



Questionnaire to evaluate the experience of  
of volunteer walking companions in the POWER Study  
(A volunteer-supported walking programme to improve physical function in  
older people)

Please answer the following questions:

**1. How did you find out about the POWER project?**

(multiple answers possible)

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> friends          | <input type="checkbox"/> flyer        |
| <input type="checkbox"/> volunteer agency | <input type="checkbox"/> nursing home |
| <input type="checkbox"/> press/TV/radio   |                                       |
| <input type="checkbox"/> other: _____     |                                       |
| <input type="checkbox"/> don't know       | <input type="checkbox"/> n/a          |

**2. Before the project, did you already have experience in dealing with older people or nursing home residents?**

(multiple answers possible)

- yes, by caring for relatives/friends/neighbours
- yes, professional experience as \_\_\_\_\_
- yes, through previous voluntary work
- no
- don't know
- n/a



### 3. What motivated you to sign up for the POWER project?

(multiple answers possible)

- |  |   |
|--|---|
| <input type="checkbox"/> to receive recognition    | <input type="checkbox"/> to make new contacts                       |
| <input type="checkbox"/> Interest in exercise      | <input type="checkbox"/> Interest in scientific study               |
| <input type="checkbox"/> Meaning of life           | <input type="checkbox"/> to gain new experiences                    |
| <input type="checkbox"/> Improvement of own health | <input type="checkbox"/> Financial compensation (expense allowance) |
| <input type="checkbox"/> other: _____              |   |
| <input type="checkbox"/> don't know                | <input type="checkbox"/> n/a  |

### 4. Did the training address all the topics that are important to you?

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> strongly agree    | <input type="checkbox"/> agree    |
| <input type="checkbox"/> strongly disagree | <input type="checkbox"/> disagree |
| <input type="checkbox"/> don't know        | <input type="checkbox"/> n/a      |

I missed the following topics: \_\_\_\_\_

### 5. Was the training manual helpful to you during the period of regular walks?

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> yes        | <input type="checkbox"/> rather yes |
| <input type="checkbox"/> no         | <input type="checkbox"/> rather no  |
| <input type="checkbox"/> don't know | <input type="checkbox"/> n/a        |



**6. Have you participated in the meetings for the exchange of experience?**

- yes
- no, because: \_\_\_\_\_
- n/a

**7. How often did you go for a walk with your walking companion during the week?**

- less than 1x/week                       1x/week
- 2x/week                                       3x/week
- more than 3x/week                       don't know
- n/a

**8. Was the environment around your walk companion's nursing home suitable for walks with seniors?**

- yes
- no, because: \_\_\_\_\_
- don't know                                       n/a

**9. Have you been or will you be adequately supervised and supported by the contact person/caregiver in your volunteer role?**

- yes
- no, because: \_\_\_\_\_
- don't know                                       n/a



**10. How was the relationship between you and your walking partner?**

- |                                     |                               |
|-------------------------------------|-------------------------------|
| <input type="checkbox"/> very good  | <input type="checkbox"/> good |
| <input type="checkbox"/> less good  | <input type="checkbox"/> bad  |
| <input type="checkbox"/> don't know | <input type="checkbox"/> n/a  |

**11. Has a relationship of trust been established with your walking partner?**

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> yes        | <input type="checkbox"/> rather yes |
| <input type="checkbox"/> no         | <input type="checkbox"/> rather no  |
| <input type="checkbox"/> don't know | <input type="checkbox"/> n/a        |

**12. Has your physical performance and health changed as a result of the walks and activities?**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> improved   | <input type="checkbox"/> rather improved |
| <input type="checkbox"/> worse      | <input type="checkbox"/> rather worse    |
| <input type="checkbox"/> same       |  |
| <input type="checkbox"/> don't know | <input type="checkbox"/> n/a             |

**13. Have you been physically stressed by the regular company of your walking partner?**

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> yes        | <input type="checkbox"/> rather yes |
| <input type="checkbox"/> no         | <input type="checkbox"/> rather no  |
| <input type="checkbox"/> don't know | <input type="checkbox"/> n/a        |

**14. Have you been psychologically burdened by the regular companionship of your walking partner?**

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> yes        | <input type="checkbox"/> rather yes |
| <input type="checkbox"/> no         | <input type="checkbox"/> rather no  |
| <input type="checkbox"/> don't know | <input type="checkbox"/> n/a        |



**15. Have appointments been cancelled by your walking partner?**

(multiple answers possible)

yes, because:

weather

illness of the walk partner

motivation of the walk partner

other reasons: \_\_\_\_\_

no

don't know

n/a

**16. Was the project cancelled by your walk partner before the start of the corona contact  
lockout?**

(multiple answers possible)

yes, because :

**→ continue with question 20**

bad health condition

too little time

lack of interest

other reasons:  
\_\_\_\_\_

no

don't know

n/a



**With the outbreak of the Corona pandemic (COVID19/SARS-CoV-2) in Germany, visits to nursing homes and homes for the elderly were forbidden by the government of North Rhine-Westphalia on 13.03.2020:**

**17. At the beginning of the visitation ban, did you still have contact to your walking partner?**

- yes, in fact
  - walks
  - visits
  - other \_\_\_\_\_ no → **continue with question 20**

**18. Were you able to keep in contact with your walking partner during the visitation ban?**

- yes, in fact
  - walks/visits
  - telephone calls
  - correspondence (postcard/letter/WhatsApp/SMS)
  - other: \_\_\_\_\_ no

**19. Will you continue the walks with your walking partner after the visitation ban ends?**

- yes
  rather yes  
 no
  rather no  
 don't know
  n/a



**20. Will you continue your volunteer engagement in the future?**

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> yes        | <input type="checkbox"/> rather yes |
| <input type="checkbox"/> no         | <input type="checkbox"/> rather no  |
| <input type="checkbox"/> don't know | <input type="checkbox"/> n/a        |

**21. Which of the items below are important to you when volunteering:**

**(multiple answers possible)**

- Liability and accident insurance provided by the organization
- Recognition of the activity in the form of certificates, identification, honours or similar.
- professional support
- financial remuneration/expense allowance
- good accessibility of the place of use
- time flexibility
- don't know
- n/a

**22. Is there anything else you would like to tell us?**

**Please share your suggestions, wishes, comments or criticism with us:**

Empty text area for providing suggestions, wishes, comments, or criticism.



**Personal information:**

female

male

Age in years: \_\_\_\_\_

Number of walking partners in total: \_\_\_\_\_

**Please return the questionnaire in the enclosed stamped envelope to:**

**You are also welcome to fax back the questionnaire and your consent form or send it by e-mail**

**to:**

**Fax-No.: 02302 926 745**

**E-Mail: [power@uni-wh.de](mailto:power@uni-wh.de)**

**Please return ALL pages of the questionnaire as well as your signed consent form (in a separate envelope or separately), too.**

**Many thanks for your support!**