**PROJECT LOGO**

**PROJECT NAME**

**Device loan feedback form**

[*Insert brief introduction to the initiative* – e.g: Residents of Tower Hamlets who are [*insert any eligibility criteria* – e.g. digitally excluded] are able to borrow a device from [*organisation*] for up to [*x weeks]* in order to [*insert purpose* – e.g. help improve their digital skills and get the best from the internet]].

Thank you for borrowing a device from [organisation/device library].

To help us better understand the impact of this service please answer the following questions about your digital experience, abilities and interests.

**Your digital experience, abilities and interests**

1. How useful to your day-to-day life did you find the device you borrowed?

*(1 being the least useful and 10 being the most useful)*

1. What was the most useful thing to your day-to-day life about having a device?

*(Free text)*

1. Since borrowing the device, how would you rate your confidence with the following?

*(1 being the lowest confidence and 10 being the highest confidence)*

* Email
* Internet searching
* Filling out online forms
* Social media
* Messaging and texting
* Video calling
* Browing information about goods and services online
* Shopping and spending money online
* Selling goods online
* Online banking
* Accessing council information and services
* Accessing health information and services
* Using other government information and services
* Job searching and applying
* Accessing online learning and training
* Online safety, security and privacy
* Managing passwords
* Creating documents
* Gaming
* Watching films and video content
* Listening to music
* Online news
* Local news and events
* Other hobbies and interests
* E-books and e-magazines
* Socialising with friends and family
* Exercise
* Finding affordable devices
* Finding affordable data
* Finding digital support

1. Since borrowing the device, how interested are you in learning more about the following?

*(1 being the lowest confidence and 10 being the highest confidence)*

* Email
* Internet searching
* Filling out online forms
* Social media
* Messaging and texting
* Video calling
* Browing information about goods and services online
* Shopping and spending money online
* Selling goods online
* Online banking
* Accessing council information and services
* Accessing health information and services
* Using other government information and services
* Job searching and applying
* Accessing online learning and training
* Online safety, security and privacy
* Managing passwords
* Creating documents
* Gaming
* Watching films and video content
* Listening to music
* Online news
* Local news and events
* Other hobbies and interests
* E-books and e-magazines
* Socialising with friends and family
* Exercise
* Finding affordable devices
* Finding affordable data
* Finding digital support

1. *How would you rate your level of social interaction and community engagement?*

*(1 being the lowest and 10 being the highest)*

*Before borrowing the device*

*Since borrowing the device*

1. *How would you rate your self-esteem, confidence, and wellbeing?*

*(1 being the poorest and 10 being the highest)*

*Before borrowing the device*

*Since borrowing the device*

1. *How often would you like to use digital devices to go online?*

*(1 being the least often and 10 being the most often)*

*Before borrowing the device*

*Since borrowing the device*

1. *What might prevent you from being able to continue engaging in online activities in the future? (please tick any that apply)*
   1. *I don’t have access to a computer, tablet, or other device*
   2. *I don’t have access to internet or sufficient mobile data at home*
   3. *I don’t have the digital skills to engage in online activities independently*
   4. *I don’t have the help and support I need to engage in online activities*
   5. *I’m not aware of any relevant online activities*
   6. *I have a disability and need specialist technology adaptations to engage in online activities*
   7. *I am unable to use some online activities because of a language barrier*
   8. *Other (please specify)*
2. *Would you consider buying your own device?*

*(yes/no)*

1. *Would you recommend this service to a friend or family member?*

*(yes/no)*

1. *Would you be happy for us to contact you again in 6 months?*

*(yes/no)*

1. *Equalities monitoring questions [to be completed if not done already]*