

Easy Read

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Social model of disability: new easy read survey questions



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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

Questions for adults

Impairment question



We want to know if you have any **long-term conditions** and how they affect you.



Long-term conditions are conditions that affect someone for months or years.



Your long-term condition might affect you every day, or only some days

Do you have any long-term conditions that affect you in any of these ways?

Choose all the answers that are right for you.



Under each answer we give you examples of how your condition might affect you.



These are only examples. Your condition might affect you in different ways.



Seeing

For example, you find it hard to read or walk around new places, even with glasses.



Hearing

For example, you find it hard to hear in noisy places or you do not hear things clearly.



Moving around

For example, you find it hard to walk up or down stairs without help.



Using your hands or fingers

For example, you find it hard to get dressed or use a keyboard.



Learning new things

For example, you find it hard to read, write or follow instructions.



Remembering or focusing

For example, you find it hard to focus or remember what you did yesterday.



Mental health

For example, you find it hard to manage how you feel, think or behave.



Breathing or feeling tired

For example, you often feel out of breath, or are too tired to do anything.



Being with other people

For example, you find it hard to say what you think, or you feel worried around other people.



Feeling uncomfortable or in pain

For example, you are often in pain, or you find it hard to sleep, focus or be happy.



Your senses

For example, you do not like certain sounds, lights, smells or textures or you really like them.



Fighting illness

For example, your body tries too hard to fight illness or you are often ill.

In another way



You do not have to tell us, but you can.



I have not experienced these things



I do not know



I do not want to answer this question

Barriers question 1: experience of barriers in areas of life

In the last year, have you experienced any difficulties with the things on this list?

Choose all the answers that are right for you.



Under each answer we give examples of some difficulties you might have experienced.



These are only examples. You might have experienced different things.



Healthcare

For example, doctors or nurses treat you unfairly or it is difficult for you to make an appointment.



Work

For example, you do not get the right support to do your job, or you feel left out at work.



Education or training

For example, rooms are too noisy to focus, or information is not in the format you need, like easy read.



Travel

For example, it is hard to buy bus or train tickets or find seats you can use.



Housing

For example, it is hard for you to find a house that meets your needs, or you have to wait a long time for changes to be made.



Activities and events

For example, people think you cannot join in with activities, or venues are not accessible.



Your local area

For example, your local council does not listen to you about your needs, or it is hard for you to use local buildings or toilets.





Benefits or services that help you with money

For example, it is hard for you to use your bank or people think you cannot look after your own money.



Voting

For example, people think you do not understand what you are voting for or it is hard for you to vote privately.



Other difficulty not on the list

You do not have to tell us, but you can.



I have not experienced any difficulties with these things



I do not know



I do not want to answer this question

Barriers question 2: types of barriers experienced

In the last year, have you experienced any of the things on this list?

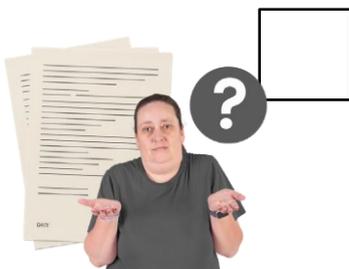
Choose all the answers that are right for you.



Under each answer we give examples of some things you might have experienced.



These are only examples. You might have experienced different things.



Information that is hard to read or understand

For example, lots of difficult information, or not having enough time to read information.



Spaces or buildings that are hard to use

For example, places that are too noisy, bright, or are difficult to move around in.



Being treated badly

For example, people do not listen to you, or they call you mean names or leave you out.



Rules that do not support my needs

For example, the way things are done means you are not treated fairly, or you do not get the right support.



Something else

You do not have to tell us, but you can.



I have not experienced any difficulties with these things



I do not know



I do not want to answer this question

Questions for parents

Impairment question



We want to know if your child has any **long-term conditions** and how they affect them.



Long-term conditions are conditions that affect someone for months or years.



Your child's long-term condition might affect them every day, or only some days.

Does your child have any long-term conditions that affect them in any of these ways?

Choose all the answers that are right for your child.



Under each answer we give you examples of how your child's condition might affect them.



These are only examples. Your child's condition might affect them in different ways.



Seeing

For example, they find it hard to read or walk around new places, even with glasses.



Hearing

For example, they find it hard to hear in noisy places or they do not hear things clearly.



Moving around

For example, they find it hard to walk up or down stairs without help.



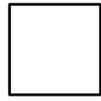
Using their hands or fingers

For example, they find it hard to get dressed or pick up their toys.



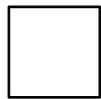
Learning new things

For example, they find it hard to read, write or follow instructions.



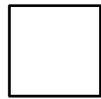
Remembering or focusing

For example, they find it hard to focus or remember what they did at school.



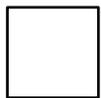
Mental health

For example, they find it hard to manage how they feel, think or behave.



Breathing or feeling tired

For example, they often feel out of breath, or are too tired to do anything.



Being with other people

For example, they find it hard to say what they think, or they feel worried around other people.



Feeling uncomfortable or in pain

For example, they are often in pain, or they find it hard to sleep, focus or be happy.



Their senses

For example, they do not like certain sounds, lights, smells or textures or they really like them.



Fighting illness

For example, their body tries too hard to fight illness or they are often ill.



In another way

You do not have to tell us, but you can.



My child has not experienced these things



I do not know



I do not want to answer this question

Barriers question 1: experience of barriers in areas of life

In the last year, has your child experienced any difficulties with the things on this list?

Choose all the answers that are right for your child.



Under each answer we give examples of some difficulties your child might have experienced.



These are only examples. Your child might have experienced different things.



Healthcare

For example, doctors or nurses treat them unfairly or it is difficult for you to make an appointment for them.



Work

For example, you cannot change the hours you work or when you work so you can look after your child.



Education

For example, classrooms are too noisy, or information is not in the format they need, like easy read.



Travel

For example, it is hard to buy bus or train tickets or find seats they can use.



Housing

For example, it is hard for you to find a house that meets their needs, or you have to wait a long time for changes to be made.



Activities and events

For example, people think they cannot join in with activities, or venues are not accessible.



Your local area

For example, your local council does not listen to you about your child's needs, or it is hard for them to use local buildings or toilets.



Benefits for your child or services that help you with money

For example, the money you get to help look after your child is not enough.



Other difficulty not on the list

You do not have to tell us, but you can.



My child has not experienced any difficulties with these things



I do not know



I do not want to answer this question

Barriers question 2: types of barriers experienced

In the last year, has your child experienced any of the things on this list?

Choose all the answers that are right for your child.



Under each answer we give examples of some things your child might have experienced.



These are only examples. Your child might have experienced different things.



Information that is hard to read or understand

For example, lots of difficult information, or not having enough time to read information.



Spaces or buildings that are hard to use

For example, places that are too noisy, bright, or are difficult to move around in.



Being treated badly

For example, people do not listen to them, or they call them mean names or leave them out.



Rules that do not support their needs

For example, the way things are done means they are not treated fairly, or they do not get the right support.



Something else

You do not have to tell us, but you can.



My child has not experienced any difficulties with these things



I do not know



I do not want to answer this question