

INITIAL OUTCOMES SURVEY

Rendez Vous

INTRODUCTION

We would like to know how the issues you face affect you and whether our advice (help) changes your experiences. We would appreciate it if you could take a few minutes to answer a few questions now and also after you have received advice from us. We appreciate that the issues you face can affect a lot of things in your life. At the moment we are looking at some specific things. If you want to talk to us about anything else would be more than happy to listen.

You should only answer the questions that you want to. If you don't want to answer a question you don't have to. Just skip that one and go on to the next question.

The answers that you give won't affect the advice (help) that we give you in any way. Everything you tell us will be confidential. If we use the information that you tell us for reports or case studies no-one outside of RendezVous staff will know that the information came from you.

1. YOUR ISSUES

1a - What issue(s) have you come to see us about today?

I don't know

I don't want to answer

1b - How are your issues affecting you?

Please read the statements below.

On a scale of 1 to 5 where 1 is no effect, 3 is quite an effect and 5 is a lot of effect. Do you think that the issue(s) that you have come to see us about today have had any of the following effects on you?

| | No effect | 2 | Quite an effect | 4 | A lot of effect |
|---|-----------|---|-----------------|---|-----------------|
| How you spend your day during the week e.g. school, college or work | 1 | 2 | 3 | 4 | 5 |
| How easy you find to relax and get to sleep..... | 1 | 2 | 3 | 4 | 5 |
| How much you drink..... | 1 | 2 | 3 | 4 | 5 |
| How much you take drugs..... | 1 | 2 | 3 | 4 | 5 |
| What you think about..... | 1 | 2 | 3 | 4 | 5 |
| How you feel physically and emotionally..... | 1 | 2 | 3 | 4 | 5 |
| How you look after your eating and fitness..... | 1 | 2 | 3 | 4 | 5 |
| How supported you feel..... | 1 | 2 | 3 | 4 | 5 |

I don't know

I don't want to answer

FINAL OUTCOMES SURVEY

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1c - Dealing with your issues

On a scale of 1 to 10 where 1 is not able to deal with your issues; 5 is quite able to deal with your issues and 10 is totally able to deal with your issues. How would you rate your ability to deal with your issues on your own?

not able

1 2 3 4 5 6 7 8 9 10

totally able

I don't know

I don't want to answer

2. YOUR CONFIDENCE IN DEALING WITH SITUATIONS

2a - Your general confidence in dealing with situations

On a scale of 1 to 10 where 1 is not very confident; 5 is quite confident and 10 is totally confident, how confident would you say you are generally in dealing with different situations in your life?

not very confident

1 2 3 4 5 6 7 8 9 10

totally confident

I don't know

I don't want to answer

2b - Your confidence levels at the moment

Using the same scale how would you currently rate your confidence in dealing with different situations in your life?

not very confident

1 2 3 4 5 6 7 8 9 10

totally confident

I don't know

I don't want to answer

2c - The effect of your issue(s) on your confidence

Do you think that the issue(s) that you came to see us with has/have affected your confidence in dealing with any of the following? (Where 1 is not much at all, 3 is quite a lot and 5 is a lot).

| | Not much at all | | Quite a lot | | A lot |
|--|--------------------|---|-------------|---|-------|
| Officials at the council, job centre etc | 1 | 2 | 3 | 4 | 5 |
| Teachers, doctors etc | 1 | 2 | 3 | 4 | 5 |
| People at work, school, college etc | 1 | 2 | 3 | 4 | 5 |
| Your neighbours | 1 | 2 | 3 | 4 | 5 |
| Your friends | 1 | 2 | 3 | 4 | 5 |
| Your family | 1 | 2 | 3 | 4 | 5 |

I don't know

I don't want to answer

3. YOUR LEVEL OF ENTHUSIASM ABOUT YOUR FUTURE

On a scale of 1 to 10 where 1 is not very enthusiastic; 5 is quite enthusiastic and 10 is very enthusiastic how would you rate your thoughts about your future before you experienced this/these issue(s)?

not very enthusiastic 1 2 3 4 5 6 7 8 9 10 very enthusiastic

I don't know

I don't want to answer

Using the same scale how would you currently rate your level of enthusiasm?

not very enthusiastic 1 2 3 4 5 6 7 8 9 10 very enthusiastic

I don't know

I don't want to answer

4. MANAGING YOUR BEHAVIOUR

Do you think that the issue(s) that you came to see us with have affected your ability to manage your behaviour in any of the following situations? (Where 1 is not much at all, 3 is quite a lot and 5 is a lot).

| | Not much at all | | Quite a lot | | A lot |
|---|-----------------|---|-------------|---|-------|
| With officials from the council, the job centre, connexions etc. | 1 | 2 | 3 | 4 | 5 |
| With your boss at work, your tutor at college or your tutor or teachers at school etc | 1 | 2 | 3 | 4 | 5 |
| Your neighbours | 1 | 2 | 3 | 4 | 5 |
| Your friends | 1 | 2 | 3 | 4 | 5 |
| Your family | 1 | 2 | 3 | 4 | 5 |
| Your landlord | 1 | 2 | 3 | 4 | 5 |
| The police | 1 | 2 | 3 | 4 | 5 |

I don't know

I don't want to answer

THANK YOU.

WE REALLY APPRECIATE YOUR TIME.