

Appendix 1 continued

	Not at all true	Hardly true	Moderately true	Exactly true
1. I can always manage to solve difficult problems if I try hard enough.				
2. If someone opposes me, I can find the means and ways to get what I want.				
3. It is easy for me to stick to my aims and accomplish my goals.				
4. I am confident that I could deal efficiently with unexpected events.				
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.				
6. I can solve most problems if I invest the necessary effort.				
7. I can remain calm when facing difficulties because I can rely on my coping abilities.				
8. When I am confronted with a problem, I can usually find several solutions.				
9. If I am in trouble, I can usually think of a solution.				
10. I can usually handle whatever comes my way.				

Appendix 1 continued

Have you participated in any formal or informal volunteering over the past 8 weeks? (Formal volunteering is defined as 'giving help through groups, clubs or organisations', and informal volunteering as 'any help given as an individual to someone who is not a relative'). (Please tick one box)

<input type="checkbox"/>	Yes, at least once a month
<input type="checkbox"/>	Yes, at least once in the last 6 weeks
<input type="checkbox"/>	No

If you have done more volunteering recently, to what extent do you think that is as a result of taking part in this project? (Please tick one box)

<input type="checkbox"/>	Completely, I would not have taken up volunteering otherwise
<input type="checkbox"/>	Partially, I had thought about taking up volunteering before and now felt the right time
<input type="checkbox"/>	Not at all, I was going to take up volunteering anyway

Have you taken up any new wellbeing activities or joined any new social groups over the last 8 weeks? (Please tick one box)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No – there has been no change

If you have taken up any new wellbeing activities or joined new social groups, please provide examples in the box below

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If you have taken up new wellbeing activities, or joined new social groups, to what extent do you think that is as a result of taking part in this project?

<input type="checkbox"/>	Completely, I would not have taken up the activities otherwise
<input type="checkbox"/>	Partially, I had thought about taking up the activities before and now felt the right time
<input type="checkbox"/>	Not at all, I was going to take up these activities anyway

Would you like to leave any comments on any of the following:

1. Have you enjoyed the project?
2. What was your favorite part?
3. Any other comments or feedback.

[Empty text box for comments]

Thank you,



Appendix

Appendix I: Pilot project evaluation survey

My Generation - the first survey

Your name

Today's date

Local Mind

Date of birth

What is your gender? (Please tick one box only)

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Any other..... (please specify)

Have you ever identified as transgender, now or in the past?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

How would you describe your sexual orientation? (Please tick one box only)

<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Gay
<input type="checkbox"/>	Heterosexual / Straight
<input type="checkbox"/>	Lesbian
<input type="checkbox"/>	Any other..... (please specify)

Are you a carer? (Please tick one box only)

<input type="checkbox"/>	Yes. If yes, on average, how many hours a week?
<input type="checkbox"/>	No

How would you describe your ethnicity? (Please tick one box only)			
Asian or Asian British	Bangladeshi Chinese Indian Pakistani Any other Asian background (please specify)	Mixed	White & Asian White & Black African White & Black Caribbean Any other Mixed background (please specify)
	Black or Black British		African Caribbean Any other Black background (please specify)
Other ethnic group	Arab Any other background..... (please specify)		

What is your marital status? (Please tick one box only)	
<input type="checkbox"/>	Married or Civil Partnership
<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Separated
<input type="checkbox"/>	Never Married
<input type="checkbox"/>	Other..... (please specify)

What is your living situation? (Please tick one box only)	
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Living with spouse/ partner
<input type="checkbox"/>	Living with children
<input type="checkbox"/>	Other..... (please specify)

What is your household status? (Please tick one box only)	
<input type="checkbox"/>	Owner-occupier
<input type="checkbox"/>	Privately rented accommodation
<input type="checkbox"/>	Social Housing/ Housing Association
<input type="checkbox"/>	Sheltered accommodation
<input type="checkbox"/>	Other..... (please specify)

Are you employed? (Please tick one box only)	
<input type="checkbox"/>	Yes – full-time
<input type="checkbox"/>	Yes – part-time
<input type="checkbox"/>	Retired
<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Homemaker
<input type="checkbox"/>	Any other..... (please specify)

Are you able to speak Welsh? (Please tick one box only)	
<input type="checkbox"/>	Yes – fluent
<input type="checkbox"/>	Yes – but not fluent
<input type="checkbox"/>	Learner
<input type="checkbox"/>	No

Would you say you have a long-term health condition or physical disability?

	Physical impairment (such as mobility or wheelchair use)
	Sensory impairment (such as sight or hearing)
	Cognitive impairment or learning difficulties (such as memory or ADHD)
	Any other impairment or experience of disability (please specify)

Which of these categories best represents your experience of mental health problems? (Please tick all boxes that apply)

	I have personal experience of mental health problems
	I use / have used mental health services
	I use / have used the services of a local Mind
	I am a family member of somebody who has experienced mental health problems
	I am a friend to someone who has experienced mental health
	I care or look after someone who has mental health problems
	I work in the mental health sector (such as nurse, social worker, psychiatrist)
	None of the above

If you do volunteer, how many hours do you volunteer on average each week? (Please write in the number of hours)

	Hours per week volunteering formally
	Hours per week volunteering informally

Appendix 1 continued

Please tick one box for each line that best describes your feelings

Statement	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my own mind about things					

	0	1	2	3 or 4	5 to 8	9 or more
How many relatives do you see or hear from at least once a month?						
How many relatives do you feel at ease with that you can talk about private matters?						
How many relatives do you feel close to such that you could call on them for help?						

	0	1	2	3 or 4	5 to 8	9 or more
How many of your friends do you see or hear from at least once a month?						
How many friends do you feel at ease with that you can talk about private matters?						
How many friends do you feel close to such that you could call on them for help?						

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Thank you,



My Generation - the Second survey

Your name

Today's date

Local Mind

Date of birth

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<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Separated
<input type="checkbox"/>	Never Married
<input type="checkbox"/>	Other..... (please specify)

What is your living situation? (Please tick one box only)	
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<input type="checkbox"/>	Living with children
<input type="checkbox"/>	Other..... (please specify)

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<input type="checkbox"/>	Privately rented accommodation
<input type="checkbox"/>	Social Housing/ Housing Association
<input type="checkbox"/>	Sheltered accommodation
<input type="checkbox"/>	Other..... (please specify)

Appendix 1 continued

Are you a carer? (Please tick one box only)	
<input type="checkbox"/>	Yes. If yes, on average, how many hours a week are you a care giver?
<input type="checkbox"/>	No

Are you employed? (Please tick one box only)	
<input type="checkbox"/>	Yes – full-time
<input type="checkbox"/>	Yes – part-time
<input type="checkbox"/>	Retired
<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Homemaker
<input type="checkbox"/>	Any other..... (please specify)

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