



JIGSAW MEMBERS NEEDS SURVERY 2017



**PLEASE TAKE 10 MINUTES TO HELP PLAN THE FUTURE FOR
JIGSAW!**

Please complete this Questionnaire honestly.

Please return the completed questionnaire to:

Jigsaw, Unit 28, Bury Business Centre, Kay Street, Bury, BL9 6BU

THE QUESTIONNAIRE IS STRICTLY CONFIDENTIAL

The questionnaire is confidential because it does not include your name. This means that we do not know who it is from and so when the results are analysed and presented there is no way of knowing what any particular person has said.

**YOU ARE ENTITLED TO NOT ANSWER ANY QUESTION YOU EITHER FEEL UNCOMFORTABLE WITH
OR DO NOT FEEL ABLE TO ANSWER.**

1. Personal Information (please tick in boxes below)

Gender: Male Female Prefer not to say

How old are you? 13-17 18-25 26-30 30+

Disability (Please tick any which are relevant)

- Wheelchair user
- Physical disability
- Learning disability
- Sensory impairment (visual or hearing)

Do you receive any of the following? (Please tick any which are relevant)

- Incapacity benefit
- Disability living allowance
- Income Support
- Direct payments or a personalised budget
- Unemployment benefit

Do you use any of this money to pay for your Jigsaw activities?

Yes No

What things are important to you? (Please tick any which are relevant)

- Friends
- Social life
- Participating in sport & physical activities
- Living independently
- Good health
- Getting a job
- Gaining qualifications
- Other (please list) _____

2. Lifestyle

Do you live with your family: parent(s) grandparent(s) sister/brother
Independently: with support without support

Are you intending to live independently in the future? Yes No

Do you feel you have the necessary skills to enable you to do this? Yes No

Where do you spend your time during the day? (Please tick all that are relevant - answers are per day)

Day Centre	0-3 hours <input type="checkbox"/>	4-6 hours <input type="checkbox"/>	more than 6 hours <input type="checkbox"/>
Work	0-3 hours <input type="checkbox"/>	4-6 hours <input type="checkbox"/>	more than 6 hours <input type="checkbox"/>
School	0-3 hours <input type="checkbox"/>	4-6 hours <input type="checkbox"/>	more than 6 hours <input type="checkbox"/>
College	0-3 hours <input type="checkbox"/>	4-6 hours <input type="checkbox"/>	more than 6 hours <input type="checkbox"/>
At home	0-3 hours <input type="checkbox"/>	4-6 hours <input type="checkbox"/>	more than 6 hours <input type="checkbox"/>
Other (please list below)	0-3 hours <input type="checkbox"/>	4-6 hours <input type="checkbox"/>	more than 6 hours <input type="checkbox"/>

Where do you spend your time during evenings and at weekends?

		times/month
Jigsaw social	<input type="checkbox"/>
Jigsaw sport	<input type="checkbox"/>
Contact	<input type="checkbox"/>
Gateway	<input type="checkbox"/>
At home	<input type="checkbox"/>
Red Centre	<input type="checkbox"/>
Other (please list)	<input type="checkbox"/>

How do you spend your time when you are at home? (Please tick all that are relevant - answers are per week)

Studying, doing homework or assignments	0-3 hrs <input type="checkbox"/>	3-6 hrs <input type="checkbox"/>	more than 6hrs <input type="checkbox"/>
Housework and related activities	0-3 hrs <input type="checkbox"/>	3-6 hrs <input type="checkbox"/>	more than 6hrs <input type="checkbox"/>
Watching TV or DVDs	0-3 hrs <input type="checkbox"/>	3-6 hrs <input type="checkbox"/>	more than 6hrs <input type="checkbox"/>
Listening to radio or CDs	0-3 hrs <input type="checkbox"/>	3-6 hrs <input type="checkbox"/>	more than 6hrs <input type="checkbox"/>
Reading magazines, paper or books	0-3 hrs <input type="checkbox"/>	3-6 hrs <input type="checkbox"/>	more than 6hrs <input type="checkbox"/>
Using Wii or other video games	0-3 hrs <input type="checkbox"/>	3-6 hrs <input type="checkbox"/>	more than 6hrs <input type="checkbox"/>
Texting, e-mail and face book	0-3 hrs <input type="checkbox"/>	3-6 hrs <input type="checkbox"/>	more than 6hrs <input type="checkbox"/>
Other (please list)	0-3 hrs <input type="checkbox"/>	3-6 hrs <input type="checkbox"/>	more than 6hrs <input type="checkbox"/>

