



Communicare in Southampton

...helping neighbours in need

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Unpaid Carers Survey

We are collecting information about people who are (or have been) an unpaid carer for someone in Southampton who is living with dementia. The information collected will be used to build a picture of what support is needed within Southampton.

Those questions marked with * will require an answer.

All other questions are optional. If you would rather not answer any of them please leave them blank.

Thank you for helping us.

If you have any questions please contact Communicare in Southampton on 023 8250 0050 or email enquiry@communicareinsouthampton.org.uk

1. *I give permission for Communicare in Southampton to collect and store the information I am providing through this survey for the purposes of this survey. Communicare will not pass my personal details to any other organisations.

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If the answer to question 1 is “no” then please do not complete this form.

We thank you for your interest but will not be able to use your feedback in this case.

2. Are you currently caring for someone who is living with dementia or are you describing a past experience?

I am currently caring for someone with dementia	<input type="checkbox"/>
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I used to care for someone with dementia	<input type="checkbox"/>
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If you are a past carer for someone living with dementia please answer these questions using a typical two week period during the time you were a carer.

3. Think of your best day within the last two weeks. On a score of 1 – 10 (where 10 is the best) how would you score it?

1		2		3		4		5	
6		7		8		9		10	

Why did you give it this score?

4. Think of your least good day within the last two weeks. On a score of 1 – 10 (where 10 is the best) how would you score it?

1		2		3		4		5	
6		7		8		9		10	

Why did you give it this score?

5. What could happen that would allow that score to move up by one or more points?
Give any suggestions of support/practical help that might make a difference.

6. What have you been most proud to achieve during the last two weeks?

7. Do you have any challenges that you are trying to solve at the moment?

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8. Do you have any suggestions for solutions?

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9. What would need to be in place for help/support to be useful?

Eg trusted supporters, correct environment, particular time of the day

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10. How much would you be able to pay towards having help?

£5 per hour		£15 per hour		I couldn't pay anything	
£10 per hour		£20 per hour			

11. How often would you be prepared to pay towards help?

Several times a week		Once every 2 weeks		Other (please specify)	
Once a week		Once a month			

12. Could we contact you for more insight into what carers "on the front line" need to support you on a day to day basis?

All conversations/information will be confidential.

If you are happy to be contacted please give us the details below to allow us to do so. Otherwise skip to the next question.

Name	
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Email address	
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Telephone number	
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A little bit of information about you.

To put the information you have given us into context it would really help us if you could answer the following questions.

If you don't want to answer anything just skip to the next question.

13. What is your gender?

Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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14. Who do you receive help from (tick all that apply)

Paid Carers	<input type="checkbox"/>	Community group, eg Church, Mosque, local group	<input type="checkbox"/>
Day Centre	<input type="checkbox"/>	Family members	<input type="checkbox"/>
Voluntary organisation	<input type="checkbox"/>	Friends or neighbours	<input type="checkbox"/>
Other (please specify)	<input type="text"/>		

15. Do you live with the person you support?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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16. What care do you currently provide?

Help with:

Shopping	<input type="checkbox"/>	Preparing meals	<input type="checkbox"/>
Getting to appointments	<input type="checkbox"/>	Medication	<input type="checkbox"/>
Paperwork	<input type="checkbox"/>	Personal care (eg washing/dressing/using the toilet)	<input type="checkbox"/>
Other (please give brief details)	<input type="text"/>		

17. What is your relationship to the person/people with dementia you care for? (Tick all that apply)

They are my:

Partner (married or unmarried)	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Friend	<input type="checkbox"/>
Child	<input type="checkbox"/>	Other family member	<input type="checkbox"/>		
Grandchild	<input type="checkbox"/>	Neighbour	<input type="checkbox"/>		
Other (please specify)	<input type="text"/>				

18. What is your age?

18 – 24y	
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45 – 54y	
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75 – 84y	
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25 – 34y	
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55 – 64y	
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85+	
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35 – 44y	
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65 – 74y	
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19. Which best describes your employment situation?

Full time employed	
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Full time carer for adult(s)	
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Part time employed	
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Self-employed	
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Full time carer for children	
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Retired	
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None of these options	
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20. Are there any other people who are affected by the person you care for? Eg family, friends, neighbours

Please specify

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21. How does this affect them?

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A little bit of information about the person you care for.

To put the information you have given us into context it would really help us if you could answer the following questions.

If you don't want to answer anything just skip to the next question.

22. What is their gender?

Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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23. How old is the person/people you care for?

18 – 24y	<input type="checkbox"/>	45 – 54y	<input type="checkbox"/>	75 – 84y	<input type="checkbox"/>
25 – 34y	<input type="checkbox"/>	55 – 64y	<input type="checkbox"/>	85+	<input type="checkbox"/>
35 – 44y	<input type="checkbox"/>	65 – 74y	<input type="checkbox"/>		

24. Diagnosis (you can select more than one)

Alzheimer's	<input type="checkbox"/>	Frontotemporal (sometimes called Pick's disease or frontal lobe dementia)	<input type="checkbox"/>
Vascular Dementia	<input type="checkbox"/>	"Mixed" Dementia	<input type="checkbox"/>
Lewy Bodies	<input type="checkbox"/>	Early onset (under 65y)	<input type="checkbox"/>
Not sure/not confirmed	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

25. How long is it since the person was diagnosed?

Thank you for completing this survey.

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