**The Grove Medical Centre**

**Carers Survey**

**We are collecting this information 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.**

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

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

**1 2 3 More than 3**

Focusing on the person you spend most time caring for

**How old is the person?\_\_\_\_\_\_\_\_\_\_\_\_\_years**

1. **Are they male or female? Male Female**
2. **Do they have....?**

***Please tick [✓] all that apply***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Dementia | a (1) |
|  |  |  |  |
|  |  | A physical disability | b (1) |
|  |  |  |  |
|  |  | Sight or hearing loss | c (1) |
|  |  |  |  |
|  |  | A mental health problem | d (1) |
|  |  |  |  |
|  |  | Problems connected to ageing | e (1) |
|  |  |  |  |
|  |  | A learning disability or difficulty | f (1) |
|  |  |  |  |
|  |  | Long-standing illness | g (1) |
|  |  |  |  |
|  |  | Terminal illness | h (1) |
|  |  |  |  |
|  |  | Alcohol or drug dependencyO | i (1) |
|  |  | 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

**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+

1. **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

1. **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

**Our Carers’ Register**

1. **Were you aware you were on the practice’s carers’ register?**

 **Yes No Don’t know**

**Flu jab**

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

 **Yes No Don’t know**

1. **Did you take up the offer?**

 **Yes No Don’t know**

**Carers’ Health check**

1. **Have you been offered a ‘carers’ health-check’?**

 **Yes No Don’t know**

1. **Did you take up the offer?**

 **Yes No Don’t know**

1. **If yes did you find the health check:**

 **Very helpful helpful neither helpful nor unhelpful**

 **unhelpful very unhelpful**

**Carers’ noticeboard/information**

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

 **Yes No Don’t know**

1. **If yes, have you found the information helpful?**

 **Yes No Don’t know**

1. **Did you know that you as a Carer and the person you care for can pre book appointments at times that are convenient to you?**

 **Yes No Don’t know**

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

 **Yes No Don’t know**

1. **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**

1. **Do you know who the Carers’ champion is at the Practice?**

 **Yes No Don’t know**

1. **Have you ever spoken with them?**

 **Yes No Don’t know**

1. **If yes, did you find this helpful:**

 **Very helpful helpful neither helpful nor unhelpful**

 **unhelpful very unhelpful**

**Carers in Hertfordshire**

1. **Have you had contact or been contacted by Carers in Herts?**

 **Yes No Don’t know**

1. **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.**

**If you have any issues you would like the Carers Champion to help with, please tick the box below and supply us with your name, address and contact number below:**

**Please get in touch with me**

**Name: ……………………………………………………………………………**

**Contact No: ……………………………………………………………………………**

**Email Address: ……………………………………………………………………………**

**Address: ……………………………………………………………………………**

 **……………………………………………………………………………**

 **……………………………………………………………………………**

**……………………………………………………………………………**