Do you enjoy going out? Yes No

Before you became a Jigsaw member, were there any reasons as to why you didn't go out? (please tick any which are relevant)

No time, I'm too busy	<input type="checkbox"/>
Lack of money	<input type="checkbox"/>
Difficulties with transport	<input type="checkbox"/>
Health or mobility problems	<input type="checkbox"/>
I find it difficult to make decisions on my own	<input type="checkbox"/>
My family don't want me to go out on my own	<input type="checkbox"/>
I have no-one to go with	<input type="checkbox"/>
I lack confidence	<input type="checkbox"/>
I don't feel welcome	<input type="checkbox"/>
I worry about my personal safety	<input type="checkbox"/>
Other (please list)	

Please circle your score in the following questions:

Do you make friends easily? No 0 2 4 6 8 10 very

Has Jigsaw helped you make friends? No 0 2 4 6 8 10 hugely

Has Jigsaw helped to increase your confidence? No 0 2 4 6 8 10 hugely

Has Jigsaw helped you to be more independent? No 0 2 4 6 8 10 hugely

3. Social Issues

What things worry you?

How much do the following issues concern you?

	A lot	Sometimes	Not much	Never
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing your money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Health

Do you ever feel bored or lonely? Every day Sometimes Never

Do you ever feel sad or anxious? Every day Sometimes Never

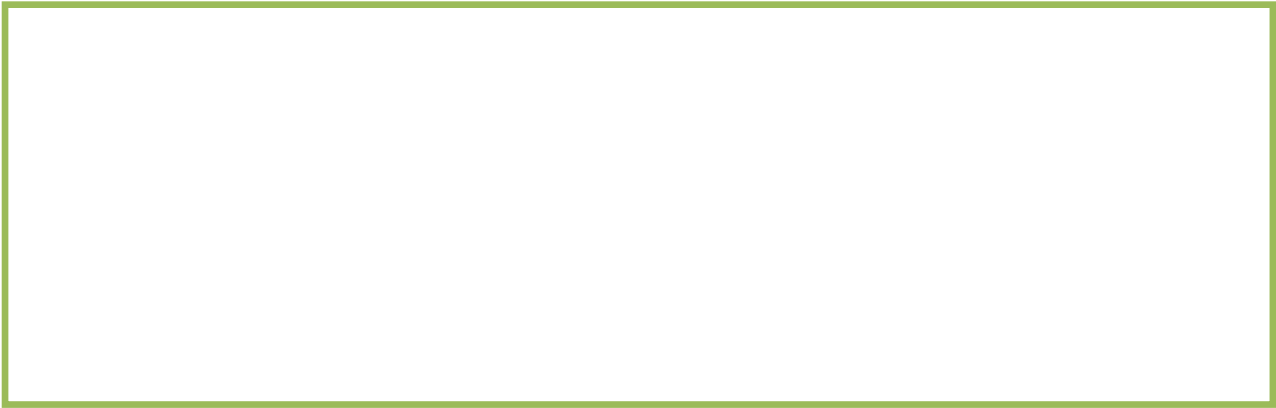
Have you ever seen the doctor because you were depressed or anxious?
Yes No

