

BAND OF HOPE AND AFFILIATED GROUPS SURVEY



We would be grateful if you could complete the following.
We promise to share the results with you.

If you have any queries regarding completing this survey
please contact Ian on: 07889 496684.

YOUR DETAILS

Please tell us the following things about yourself:

In which country do you live? England Northern Ireland Scotland Wales

Please mark one of the boxes below to indicate your age:

45-54 55-59 60-64 65-74 75+

Please give us your contact details. *Although this part is optional, it would help us with following up any queries we may have.*

Name:

Address:

Email:

Landline Number:

Mobile Number:

YOUR INVOLVEMENT WITH THE BAND OF HOPE OR AN AFFILIATED GROUP

Which of the following best describes your involvement with a Band of Hope group:

Frequency:

Never attended An occasional visitor A regular member Very involved

Role:

Child Young person Helper Leader

If you were involved with a Band of Hope group, which one was it, and why did you attend?

Which of the following best describes your involvement with Band of Hope or YTC (Youth Temperance Council) residential or holidays:

Frequency:

Never attended Only attended once Occasionally attended Regular attender

Role:

Child Young person Helper Leader

If you did attend a Band of Hope residential, such as a summer school, which one(s) was it, and why did you attend?

How old were you when you first got involved with the Band of Hope?

For how long were you involved with the Band of Hope?

Why did you go to your group or residential?

What do you remember learning as a result of attending your Band of Hope group or residential?

Did you make friends at the group or residential, and were you able to keep in touch with any?

Would you say your time at your group or residential influenced your behaviour, or your life at all? If it did, can you tell us how?

If you do not do one or more of the following: drink alcohol, smoke, take illegal drugs, why not?

What part, if any, did Band of Hope play in this?

Was faith part of your Band of Hope event? If 'Yes', how did this influence your behaviour towards alcohol and other drugs?

Are there any stories you would like to tell us about your time in the Band of Hope?

YOUR LIFESTYLE

Smoking	
Do you smoke?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you do smoke, what is your weekly expenditure?	<div style="background-color: #cccccc; border-radius: 15px; height: 25px;"></div>
Did you used to smoke?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you use an e-cigarette?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you agree with the current restrictions on smoking in public places?	
Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/>	
Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/>	

Alcohol	
Do you drink alcohol?	YES <input type="checkbox"/> NO <input type="checkbox"/>
How much are you in favour or against Minimum Unit Pricing for alcohol?	
If you do drink alcohol please answer the following questions:	
Do you drink above the guidelines? <i>(The Chief Medical Officers' guidelines are shown in the accompanying notes.)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you drink alcohol in the last year?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you consume alcohol on more than 5 days in the previous week?	YES <input type="checkbox"/> NO <input type="checkbox"/>
On how many days last week did you drink alcohol?	<input type="text"/>
Would you estimate that over the past year you normally drank over 14 units of alcohol per week?	YES <input type="checkbox"/> NO <input type="checkbox"/>
What is your estimate of your maximum alcohol consumption on any day last week?	<input type="text"/>
How many units would you estimate that you consumed on your heaviest drinking day in the past week?	<input type="text"/>

Other Drugs	
Do you use illegal drugs? <i>(Please see the accompanying notes for a definition of 'illegal drugs'.)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, which illegal drug(s) do you use?	<input type="text"/>
Have you used illegal drugs in the last year?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever used illegal drugs in your lifetime?	YES <input type="checkbox"/> NO <input type="checkbox"/>

General Data Protection Regulations

The information in the report which we intend to produce will be anonymised. We will not put your details on our database unless you have asked to go on it.

Please sign and date below, to give your permission for us to use the information you have given us.

Signature:

Date:

Thank you for taking the time to complete this survey.

Please return this form in the postage paid envelope provided or return to:
Hope UK, 50 Gold Street, Kettering NN16 8JB