Appendix 2: Our survey questions

Healthwatch's purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. We use the feedback you share to help bring about positive changes to our health and care services.

 This survey is designed to hear the voices of unpaid carers who struggle with accessing care on behalf of others, and what happens when someone rejects being given care. We want to hear your experiences to understand this issue better. All your answers will be kept strictly anonymous. Thank you for taking part.

## 2.

### 1. Are you an unpaid carer for someone?

|  |  |
| --- | --- |
|      | Yes |
|      | No |

## 3.

### 2. What is the age of the person you care for?

|  |  |
| --- | --- |
|      | Child under age of 18 |
|      | 18 - 24 yrs |
|      | 25 - 49 yrs |
|      | 50 - 64 yrs |
|      | 65 - 79 yrs |
|      | 80 yrs and over  |
|      | Not known |

## 4. Thank you for taking part!

This survey is for unpaid carers of adults over the age of 18, which you have indicated you are not. Thank you for taking the time to engage with this survey. For more information on what Healthwatch does, visit our website:

Healthwatch BANES: https://healthwatchbathnes.co.uk/

Healthwatch Swindon: https://www.healthwatchswindon.org.uk/

Healthwatch Wiltshire: https://www.healthwatchwiltshire.co.uk/

## 5.

### 3. How do you know the person you care for? (if you care for more than one person, please write any other people in the 'other' box)

|  |  |
| --- | --- |
|      | Family member  |
|      | Friend |
|      | Neighbour |
|      | Other (please specify):

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| --- |
|   |

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### 4. Does the person you care for live at home with you?

|  |  |
| --- | --- |
|      | Yes  |
|      | No |

### 5. Which best describes the person you care for? Tick all that apply

|  |  |
| --- | --- |
|      | Person with serious mental illness (SMI) |
|      | Person with dementia or Alzheimer's disease |
|      | Person with learning disabilities |
|      | Person with a physical disability or mobility issues |
|      | Person with another long term health condition |
|      | Other (please specify):

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### 6. Are you a health and welfare attorney for the person you care for (lasting power of attorney)?

|  |  |
| --- | --- |
|      | Yes |
|      | No |

### 7. Do healthcare professionals involve you in their treatment decisions about the person you care for?

|  |  |
| --- | --- |
|      | Yes |
|      | No |
|      | Sometimes |

## 6.

### 8. If you are not involved or only sometimes involved, how does this affect you?

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

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## 7.

### 9. Does the person you care for attend their medical appointments?

|  |  |
| --- | --- |
|      | Yes |
|      | No |
|      | Sometimes |

## 8.

### 10. Why do you think they sometimes do not attend their appointments?

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

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## 9.

### 11. Does the person you care for take all their prescribed medication?

|  |  |
| --- | --- |
|      | Yes |
|      | No |
|      | Sometimes |
|      | Don't know |
|      | They do not have any prescribed medication |

## 10.

### 12. Why do you think they do not always take their prescribed medication?

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

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## 11.

### 13. Does the person you care for display any of these behaviours?

|  |  |
| --- | --- |
|      | Not washing |
|      | Hoarding (accumulating large amounts of items and storing them chaotically) |
|      | Not changing clothes |
|      | Not eating regularly  |
|      | Living in unsanitary conditions  |
|      | Person does not display any self-neglecting behaviours |
|      | Other (please specify):

|  |
| --- |
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### 14. Is the person you care for offered any of these additional services?

|  |  |
| --- | --- |
|      | Cancer screenings  |
|      | NHS health check |
|      | NHS annual health check for people with learning disabilities |
|      | The person is not offered any of these additional services |
|      | Other (please specify):

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| --- |
|   |

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## 12.

### 15. Does the person you care for take up any of these services?

|  |  |
| --- | --- |
|      | Yes |
|      | No |
|      | Sometimes |

## 13.

### 16. Why do you think does the person sometimes not take up services?

|  |  |
| --- | --- |
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| --- |
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## 14.

### 17. Do you experience any of these emotions as a result of your role as an unpaid carer? (tick all that apply)

|  |  |
| --- | --- |
|      | Feeling overwhelmed |
|      | Low moods  |
|      | Feeling stressed |
|      | Feeling anxious |
|      | Other (please specify):

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| --- |
|   |

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### 18. Does your role as an unpaid carer impact your own physical health?

|  |  |
| --- | --- |
|      | Yes  |
|      | No |
|      | Sometimes |

### 19. Please describe how your role as an unpaid carer affects you in any way

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

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### 20. Have you ever been offered respite care?

|  |  |
| --- | --- |
|      | Yes |
|      | No |
|      | Don't know |

## 15.

### 21. Have you ever used respite care?

|  |  |
| --- | --- |
|      | Yes, regularly |
|      | Yes, but not in the last 6 months |
|      | Rarely |
|      | Never |

## 16.

### 22. Why have you not used respite care?

|  |  |
| --- | --- |
|

|  |
| --- |
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## 17.

### 23. Do you use any of the following support services? Tick all that apply

|  |  |
| --- | --- |
|      | Events for carers |
|      | Carers UK |
|      | Coffee mornings (eg: dementia cafes) |
|      | Support groups for carers  |
|      | Age UK |
|      | Local carers centre |
|      | I do not use any of these services |
|      | Other (please specify):

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| --- |
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### 24. Please use this space to tell us anything else about your experience as an unpaid carer

|  |  |
| --- | --- |
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|  |
| --- |
|  |

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## 18. Demographics

### 25. Which area do you live in?

|  |  |
| --- | --- |
|      | Bath and North East Somerset  |
|      | Swindon |
|      | Wiltshire |
|      | Other (please specify):

|  |
| --- |
|   |

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### 26. What is the first three digits of your post code? (this question is optional)

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

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### 27. What ethnicity do you fall into? (Tick one)

|  |  |
| --- | --- |
|      | Arab |
|      | Asian / Asian British: Bangladeshi |
|      | Asian / Asian British: Chinese |
|      | Asian/Asian British: Indian |
|      | Asian/Asian British: Pakistani |
|      | Asian/Asian British: Any other Asian/Asian British background |
|      | Black/Black British: African |
|      | Black/Black British: Caribbean |
|      | Black/Black British: Any other Black/Black British background |
|      | Mixed/multiple ethnic groups: Asian and White |
|      | Mixed/multiple ethnic groups: Black African and White |
|      | Mixed/multiple ethnic groups: Black Caribbean and White |
|      | Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background |
|      | White: British/English/Northern Irish/Scottish/Welsh |
|      | White: Irish |
|      | White: Gypsy, Traveller or Irish Traveller |
|      | White: Roma |
|      | White: Any other White background |
|      | Prefer not to say |
|      | Other (please specify):

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| --- |
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### 28. What gender do you identify as?

|  |  |
| --- | --- |
|      | Male |
|      | Female |
|      | Transgender |
|      | Non-binary |
|      | Prefer not to say |
|      | Other (please specify):

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| --- |
|   |

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### 29. Please tell us your age

|  |  |
| --- | --- |
|      | Under 18 yrs |
|      | 18 - 24 yrs |
|      | 25 - 49 yrs |
|      | 50 - 64 yrs |
|      | 65 - 79 yrs |
|      | 80 yrs and over |
|      | Prefer not to say |
|      | Not known |