Are you happy with your weight? Yes No

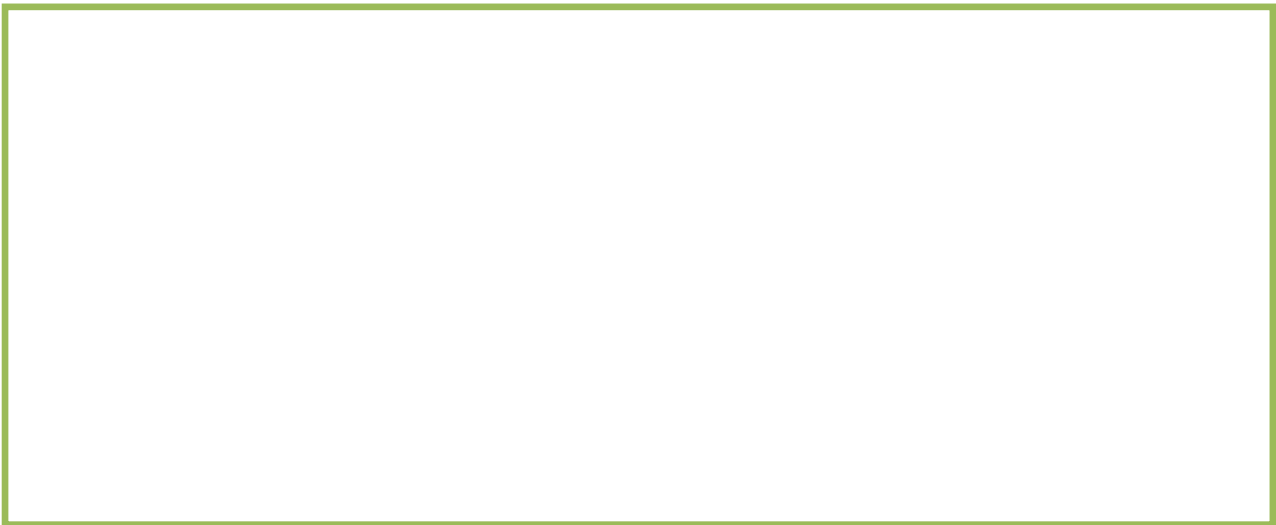
Do you take enough exercise? Yes No Don't know

Do you eat healthily? Yes No Don't know

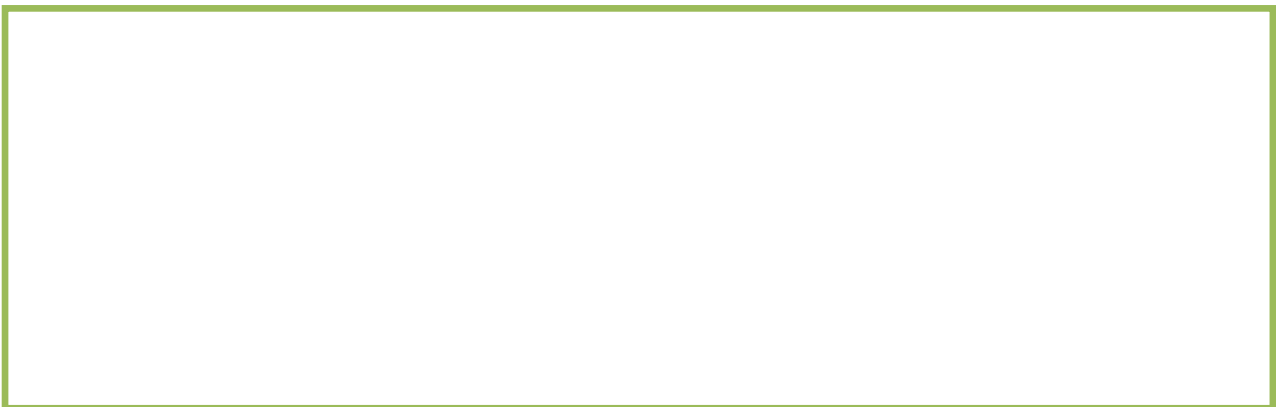
What do you like most about Jigsaw?



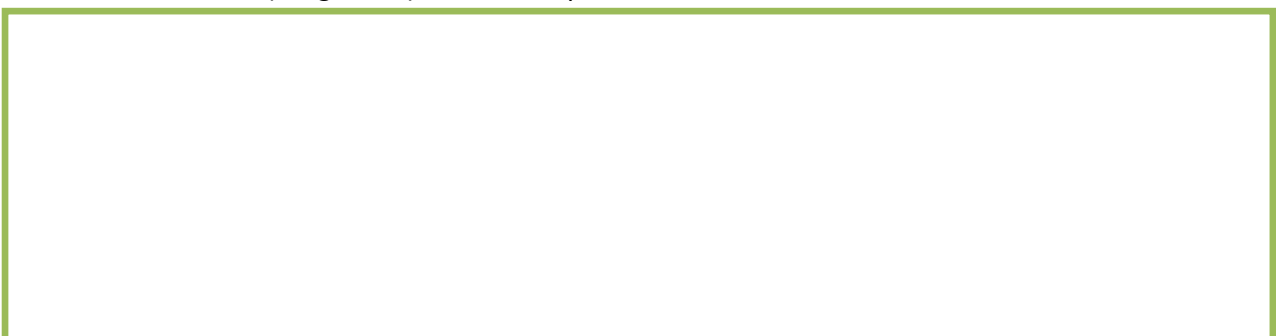
What you like least about Jigsaw?



