



Winter 2020 / 2021 Questionnaire

Please answer the questions below. If there are questions you do not want to answer, you can skip them. Your answers will be stored in a password-protected computer in the Cork-Healthy Cities offices and then on University College Cork servers.

Are you happy to continue with the questions below? YES NO

SECTION 1

Please **select the option that applies to you** e.g. if you live alone you circle **Yes** to the question 'are you living alone?'

- | | | |
|---|-----|----|
| -Do you have a house phone? | YES | NO |
| -Do you have a mobile phone? | YES | NO |
| -Do you have internet access at home (on your phone or computer or tablet)? | YES | NO |
| -Are you living alone? | YES | NO |
| -Do you have a garden or access to a green area in your neighbourhood? | YES | NO |
| -Do you have family friends in the neighbourhood? | YES | NO |
| -Do you have someone to do your shopping if you can't? | YES | NO |

SECTION 2

Please tell us if the statements below apply to you, you can use a scale from very true (5) to not true (1) and **circle** the option that you prefer. E.g. if you would like to attend classes online very much you will circle **5**

- I would like to take part in live online classes or fun activities where I can meet other people who take the class at the same time (e.g. exercise, crochet or mindfulness)***

5 Very true 4 Somewhat true 3 No Opinion 2 Somewhat not True 1 Definitely not true

- I would like to take part in online classes or fun activities that I can access at any time and I can do them by myself (e.g. exercise videos or other activities)***

5 Very true 4 Somewhat true 3 No Opinion 2 Somewhat not True 1 Definitely not true

- ***I would like to have an activity pack with instructions sent to me (e.g. exercise, crochet, mindfulness; etc.) and then do the activity in my own time***

5 Very true 4 Somewhat true 3 No Opinion 2 Somewhat not True 1 Definitely not true

- ***I would like to do the activity in my own time with a mentor phoning me once a week to see how I am getting on***

5 Very true 4 Somewhat true 3 No Opinion 2 Somewhat not True 1 Definitely not true

SECTION 3

What are the main obstacles keeping you from doing activities now? Please tick (✓) the options that applies to you (that is true for you) (select more than one if you wish)

- () I do not know what is available
- () I don't know where to access safe activities
- () I have no internet
- () I don't know how to use the internet / download material
- () I have no way to get to the activity in my local area (when available)
- () I do not feel like it
- () Other (Please state) _____

SECTION 4

Please tell us three things that Age Friendly Cork can do to help you get through the COVID-19 pandemic in good form this Winter?

- (1)
- (2)
- (3)

How would like to engage with us, please circle the options that applies to you

Phone call /Text E-mail Internet (e.g. Whatsapp/Facebook)

Nominated person (A 'Nominated person' means a family member, neighbour, a friend or a community member or other person that you choose)

SECTION 5

The following questions are being asked to enable us to provide services where they are most needed and will be used only for that purpose.

Could you please tell us ...

What is your age? _____ [enter number]

What is your gender? Please circle the option that applies: male, female, prefer not respond

In which area of the city (e.g. Douglas) do you live in? _____ [do not write your specific address]

Do you have someone to talk to if you worry about COVID-19? Yes () No ()

SECTION 6

These are questions about yourself, how do you feel and how you are getting on with the current restrictions due to Covid-19, if you do not feel like answering some of the questions you can skip them.

Please tell us how often did you do these activities in the past two weeks, please circle the option that applies to you

- ***How often do you go out for a walk?***

Every day Almost Every Day Once or Twice a Week Never

- ***How often you do strengthening exercises (e.g. for your balance)?***

Every day Almost Every Day Once or Twice a Week Never

- ***How often do you go outdoors to a park (or greenway, or green space)?***

Every day Almost Every Day Once or Twice a Week Never

- What do you do when you are at home? Please circle your favourite options

Watch TV Listen to music Read Housework Write Art & Craft

Other please state: _____

SECTION 7

How are you? We want to find out how people are feeling at the current time.

Please indicate with a (✓) for each of the five statements which is closest to how you have been feeling in the past two weeks

	5 You felt like that all the time	4 Most of the time	3 More than half of the time	2 Less than half of the time	1 Some of the time	0 At no time
I have felt cheerful and in good spirits						
I have felt calm and relaxed						
I have felt active and vigorous						
I woke up feeling fresh and rested						
My daily life has been filled with things that interest me						

Do you have any other suggestions?

Thank you for taking the time to complete this survey

If you have any queries in relation to this questionnaire, please contact us at Cork City Age Friendly on 021-4924076

Helpful numbers if you have any concerns about the topics raised in this questionnaire

Community Call Helpline 1800-222-226 HSE National Helpline Number.....1850 241850
Friendly Call Cork.....021 4301700 **or** 087 6366407 Age Action Cork021 2067399