



Individual Development Plan (IDP)
New Starter Form (1)

This form is to be filled out by you (the participant) to:
a) ensure the service delivered is appropriate to meet your needs
b) enable us to measure the success of the service for yourself and/or others
c) continually to improve the service for yourself and/or others

ID Number: _____

Date: _____



Surname: _____

First name(s): _____

Date of Birth (dd/mm/yy): _____ **Gender: Male** **Female**

How did you hear about the service?

- Recommended by GP
- Recommended by other Health Professional
- Saw advertising/poster/leaflet
- Recommended by friend/relative
- Other (Please State): _____

What are your reasons for joining the scheme?

- To feel healthier
- To control or improve my mental health & wellbeing
- To increase my level of physical activity
- To learn about eating more healthy food
- To improve my gardening skills
- To learn about how to produce my own fruit & vegetables
- To improve my social life

Other (Please State): _____

Welcome to the 'A Place To Grow' Community Garden project run by Blaby District Council. We hope that you enjoy your time with us and improve your health and wellbeing as a result of attending our scheme.



1. What do you think you will enjoy about the scheme?

2. What do you hope to achieve by being on the scheme?

3. What support do you think might need?

4. The Department of Health recommends that adults aged 19-64 years undertake 150 minutes of physical activity per week. Roughly how much time per week (in minutes) do you currently spend undertaking moderate physical activity? (Please tick)

0-30 minutes 31-149 minutes 150 minutes+

5. On average, how many portions of fruit and/or vegetables per day do you currently consume?

0-1 2-4 5+

5. How do you feel about your gardening skills at the current time?

1 being very poor – 5 being very good (please circle number)

1 2 3 4 5

This page contains a tool for measuring mental wellbeing, it is designed to record how happy and positive you are feeling. We will ask you to complete this form at the start of your time with us, at three months, and follow-up again at 6- and 12-months to see if there have been any changes.



The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
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