This template has been designed to support The Digital Inclusion Evaluation Toolkit: A step-by-step guide to demonstrating social impact of digital inclusion projects.

This toolkit has been developed for those working on digital inclusion projects. It has been designed to provide a consistent evaluation approach, which will support the development of a strong evidence base for effective intervention in this field. For an overview of the whole process please see Digital Inclusion Evaluation Toolkit: An Overview.

Two surveys are presented below: Survey A (for use at baseline data collection) and Survey B (for use at follow up data collection). They are both generic survey templates and should be adapted to suit your project.

Adapt the text as needed so that the language is clear and accessible to your specific participants.
SURVEY A: BASELINE

INTRODUCTION
We are currently evaluating our [INSERT SERVICE OR ACTIVITY NAME]. This will help us to understand how well the service is working. We will use the results to show others (such as those who have helped to fund the service) what we have achieved. We will also use the results to help us improve the service in the future.

To help with this, we are asking you to complete this short survey. You do not have to take part if you don't want to. You can also leave questions blank if you don't want to answer them, but completing the survey will really help us. So please fill it in as much as you can. By completing it you are consenting to take part in the research.

The information you give us will be treated confidentially. Your responses will be anonymised, and your name will not be stored alongside your responses. Please feel free to be completely honest, you will not be judged in any way on the response you give. Both positive and negative feedback are equally welcome.

We are asking you to complete this survey before you [TAKE PART/ATTEND SERVICE]. We will also ask you to complete a short survey afterwards to see if anything has changed. We may also contact you again several months afterwards to see if there have been any lasting changes to your life as a result.

The survey will take approximately XXXXXX minutes to complete.

[Any further instructions]

If you have any questions about this survey, please feel free to contact [INSERT NAME] at [INSERT CONTACT DETAILS] who will be happy to discuss them with you.
SECTION 1: BACKGROUND INFORMATION
We want to make sure our services are accessible and inclusive. Telling us a little about yourself will help us make sure they are working for everyone. If we find that some people are not using our services or it is not helping them as much as we had hoped, we can make changes to improve this.

Participant Code

INSERT DEMOGRAPHIC QUESTIONS AS APPROPRIATE

[The information you gather in this section will help you to understand and interpret the results, and compare them with other services. Ask for information that will help you to make sure you have a representative sample. Include any characteristics or factors that might reasonably be expected to affect the results. This could include age, gender, disability, employment status, and so on. Be clear about why you are asking for the information and how it will help you. Once you have decided on the information you want to gather you can use our sample questions in the Digital Inclusion Evaluation Toolkit bank of indicators, outcomes and survey questions.]

SECTION 2: OUR SERVICES
Please tell us about which services you have accessed below.

INSERT QUESTIONS RELATING TO OUTPUTS HERE

[Include information about current or previous use of services to help you interpret the results. For example, the number of times they have attended the service might change how it affects them. Or also attending another of your services, or those of another provider might also be important. This should cover the outputs you want to collect data on for this service/type of beneficiary]

e.g. How many times have you [E.G. ATTENDED THIS ACTIVITY]
never  once  2-3 times  4-6 times  more than 6 times

[If you want to ask about use of other services/other providers, create a multi-choice list of options along with an ‘other’ option. This will make analysing the data easier.]

SECTION 3: ABOUT YOU
Next, we’d like to ask you some questions about things that might change after you have attended this service. We will also ask you the same questions afterwards to see if anything has changed. Please answer as honestly as possible.

INSERT QUESTIONS RELATING TO EACH OUTCOME INDICATOR.

[You can use the sample survey questions in the Digital Inclusion Evaluation Toolkit bank of indicators, outcomes and survey questions]

E.g. How confident do you feel using the internet?
[Not at all] [Slightly] [Moderately][Quite] [Extremely]
SECTION 4:
AND FINALLY....
Is there anything you would like to tell us about why you are using this service and what you hope to gain from doing so?

Free-text field

DATA PROTECTION STATEMENT
Please tick to show that you agree to the use of this information.

I consent to the processing of my personal information for the purposes of this evaluation. I understand that such information will be treated as strictly confidential and handled in accordance with the Data Protection Act 1998.

Yes [ ] No [ ]

Thank you for completing our survey!
SURVEY B: AFTER ATTENDING [THE SERVICE]

INTRODUCTION
As you know, we are currently evaluating our [INSERT SERVICE OR ACTIVITY NAME]. This will help us to understand how well the service is working. We will use the results to show others (such as those who have helped to fund the service) what we have achieved. We will also use the results to help us improve the service in the future.

To help with this, we are asking you to complete this short survey. You do not have to take part if you don’t want to. You can also leave questions blank if you don’t want to answer them, but completing the survey will really help us. So please fill it in as much as you can. By completing it you are consenting to take part in the research.

The information you give us will be treated confidentially. Your responses will be anonymised, and your name will not be stored alongside your responses. Please feel free to be completely honest, you will not be judged in any way on the response you give. Both positive and negative feedback are equally welcome.

We asked you to complete a similar survey before you [ATTENDED X SERVICE]. We are also now asking you to complete this second survey after you have attended it to see if anything has changed. We may also contact you again in several months to see if there have been any lasting changes.

The survey will take approximately XXXXXXXX minutes to complete.

[Any further instructions]

If you have any questions about this survey, please feel free to contact [INSERT NAME] at [INSERT CONTACT DETAILS] who will be happy to discuss them with you.

Participant Code: [ ]
SECTION 1: OUR SERVICES
Please let us know below which services you have accessed

[Insert a question here confirming which service the survey relates to if needed. Use a list of pre-set options to choose between if needed. Avoid free text box as this makes the data more time-consuming to analyse. It may also be useful to include the date for reference.]

SECTION 2: ABOUT YOU
Next, we’d like to ask you some questions about things that might have changed now that you have accessed our service. Remember that there are no right or wrong answers. The information you provide will help us to refine and develop our services.

[Insert questions here on the outcome indicators. If possible, use the same wording and response options as you did previously. In some cases, these might need to be very slightly changed (e.g. from past to present tense, and so on) so that they make sense in the context. In most cases, the questions should be identical to those used in Survey A.]

E.g. To what extent do you agree or disagree with the statement “The Internet is for people like me.”

[Strongly agree] [Agree] [Neither agree nor disagree] [Disagree] [Strongly disagree] [Don’t know]

SECTION 3: ATTRIBUTION
Next, we’d like to ask about any other factors that might have influenced your responses in Section 2.

[Ask the following question for each outcome/indicator used in Section 2]

Thinking back to the start of the course, how much of the change in your confidence is down to the course rather than other factors (for example, help from a relative or friend)?

[None] [Some] [About half] [Most of it] [All]

SECTION 4: FURTHER COMMENTS
Please tell us about any other changes or effects [the service] has had. [Insert free text box]

Do you have any other feedback or anything you would like to tell us about the service, not covered above? [Insert free text box]

Thank you so much for completing this survey
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