

CHORLEYWOOD HEALTH CENTRE

HERTS VALLEYS CCG: FAMILY CARERS' SURVEY

We are collecting this information only to help us ensure we are improving the support that Health and Social Care services are providing to carers. We will not be able to identify you from the information you give, unless you give your name and address at the end of the form. You should only do this if you want a response from us to an issue you have.

PART ONE: About the person/s you care for:

1. Please ring the number of people you care for here:

1 2 3 More than 3

Focusing on the person you spend most time caring for (or, if different, the caring role which is most challenging for you)

2. How old is the person? _____ years

3. Are they male or female? Male Female

4. Do they have....?

Please tick [✓] all that apply

- | | | |
|--------------------------|-------------------------------------|-------|
| <input type="checkbox"/> | Dementia | a (1) |
| <input type="checkbox"/> | A physical disability | b (1) |
| <input type="checkbox"/> | Sight or hearing loss | c (1) |
| <input type="checkbox"/> | A mental health problem | d (1) |
| <input type="checkbox"/> | Problems connected to ageing | e (1) |
| <input type="checkbox"/> | A learning disability or difficulty | f (1) |
| <input type="checkbox"/> | Long-standing illness | g (1) |
| <input type="checkbox"/> | Terminal illness | h (1) |
| <input type="checkbox"/> | Alcohol or drug dependency | i (1) |
| <input type="checkbox"/> | Other, please specify..... | |

5. Where does the person you care for usually live?

Please tick [✓] one box

- With me
- Within ten miles of me
- Further than ten miles from me

6. Has the person you care for had to attend hospital in an emergency in the last year?

- Yes
- No
- Don't know

7. If yes was this in any way to do with you not having the information or support you need?

- No not at all
- Partly
- It could have been prevented

If it could have been prevented, what could have helped prevent it?

8. Does the person you care for use the same GP practice?

- Yes
- No
- Does this cause you any difficulties?

If this causes you any difficulty, please tell us about them here.

PART TWO: About You

1. **Your gender:** Male Female

2. **Your age:** Under 18 19-44 45-64 65 – 79 80+

3. **How many hours do you spend caring in total per week?**
 1-19 hours 20 – 49 50+

4. **How long would you say you were caring before you saw yourself as a carer?**
 I realised straight away Less than a year Between 1 year and 3 years

 Longer – state how many years.....

5. **What was it that first made you think of yourself as having a caring role? Please tell us which of the following was the main reason:**

 I work in health and social care I saw something in the media
 HertsHelp Friends or family
 My GP practice Social Care
 The internet Carers in Hertfordshire

 Other, please specify.....

6. **Do you consider yourself to have ongoing health problems of your own?**
 I am in very good health I am reasonably healthy I am in poor health

7. **If you consider yourself to have health problems, please tick any of the following that apply to you:**

 Depression and/or anxiety
 Muscle problems and pain including osteoarthritis, back problems, neck problems.
 Insomnia and/or sleep disturbance
 Stress
 High blood pressure
 Heart problems
 Diabetes
 Obesity
 Lack of exercise
 Smoking

8. Are there other problems that make your life difficult, please tick any of the following that apply to you:

- Financial problems
- I am of working age but can no longer work
- I am of working age but worried I will have to give up work
- housing problems
- the caring role is affecting my health
- I find it hard to find time for my own health appointments
- I find it hard to leave the person I care for
- I have lost touch with friends and/or family

Our Carers' Register

9. Were you aware you were on the practice's carers' register?

- Yes No Don't know

10. Do you feel it has helped you get the right support from the practice?

- Yes No Don't know

11. Do you feel the practice as a whole is keen to support carers?

- Yes No Don't know

12. Do you feel the practice has the skills it needs to support carers?

Flu jab

13. Have you been offered a flu jab because you are a carer?

- Yes No Don't know

14. Did you take up the offer?

- Yes No Don't know

Carers' Health check

15. Have you been offered a 'carers' health-check'?

Yes No Don't know

16. Did you take up the offer?

Yes No Don't know

17. If yes did you find the health check:

Very helpful Helpful Neither helpful nor unhelpful
 Unhelpful Very unhelpful

Carers' noticeboard/information

18. Does the surgery have a place where information for carers is clearly displayed?

Yes No Don't know

19. If yes, have you found the information helpful?

Yes No Don't know

20. Does the practice offer flexible appointments for carers?

Yes No Don't know

21. If yes, have you made use of the offer?

Yes No Don't know

22. If yes: how did you find the ability to make flexible appointments?

Very helpful Helpful Neither helpful nor unhelpful
 Unhelpful Very unhelpful

Practice Carers' champion

23. Do you know who the carers' champion is/who carers should speak to at the practice?

Yes No Don't know

24. Have you ever spoken with them?

Yes No Don't know

25. If yes did you find this helpful:

- Very helpful Helpful Neither helpful nor unhelpful
 Unhelpful Very unhelpful

Carers in Hertfordshire

26. Has the surgery:

a) given you information about *Carers in Hertfordshire* or;

b) did the surgery ask if you were happy for *Carers in Hertfordshire* to get in touch with you?

- Yes No Don't know

27. If a) have you contacted Carers in Hertfordshire?

- Yes No Don't know

28. If b) did Carers in Hertfordshire contact you in a timely way?

- Yes No Don't know

29. Whether you contacted *Carers in Hertfordshire*, or they got in touch with you, did you find them:

- Very helpful Helpful Neither helpful nor unhelpful
 Unhelpful Very unhelpful

Other services

30. If you or the person you care for has needed assessment or services from other organisations (Social Care, Community Nursing, Hospital etc) have you found the different services work together well?

- Not an issue Yes No Don't know

31. If you have had an experience (good or bad) of how services work together to help you, please tell us how we could learn from it.

32. If there is one thing that the practice could do to make your life as a carer easier, what would it be?

Thank you for filling in this form. Please return the form to the Reception team at Chorleywood Health Centre.

If you have any issues you would like the Carers Champion to help you with, they will get in touch with you. Just tick the box and give us your name and address below:

Please get in touch with me

Name:

Address: