Email: _____

HOW DO YOU PREFER TO BE CONTACTED?

By Email

By Phone

By Mail

In Person



www.healthcommons.ca