

Section 1: Overall satisfaction with your social care and support

1. Overall, how satisfied are you with the care and support services you receive?

By 'care and support services' we mean any care provided by staff who are paid to help you. The staff could be from your care home or Lancashire Adult and Community Services.

Please tick (✓) one box

- | | | |
|---|--------------------------|---|
| I am extremely satisfied | <input type="checkbox"/> | 1 |
| I am very satisfied | <input type="checkbox"/> | 2 |
| I am quite satisfied | <input type="checkbox"/> | 3 |
| I am neither satisfied nor dissatisfied | <input type="checkbox"/> | 4 |
| I am quite dissatisfied | <input type="checkbox"/> | 5 |
| I am very dissatisfied | <input type="checkbox"/> | 6 |
| I am extremely dissatisfied | <input type="checkbox"/> | 7 |

Section 2: Your quality of life

When answering the following questions please think about the quality of your life as a whole, including the help you get from others as well as Lancashire Adult and Community Services.

2. Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?

Please tick (✓) one box

- | | | |
|---------------------------------|--------------------------|---|
| So good, it could not be better | <input type="checkbox"/> | 1 |
| Very good | <input type="checkbox"/> | 2 |
| Good | <input type="checkbox"/> | 3 |
| Alright | <input type="checkbox"/> | 4 |
| Bad | <input type="checkbox"/> | 5 |
| Very bad | <input type="checkbox"/> | 6 |
| So bad, it could not be worse | <input type="checkbox"/> | 7 |

3. Which of the following statements best describes how much control you have over your daily life?

By 'control over daily life' we mean having the choice to do things or have things done for you as you like and when you want

Please tick (✓) one box

- | | | |
|---|--------------------------|---|
| I have as much control over my daily life as I want | <input type="checkbox"/> | 1 |
| I have adequate control over my daily life | <input type="checkbox"/> | 2 |
| I have some control over my daily life but not enough | <input type="checkbox"/> | 3 |
| I have no control over my daily life | <input type="checkbox"/> | 4 |

4. **Thinking about your personal care, by which we mean being clean and presentable in appearance, which of the following statements best describes your situation?**

Please tick (✓) one box

- | | | |
|---|--------------------------|---|
| I feel clean and am able to present myself the way I like | <input type="checkbox"/> | 1 |
| I feel adequately clean and presentable | <input type="checkbox"/> | 2 |
| I feel less than adequately clean or presentable | <input type="checkbox"/> | 3 |
| I don't feel at all clean or presentable | <input type="checkbox"/> | 4 |

5. **Thinking about the food and drink you get, which of the following statements best describes your situation?**

Please tick (✓) one box

- | | | |
|--|--------------------------|---|
| I get all the food and drink I like when I want | <input type="checkbox"/> | 1 |
| I get adequate food and drink at OK times | <input type="checkbox"/> | 2 |
| I don't always get adequate or timely food and drink | <input type="checkbox"/> | 3 |
| I don't always get adequate or timely food and drink, and I think there is a risk to my health | <input type="checkbox"/> | 4 |

6. **Which of the following statements best describes how clean and comfortable your care home is?**

Please tick (✓) one box

- | | | |
|---|--------------------------|---|
| My care home is as clean and comfortable as I want | <input type="checkbox"/> | 1 |
| My care home is adequately clean and comfortable | <input type="checkbox"/> | 2 |
| My care home is not quite clean or comfortable enough | <input type="checkbox"/> | 3 |
| My care home is not at all clean or comfortable | <input type="checkbox"/> | 4 |

7. Which of the following statements best describes how safe you feel?

By feeling safe we mean feeling safe both inside and outside the home. This includes fear of abuse, falling or other physical harm and fear of being attacked or robbed

Please tick (✓) one box

- | | | |
|---|--------------------------|---|
| I feel as safe as I want | <input type="checkbox"/> | 1 |
| Generally I feel adequately safe, but not as safe as I would like | <input type="checkbox"/> | 2 |
| I feel less than adequately safe | <input type="checkbox"/> | 3 |
| I don't feel at all safe | <input type="checkbox"/> | 4 |

8. Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

Please tick (✓) one box

- | | | |
|---|--------------------------|---|
| I have as much social contact as I want with people I like | <input type="checkbox"/> | 1 |
| I have adequate social contact with people | <input type="checkbox"/> | 2 |
| I have some social contact with people, but not enough | <input type="checkbox"/> | 3 |
| I have little social contact with people and feel socially isolated | <input type="checkbox"/> | 4 |

9. Which of the following statements best describes how you spend your time?

When you are thinking about how you spend your time, please include anything you value or enjoy including leisure activities, formal employment, voluntary or unpaid work and caring for others.

