

## Carers feedback form

Please tick one box per question

1. I have had a carers assessment (the chance to discuss the way caring affects you and the impact it had on your life) Yes  No

Strongly agree      Tend to agree      Neither agree nor disagree      Tend to disagree      Strongly disagree      Unsure or not applicable

2. When the person I support was assessed, my needs were taken into account too

3. The issues I face as a carer were understood

4. I have an agreed care plan or a document which sets out my plan of service

- 4a. This service helps me to carry on caring

5. I have been helped to think through the options and choices available to me as a carer

6. My wish to go back to work or remain in work was taken into account

7. I was made aware of how to claim for benefits

8. I have been helped to make sure I have some free time or a break from caring

- 8a. This free time or a break has helped me to continue caring

9. As a result of the help I receive from Adult and Community Services, I am able to enjoy family life and friendships

10. I have been encouraged to think about my life outside of caring, e.g leisure, education, other interests or activities

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Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Unsure or not applicable
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11. I know who to contact in Adult and Community services Services if I have any concerns or worries about the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I have been helped to plan for an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12a. This emergency planning has given me the reassurance I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I have been encouraged to think about staying fit and healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My health has stayed the same or improved since the plan started	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My lifestyle, religious beliefs and cultural needs were taken into account during the assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The staff from Adult and Community Services have shown me respect and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. As a carer, the help I receive from Adult and Community Services has improved my quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for taking the time to complete this form.**

**Please return your completed form in the pre-paid envelope provided by  
8th February 2008**

**Jenny Phillips - Strategic Development Officer  
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