**Questionnaire for Carers**

**What to do:**

**The questionnaire will take about 10 minutes to complete.**

**It is your own views and experiences we want to hear about and not the views of someone you may care for.**

**Please tick one answer for each question.**

**If a question is not relevant to you, then please leave that question blank.**

**If you make a mistake or change your mind, please cross out the incorrect answer and tick your correct answer.**

**If you want to, please add any comments in the space below the statement about your answers.**

**Please continue on another sheet if you would like to say more about any of your answers.**

**Thinking about your life at the moment, do you agree with the following:**

**1. I live in a home that best supports my well-being.** *For example, it is the right home for your current needs*

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**2. I can do the things that are important to me**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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…………………………………………………………………………………………………

**3. I feel I am part of my community**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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**4. I am happy with the support from my family, friends and neighbours**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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**5. I feel safe.** *For example, safe from any kind of abuse, physical harm or from falling both inside and outside your home*

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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**Thinking about the support you have had as a carer, do you agree with the following:**

**6. I know who to contact about my support**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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…………………………………………………………………………………………………

**7. I have had the right information or advice when I needed it**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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…………………………………………………………………………………………………

**8. I have been actively involved in decisions about how my support was provided**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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…………………………………………………………………………………………………

**9. I have been involved in all decisions about how the care and support was provided for the person I care for**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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**10. I was able to communicate in my preferred language.** *For example, using English, Welsh, Polish, Bengali or any other language*

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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**11. I was treated with dignity and respect**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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**12. I feel supported to continue in my caring role**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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**13. I am happy with the support I have had**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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…………………………………………………………………………………………………

**14. *Please only answer this question if you are aged 18-24 years old:***

**I have had advice, help and support that will prepare me for adulthood**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**A little about you…..**

**15. Are you?** ⃝Male ⃝Female ⃝Prefer not to say

**16. How old are you? ⃝**18-24 years old

**⃝**25-44 years old

**⃝**45-64 years old

**⃝**65-84 years old

**⃝**85+ years old

⃝ Prefer not to say

**Thank you for your help. Please return this questionnaire in the envelope provided (no stamp needed) by xxxx**

**[Insert unique code] XXXX**