What could Jigsaw do better? (For example you might like Jigsaw to provide different social and sports activities – include examples)



What could Jigsaw do that it doesn't do already? (For example you might like Jigsaw to provide someone you can talk to if you are worried, who could give you help and advice or to campaign on your behalf)



5. Which Jigsaw outing and activities do you enjoy and would like to do more of:

	<u>Would like to try</u>	<u>Definitely want to do this</u>
Sports & Exercise Classes		
Archery	<input type="checkbox"/>	<input type="checkbox"/>
Aqua Aerobics	<input type="checkbox"/>	<input type="checkbox"/>
Athletics	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics	<input type="checkbox"/>	<input type="checkbox"/>
Boccia	<input type="checkbox"/>	<input type="checkbox"/>
Boccia Matches (Friendly)	<input type="checkbox"/>	<input type="checkbox"/>
Badminton	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>
Baseball	<input type="checkbox"/>	<input type="checkbox"/>
Body Pump	<input type="checkbox"/>	<input type="checkbox"/>
Boxing	<input type="checkbox"/>	<input type="checkbox"/>
Canoeing	<input type="checkbox"/>	<input type="checkbox"/>
Chair Based Exercise	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>
Circuit Training	<input type="checkbox"/>	<input type="checkbox"/>
Cricket	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	<input type="checkbox"/>
Dance Fit	<input type="checkbox"/>	<input type="checkbox"/>
Darts	<input type="checkbox"/>	<input type="checkbox"/>
Dogdeball	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>
Martial Arts (Judo/Karate)	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>
Hockey	<input type="checkbox"/>	<input type="checkbox"/>
Horse Riding	<input type="checkbox"/>	<input type="checkbox"/>
New Age Kurling	<input type="checkbox"/>	<input type="checkbox"/>
Rugby	<input type="checkbox"/>	<input type="checkbox"/>
Salsa	<input type="checkbox"/>	<input type="checkbox"/>
Snooker	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>
Squash	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>
Rock Climbing	<input type="checkbox"/>	<input type="checkbox"/>
Rounders	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>
Table Tennis	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair Basketball	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair Rugby	<input type="checkbox"/>	<input type="checkbox"/>
Windsurfing	<input type="checkbox"/>	<input type="checkbox"/>
Kayaking	<input type="checkbox"/>	<input type="checkbox"/>
Weight training	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair tennis	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>
Zumba	<input type="checkbox"/>	<input type="checkbox"/>

Fun Workshops

Please tick if you would be interested in trying:

- Cookery/healthy eating
- Drama
- Jigsaw Newsletter

- Art
- Music
- Quizzes & Bingo
- Jigsy's Afternoon Tea Party
- Budgeting money
- TFT (Thought Field Therapy)
- Self defence
- Dating & Relationships
- Assertiveness
- How to cope with bullies
- Healthy Living workshops
- Learning how to get along with others

Social Outings

What social outing would you like to try more of?

- Bowling
- Away Days
- Visits to pubs
- Meals out
- Theatre
- Fashion Shows
- Arts & Craft Sessions
- Music Concerts
- Choir
- Picnics in the park
- Frogtastic
- Ice Skating
- Pamper Nights
- Cinema
- Discos
- Quiz Nights
- Residential / Holidays
- Museums
- Belle Vue Dogs
- Karaoke Nights
- Shopping Trips
- Events & Shows e.g. at Manchester Arena / Premier League Football Matches

Thank you for taking the time to complete this questionnaire for Jigsaw – your feedback is greatly appreciated!

Please return to: Jigsaw, Unit 28, Bury Business Centre, Kay Street, Bury BL9 6BU

Additional Comments