

Participant ID:



**HomeHealth Project: Evaluation form**



Thank you for participating in the HomeHealth research study. In this study you were first seen at home by a researcher [INSERT NAME] who did an assessment and went through some paperwork with you. You then received the HomeHealth service and were seen by a HomeHealth Project Worker [INSERT NAME]. Finally, after 6 months you were seen by the researcher [INSERT NAME] who completed another assessment.

This is the first time the HomeHealth service has been delivered and we are very keen to hear your views on the service so we can improve it. Your feedback is really important to us.

**Please answer the questions below and return the questionnaire to us in the pre-paid envelope.**

**The following questions are about the researcher [INSERT NAME] who visited you at home and asked you some questions at the start of the study and then 6 months later.**

[Researcher’s photo to be attached here as memory aid]

**1. Were there other topics about your health and wellbeing that you think the researcher should have asked you?**

Yes

No

Please give us details:

.....  
.....  
.....

**2. Were there any topics or questions that you found difficult or disliked?**

Yes

No

If yes, please specify:

.....  
.....  
.....

**3. How would you describe the length of the visit?**

Too long

Length of time was ok

Not long enough

**Please turn over**

**4. Do you have any other comments about the appointments with the researcher?**

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.....  
.....  
.....

**The following questions are about the HomeHealth service you received with the HomeHealth Project Worker [INSERT NAME]. [HomeHealth Project Worker’s photo to be attached here as memory aid]**

**5. What did you think of the HomeHealth service overall?**

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.....  
.....  
.....

**6. The HomeHealth Project Worker [INSERT NAME] discussed identifying goal(s) that were important to you. Overall, how satisfied were you with the progress you made towards your goal(s) on a scale from 0 to 5 (0=not satisfied at all, 5=very satisfied)? Please tick one box below:**

not satisfied at all						very satisfied
0	1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. How helpful did you find the HomeHealth service, on a scale from 0 to 5 (0=not helpful at all, 5=very helpful)? Please tick one box below:**

not helpful at all						very helpful
0	1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Please tell us why:**

.....  
.....  
.....  
.....

**8. What do you feel about the number of appointments? Were there:**

Too many       Too few       About the right number

**9. What do you think about the length of the appointments? Were they:**

Too long       Too short       About right

**10. Where do you think it is best to hold the appointments?**

In your own home     In your GP surgery       Don't know

Other venue  Please specify.....

**11. Did you feel able to talk to your HomeHealth worker freely and openly?**

Yes       No       Why was that?

.....  
.....  
.....

**12. What did you like about the HomeHealth service?**

.....  
.....  
.....

**13. What did you *not* like about the HomeHealth service?**

.....  
.....  
.....

**Please turn over**

**14. How could we improve the HomeHealth service?**

.....  
.....  
.....

**15. Did the HomeHealth service meet your expectations?**

Yes                       No                       Please explain why:

.....  
.....  
.....  
.....

**16. Would you recommend the HomeHealth service to a friend or family member?**

Yes                       No                       Please explain why:

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.....  
.....  
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**17. Do you have any other comments or suggestions?**

.....  
.....  
.....

**Thank you very much for taking the time to fill in this questionnaire. Please use the enclosed pre-paid envelope to return it to the HomeHealth research team.**

**Contact details:** Christina Avgerinou (Senior Clinical Research Associate)  
[INSERT Phone number]    e-mail: [c.avgerinou@ucl.ac.uk](mailto:c.avgerinou@ucl.ac.uk)  
Post: Department of Primary Care and Population Health, University College London, Royal Free Campus, Rowland Hill Street, NW3 2PF



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Thank you very much for participating in the HomeHealth research study, your involvement has been very helpful to us. In this study you have been visited at home by a researcher [INSERT NAME] on two occasions, once recently and once 6 months before that. She asked you questions about your health and wellbeing and went through some paperwork with you.

We would now like to know what it has been like taking part in this study, including your views of being in the group that did not receive the HomeHealth service. Your feedback is really important to us. **We would appreciate it if you could answer the questions below and return the questionnaire to us in the pre-paid envelope.**

**The researcher who visited you at home asked you some questions about your health and wellbeing at the start of the study and then 6 months later.**

**1. Were there other topics about your health and wellbeing that you think the researcher should have asked you?**

Yes                       No                       Please give us details:

.....  
.....  
.....  
.....

**2. Were there any topics or questions that you found difficult or disliked?**

Yes                       No                       If yes, please specify:

.....  
.....  
.....  
.....

**3. How would you describe the length of the visit?**

Too long                       Length of time was ok                       Not long enough

**Please turn over**

**4. Do you have any other comments about the appointments with the researcher?**

.....  
.....  
.....  
.....

**5. Did seeing the researcher result in you making changes to improve your health or wellbeing (e.g. change your diet, exercise more, join a group or seek help or advice from someone?)**

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**6. How could we improve the HomeHealth study for people like yourself who volunteered but did not receive the service?**

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**7. Do you have any other comments or suggestions?**

.....  
.....  
.....

**Thank you very much for taking the time to fill in this questionnaire. Please use the enclosed pre-paid envelope to return it to the HomeHealth research team.**

**If you would like any further information please contact:**

**Christina Avgerinou, Senior Clinical Research Associate, Department of Primary Care and Population Health, University College London, Royal Free Campus, Rowland Hill Street, NW3 2PF**

**e-mail: [c.avgerinou@ucl.ac.uk](mailto:c.avgerinou@ucl.ac.uk) [INSERT Phone number]**