

MOVEability - Impact Evaluation Survey

The purpose of this survey is to understand the impact of our classes on aspects like your wellbeing, health and self-confidence. It helps us to ensure we are providing the best possible experience and enables us to adapt our support to serve you better.

This survey will take approximately 7 minutes to complete and your feedback is invaluable as it forms part of our reporting requirements to our funders for the evaluation of potential funding opportunities for this and future classes.

We assure you that your responses will remain confidential and will be processed in line with GDPR and MOVEability's Privacy Policy.

* Indicates required question

1. Today's Date *

Example: 7 January 2019

2. What is your name? *

3. What is your date of birth? *

Example: 7 January 2019

4. Have you done this survey before? *

Mark only one oval.

- Yes - skip to question 10
 No
 Not sure

5. What best describes your gender? *

Mark only one oval.

- Woman
 Man
 Non-binary
 Prefer not to say
 Other _____

6. Which best describes your ethnic group? *

Mark only one oval.

- Asian/Asian British
 Black/African/Caribbean/Black British
 Mixed/Multiple ethnic groups
 White
 Prefer not to say
 Other: _____

7. Do you have any of the following? *

Tick all that apply.

- I have a learning difficulty (eg dyslexia, dyscalculia)
- I am neurodivergent (eg: autism, ADHD)
- Blindness or a visual impairment
- Deafness or a hearing impairment
- Long term illness (eg: cancer, HIV, diabetes, epilepsy, heart disease)
- Mental health condition (eg; depression, anxiety disorder)
- A condition that has affected your movement, earning, feelings, or speaking since youth
- Physical disability or mobility issue
- I don't have any of these
- Prefer not to say
- Other: _____

8. Is there anything we can do to help you in our classes?

10. How many **days a week** do you usually do physical activities that increase your heart rate and make you breathe faster for at least 30 minutes? *

About your wellbeing

Thinking about your overall physical and emotional wellbeing, please rate the sentences below from 1 to 5, with 1 being rarely and 5 being a lot.

11. Do you know what you want to do and where you're going in life? *

Mark only one oval.

1 2 3 4 5

Not A lot _____

12. Do you believe in myself and what you can do? *

Mark only one oval.

1 2 3 4 5

Not A lot _____

13. Do you deal well with change and hard times? *

Mark only one oval.

- I have taken part in a class/programme like this a long time ago
- I have taken part in a class/programme like this shortly before joining yours
- This is my first time taking part in a class/programme like this
- I have taken part in your classes/programmes before
- Not sure

14. Do you deal well with change and hard times? *

Mark only one oval.

1 2 3 4 5

Not A lot _____

14. Do you feel good about your mental health? *

Mark only one oval.

1 2 3 4 5

Not ○ ○ ○ ○ ○ A lot

18. Have you been feeling happy over the past month *

Mark only one oval.

1 2 3 4 5

Not ○ ○ ○ ○ ○ A lot

15. Do you feel good about your physical health? *

Mark only one oval.

1 2 3 4 5

Not ○ ○ ○ ○ ○ A lot

About your engagement with MOVEability

16. Do you trust most people in your local area? *

Mark only one oval.

17. Do you feel like I belong in your neighbourhood? *

Mark only one oval.

1 2 3 4 5

Not ○ ○ ○ ○ ○ A lot

19. At which venue do you/will you attend classes *

Tick all that apply.

- Hermitage Village Hall, Monday's 2pm
- Newbury Rugby FC, Wednesday's 1pm
- Chieveley Village Hall, Thursday's 11am
- Alice Bye Court, Thatcham, Thursday's 2pm
- Bowlers Arms, Newbury (Parkinson's Class), fortnightly on Friday's 11am
- Lambourn Leisure Centre, Friday's 2pm
- Online ZOOM Class, Monday and Wednesday morning's

20. How long have you been engaged with us? *

If not yet started/only just starting - this is the last question required

Mark only one oval.

- Not yet started/only just starting (END OF CURRENT SURVEY)

- Less than 1 month

- 1 to 3 months

- 3 to 6 months

- 6 to 12 months

- More than 12 months

21. Are you still engaging with us? *

Mark only one oval.

- Yes
 No
 Not sure

26. Has coming to these classes helped you make new friends? *

Mark only one oval.

- Yes
 No
 Not sure

22. On average how many MOVEability classes do you attend each week? *

Your Feedback

23. How much have we made a difference to your wellbeing? *

Mark only one oval.

- 1 2 3 4 5

Non A lot

24. Has coming to these classes helped improve your mental wellbeing? *

Mark only one oval.

- Yes
 No
 Not sure

25. Has coming to these classes helped you manage or improve your physical health? *

Mark only one oval.

- Yes
 No
 Not sure

22. On average how many MOVEability classes do you attend each week? *

27. Has coming to these classes helped you feel more connected to your local community? *

Mark only one oval.

- Yes
 No
 Not sure

26. Has coming to these classes enabled you to try any new activities outside of the class? *

28. Has taking part in these classes enabled you to be more physically active than you were previously? *

Mark only one oval.

- Yes
 No
 Not sure

29. Has taking part in these classes enabled you to be more physically active than you were previously? *

Mark only one oval.

- Yes
 No
 Not sure

30. Has your experience with MOVEability been good? Was it useful or close to what you wanted. *

Mark only one oval.

1	2	3	4	5
Not	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A lot

31. Have these sessions increased your confidence to be more physically active? *

Mark only one oval.

Yes
 No
 Not sure

34. How important is it to you that there is more than one member of the MOVEability team to be on hand at classes to assist with the following tasks? *

Mark only one oval per row.

	Very	Quite	Not	Not at all
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
View Instructor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refreshments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. For you, how important is it to have time for refreshments and socialising at the end of the exercise session? *

Mark only one oval.

Very
 Quite important
 Not Very
 Not at all important

32. How easy do you find it to follow the exercise routines? *

Mark only one oval.

Mostly or always easy
 Sometimes easy, sometimes difficult
 Mostly or always difficult

33. Who do you watch when following the exercise routines? *

Tick all that apply.

Lead instructor
 Assistant instructor
 Both instructors
 Other participants

36. How would you rate your overall experience of participating in MOVEability classes? *

Please consider all aspects of the sessions in your answer (eg: the activities, the support you received, the venue etc). Answer on a scale of 1-10 where 1 is extremely poor and 10 is excellent

1 2 3 4 5 6 7 8 9 10

☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆

37. What good things have happened for you as a result of joining our class/programme?
Think about any positive changes to your life you have felt as a result in taking part in our classes

40. Would you be open to our team reaching out to learn more about your experiences of our classes?

Mark only one oval.

- Yes
 No
 Maybe

38. Is there anything we could have made things better for you?
Consider any challenges you may have faced or any negative changes you have felt as a result in taking part in our classes

41. Please enter your email address and/or phone number so that we can contact you to learn more about your experience

Thank you so much for completing this evaluation - it means a lot to us 

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39. Do you have any final comments about the sessions that you would like to add?

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