Please tick (✓) one box

- | | | |
|--|--------------------------|---|
| I'm able to spend my time as I want, doing things I value or enjoy | <input type="checkbox"/> | 1 |
| I'm able do enough of the things I value or enjoy with my time | <input type="checkbox"/> | 2 |
| I do some of the things I value or enjoy with my time but not enough | <input type="checkbox"/> | 3 |
| I don't do anything I value or enjoy with my time | <input type="checkbox"/> | 4 |

10. Which of these statements best describes how having help to do things makes you think and feel about yourself?

Please tick (✓) one box

- | | | |
|---|--------------------------|---|
| Having help makes me think and feel better about myself | <input type="checkbox"/> | 1 |
| Having help does not affect the way I think or feel about myself | <input type="checkbox"/> | 2 |
| Having help sometimes undermines the way I think and feel about myself | <input type="checkbox"/> | 3 |
| Having help completely undermines the way I think and feel about myself | <input type="checkbox"/> | 4 |

11. Thinking about the way you are helped and treated, and how that makes you think and feel about yourself, which of these statements best describes your situation?

Please tick (✓) one box

- | | | |
|--|--------------------------|---|
| The way I'm helped and treated makes me think and feel better about myself | <input type="checkbox"/> | 1 |
| The way I'm helped and treated does not affect the way I think or feel about myself | <input type="checkbox"/> | 2 |
| The way I'm helped and treated sometimes undermines the way I think and feel about myself | <input type="checkbox"/> | 3 |
| The way I'm helped and treated completely undermines the way I think and feel about myself | <input type="checkbox"/> | 4 |

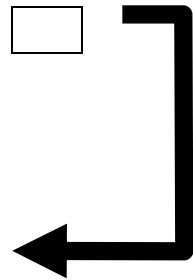
Section 3: The impact of social care and support services on your quality of life

12. In what ways do care and support services help you?

By 'care and support services' we mean any care provided by staff who are paid to help you. The staff can be from your care home or Lancashire Adult and Community Services.

Please tick (✓) as many boxes as apply

- | | | |
|--|--------------------------|-------|
| To have control over my daily life | <input type="checkbox"/> | a (1) |
| With personal care | <input type="checkbox"/> | b (1) |
| Meals | <input type="checkbox"/> | c (1) |
| Social contact with people I like | <input type="checkbox"/> | d (1) |
| Doing things I value and enjoy | <input type="checkbox"/> | e (1) |
| Feeling safe and secure | <input type="checkbox"/> | f (1) |
| Keeping my home clean and comfortable | <input type="checkbox"/> | g (1) |
| Other (please tell us what in the box below) | <input type="checkbox"/> | h (1) |



Section 4: Knowledge and information

13. In the past year, have you found it easy or difficult to find information and advice about support, services or benefits? *Please include information from different sources, such as voluntary organisations, and private agencies as well as Lancashire Adult and Community Services.*

Please tick (✓) one box

Very easy to find 1

Fairly easy to find 2

Fairly difficult to find 3

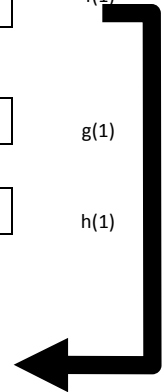
Very difficult to find 4

.....
I've never tried to find information or advice 5

14. Thinking about the care and support you receive, if you felt unsafe or were worried about something that had happened to you, who would you talk to?

Please tick (✓) as many boxes as apply

- | | | |
|--|--------------------------|------|
| A member of your family | <input type="checkbox"/> | a(1) |
| A friend, neighbour or someone you work with | <input type="checkbox"/> | b(1) |
| Your keyworker, Personal Assistant or care worker | <input type="checkbox"/> | c(1) |
| The manager of your care home or day centre | <input type="checkbox"/> | d(1) |
| Your care manager or social worker | <input type="checkbox"/> | e(1) |
| Someone else (please tell us who they are – their job, not their name) | <input type="checkbox"/> | f(1) |
| No-one I wouldn't say anything | <input type="checkbox"/> | g(1) |
| I don't know | <input type="checkbox"/> | h(1) |



Section 5: Your health

15. How is your health in general?

Please tick (✓) one box

- | | | |
|-----------|--------------------------|---|
| Very Good | <input type="checkbox"/> | 1 |
| Good | <input type="checkbox"/> | 2 |
| Fair | <input type="checkbox"/> | 3 |
| Bad | <input type="checkbox"/> | 4 |
| Very Bad | <input type="checkbox"/> | 5 |

