

Building Healthy Communities Registration Form

Name	Date of Birth:			
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Are you a Carer? **Yes** ☐ **No** ☐

A Carer is someone who provides unpaid support to a family member or friend. They may care for an older person, someone who is disabled, has a long term illness, mental health problems or is affected by alcohol or drug misuse.

Your Aims. (What would you like to achieve through this service?)

Please cross ☒ the boxes that apply

Improve health	<input type="checkbox"/>	Be able to overcome problems better	<input type="checkbox"/>
Have a healthier lifestyle	<input type="checkbox"/>	Learn new things	<input type="checkbox"/>
Have more confidence	<input type="checkbox"/>	Be more able to self-manage/control condition	<input type="checkbox"/>
Make new friends	<input type="checkbox"/>	Be better able to build relationships	<input type="checkbox"/>
Be happier	<input type="checkbox"/>	Be less stressed	<input type="checkbox"/>
Lose weight	<input type="checkbox"/>	Be more involved in the community	<input type="checkbox"/>
Increase physical activities	<input type="checkbox"/>	Cope better with caring responsibilities	<input type="checkbox"/>
Reduce dependency on services	<input type="checkbox"/>	Reduce levels of medication	<input type="checkbox"/>

Is there anything else you would like to achieve? (e.g. Debt Management, Benefits Advice, Employment, etc..)

What may prevent you from attending BHC activities?

What long term conditions do you have? (If applicable)

Below are some statements about feelings, thoughts and opinions.

Please indicate how you feel - where 1 is “**none of the time**” and 10 is “**all the time**”.
(Please circle the number)

I've been feeling optimistic about the future

1	2	3	4	5	6	7	8	9	10
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I've been feeling useful

1	2	3	4	5	6	7	8	9	10
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I've been feeling relaxed

1	2	3	4	5	6	7	8	9	10
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I've been dealing with problems well

1	2	3	4	5	6	7	8	9	10
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I've been thinking clearly

1	2	3	4	5	6	7	8	9	10
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I've been feeling close to other people

1	2	3	4	5	6	7	8	9	10
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I've been able to make up my own mind about things

1	2	3	4	5	6	7	8	9	10
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I exercise on a regular basis

1	2	3	4	5	6	7	8	9	10
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My daily life is filled with things that interest me

1	2	3	4	5	6	7	8	9	10
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I feel strongly connected to the neighbourhood that I live in

1	2	3	4	5	6	7	8	9	10
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I can influence decisions affecting my local area

1	2	3	4	5	6	7	8	9	10
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Most people I come into contact with can be trusted

1	2	3	4	5	6	7	8	9	10
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Please indicate how you would answer the following questions - where 1 is “**very unhappy**” and 10 is “**very happy**”. (Please circle the number)

How happy are you with your relationships? This can include any relationships.

1	2	3	4	5	6	7	8	9	10
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How happy are you with the state of your health?

1	2	3	4	5	6	7	8	9	10
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How happy are you generally?

1	2	3	4	5	6	7	8	9	10
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How happy are you with your social life and activities that you are involved in?

1	2	3	4	5	6	7	8	9	10
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In the following, please indicate how you would answer - where 1 is “**not at all**” and 10 is “**all of the time**”

How much are you influenced by others, in ways that don't help you?

1	2	3	4	5	6	7	8	9	10
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How stressed are you at this time in your life?

1	2	3	4	5	6	7	8	9	10
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How much are drugs a part of your life? *This includes prescription drugs.*

1	2	3	4	5	6	7	8	9	10
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How often do you see your friends or your neighbours?

1	2	3	4	5	6	7	8	9	10
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How often do you see your family?

1	2	3	4	5	6	7	8	9	10
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Is someone available to help you if you are feeling nervous, sick, need to talk, or need help with chores or caring for yourself?

1	2	3	4	5	6	7	8	9	10
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Thank you for completing this form

This form is being offered to all participants at the beginning, during and end of a series of activities to determine how effective the activities have been in improving your health and wellbeing. Your responses are protected by the Data Protection Act and are only used in together with other participants to give a wider picture to evaluate the project. No details will be passed to any other agency without your consent and the only reason we might have to consider passing on information without your permission, would be to protect you or someone else from harm. We would discuss this with you first. If you have any worries about confidentiality, please feel free to ask us.

Consent: I have read, understood and agree to the confidentiality statement.

Signature: Date:

PLEASE RETURN THIS FORM TO
YOUR RELEVANT BUILDING HEALTHY COMMUNITIES OFFICE.

West Wigtownshire

Innistaigh
Dalrymple Street
Stranraer
DG9 7EH

The Machars

1 George Street
Whithorn
DG8 8NS

Dumfries & Lower Nithsdale

North West Resource Centre
College Drive
Lincluden
Dumfries
DG2 0BX

Upper Nithsdale

Nith Buildings
Kelloholm
Sanquhar
DG4 6RX

Regional Office

Ryan South
Crichton Hall
Bankend Road
Dumfries
DG1 4TG

For Office Use only:

Referral Source		Programmes Involved	
Self	<input type="checkbox"/>	BHC Core Activities	<input type="checkbox"/>
Agency	<input type="checkbox"/>	TCAT	<input type="checkbox"/>
Social prescribing	<input type="checkbox"/>	Move More	<input type="checkbox"/>
Taster Session	<input type="checkbox"/>	Midpark	<input type="checkbox"/>
Other (please specify)			

3 or 6 month follow up evaluation

On a scale of 1 – 10 where 1 is poor and 10 is excellent, what do you think of the initiative(s) that you have been attending?

Initiative 1: *(name of initiative)*.....

1	2	3	4	5	6	7	8	9	10
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Please indicate why you have given this score below:

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Initiative 2: *(name of initiative)*.....

1	2	3	4	5	6	7	8	9	10
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Please indicate why you have given this score below:

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How do you think attending BHC initiatives or activities has affected your health and wellbeing over the last 3 – 6 months? *This may include visits to doctors, making new friends, having new interests etc.....*

[illegible]