

## Together Fund Participant Feedback Survey

This is a short survey to find out your thoughts about the activity you have recently taken part in. Your answers will help us to understand if projects are helping to support individuals and communities in our area. You do not need to tell us your name as all answers are anonymous.

### \* 1. Organisation or Project Name

### 2. Has the project helped you manage your mental health?

- Yes  
 No  
 Not sure

### 3. Has the project helped you manage your physical health?

- Yes  
 No  
 Not sure

### 4. Has the project helped you build new friendships?

- Yes  
 No  
 Not sure

### 5. Has the project helped you feel more connected to your local community?

- Yes  
 No  
 Not sure

### 6. Has the project enabled you to try new activities?

- Yes  
 No  
 Not sure

### 7. Has the project enabled you to do more activity than you would have done without the project?

- Yes  
 No  
 Not sure

8. Have you enjoyed participating in activity as part of this project?

- Yes
- No
- Not sure

9. Has the project increased your confidence to be more active?

- Yes
- No
- Not sure

10. In the past week, on how many days have you done a total of 30 minutes or more of physical activity (this can include sport, gardening, walking, cycling or any activity that was enough to raise your heart rate?)

11. Please use the box below to state any other benefits you experienced.

Please separate each benefit using a line break

Please skip if you have not experienced any other benefits

12. How would you rate your overall experience of participating in this project? Please consider all aspects of the project in your answer, e.g. the activities, the support you received, the environment etc.

Please answer on a scale of 1-10 where 1 extremely poor and 10 is excellent

Extremely Poor				Average / OK					Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How, if at all, do you think the project can be improved?

14. Do you have any final comments about the project you would like to add?