16. By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

a. Pain or discomfort

Please tick (✓) one box

- | | | |
|------------------------------------|--------------------------|---|
| I have no pain or discomfort | <input type="checkbox"/> | 1 |
| I have moderate pain or discomfort | <input type="checkbox"/> | 2 |
| I have extreme pain or discomfort | <input type="checkbox"/> | 3 |

b. Anxiety or depression

Please tick (✓) one box

- | | | |
|--------------------------------------|--------------------------|---|
| I am not anxious or depressed | <input type="checkbox"/> | 1 |
| I am moderately anxious or depressed | <input type="checkbox"/> | 2 |
| I am extremely anxious or depressed | <input type="checkbox"/> | 3 |

17. Please place a tick (✓) in the box that best describes your abilities for each of the following questions labelled from a to d.

	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself
a. Do you usually manage to get around indoors (except steps) by yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Do you usually manage to get in and out of a bed (or chair) by yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Do you usually manage to feed yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Do you usually deal with finances and paperwork- for example, paying bills, writing letters – by yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

18. Please place a tick (✓) in the box that best describes your abilities for each of the following questions labelled from a to d.

	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself
a. Do you usually manage to wash all over by yourself, using either a bath or shower?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Do you usually manage to get dressed and undressed by yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Do you usually manage to use the WC/toilet by yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Do you usually manage to wash your face and hands by yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Section 6: About your surroundings

19. How well do you think your care home is designed to meet your needs?

Please tick (✓) one box

- | | | |
|--|--------------------------|---|
| My care home meets my needs very well | <input type="checkbox"/> | 1 |
| My care home meets most of my needs | <input type="checkbox"/> | 2 |
| My care home meets some of my needs | <input type="checkbox"/> | 3 |
| My care home is totally inappropriate for my needs | <input type="checkbox"/> | 4 |

20. Thinking about getting around outside of the care home, which of the following statements best describes your present situation?

You can include getting around by yourself or with help from someone else

Please tick (✓) one box

- | | | |
|--|--------------------------|---|
| I can get to all the places in my local area that I want | <input type="checkbox"/> | 1 |
| At times I find it difficult to get to all the places in my local area that I want | <input type="checkbox"/> | 2 |
| I am unable to get to all the places in my local area that I want | <input type="checkbox"/> | 3 |
| I do not leave my care home | <input type="checkbox"/> | 4 |

Section 7: About yourself, the service user

The answers to the next group of questions will be used to get a picture of who took part in this survey. For example, we will use these questions to help us make sure that services are delivered equally to people with different backgrounds.

21. Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?

Please tick (✓) as many boxes as apply

- Yes, from someone living in my care home a(1)
- Yes, from someone living outside my care home b(1)
- No c(1)

22. Do you buy any additional care or support privately or pay more to 'top up' your care and support?

Please tick (✓) as many boxes as apply

- Yes, I buy some more care and support with my own money a(1)
- Yes, my family pays for some more care and support for me b(1)
- No c(1)

23. Did you write the answers to this questionnaire by yourself or did you have help from someone else?

Please tick (✓) one box

- | | | |
|---|--------------------------|---|
| Yes, I wrote the answers myself | <input type="checkbox"/> | 1 |
| No, I had help from a care worker | <input type="checkbox"/> | 2 |
| No, I had help from someone living in my care home | <input type="checkbox"/> | 3 |
| No, I had help from someone living outside my care home | <input type="checkbox"/> | 4 |

24. What type of help did you have?

Please tick (✓) as many boxes as apply

- | | | |
|--|--------------------------|------|
| None, because I wrote the answers myself | <input type="checkbox"/> | a(1) |
| Someone else read the questions to me | <input type="checkbox"/> | b(1) |
| Someone else translated the questions for me | <input type="checkbox"/> | c(1) |
| Someone else wrote down the answers for me | <input type="checkbox"/> | d(1) |
| I talked through the questions with someone else | <input type="checkbox"/> | e(1) |
| Someone answered for me, without asking me the questions | <input type="checkbox"/> | f(1) |

25. **We may be asking some people to take part in follow-up research for this study in the next year or so.**

Would you be happy to be invited to take part in more research?

Please tick (✓) **one box**

Yes, I have written my name, address and phone
number in the space below

No

If you would be happy to be contacted for this purpose please provide your contact details here:

Name: Address: Telephone number: Email address (optional):

Please tick (✓) this box if you would like to receive a copy of the report of this survey

Thank you for helping us by filling in this questionnaire.

**Please post it back to us in the envelope provided.
You don't need to put a stamp on the envelope.**

For your views to count please return this form by 27th April 2011.
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