

Mental Health Carer's Feedback Survey

The role of the Mental Health carer is often complex and includes support for more than one medical condition. This survey provides an opportunity to profile the support and roles of the carer.

Your profile - this section helps us to understand the role you undertake

Q1. Are you:

- 1 Male 2 Female

Q2. What age group you fit into?

- 1 Under 18
 2 18 - 64
 3 65 -74
 4 75 - 84
 5 Over 85

Q3. Do you live with the person you care for?

- 1 Yes 2 No

Q4. How long have you been in the caring role?

- 1 Less than 1 year
 2 1 - 2 years
 3 2 -5 years
 4 5 -10 years
 5 More than 10 years

Q5. How regularly do you provide support for the caring role?

- 1 Constantly
 2 Daily
 3 Up to 5 times a week
 4 Up to 3 times a week
 5 Less than once a week

Q6. How many people do you care for?

- 1 1 2 2 3 3 4 4 5 5

Q7. Has the carer role had an impact on any of these areas?

	Yes	No
Q7.1. Less time for yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q7.2. Stopped paid work	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q7.3. Reduced personal time	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q7.4. More stress	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q7.5. Suffer from depression	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q7.6. See less of my friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q7.7. Less social life	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q7.8. More financial constraints	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q7.9. Change in role	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q8. What tasks do you carry out as a carer?

	Yes	No
Q8.1. Personal care e.g. washing	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q8.2. Accompany appointments	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q8.3. Phone calls and mail	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q8.4. Domestic tasks	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q8.5. Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q8.6. Finance	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q8.7. Holidays	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q8.8. Company	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q9. What other commitments do you have?

	Yes	No
Q9.1. Children	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q9.2. Working full time	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q9.3. Caring for others	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q9.4. Working part time	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q9.5. Studying	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q9.6. Voluntary work	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q9.7. Self-employed	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Time away from your caring role

Q10. Do you have any breaks away from your caring role?

1 Yes 2 No

Q11. Are you aware that you are entitled to an assessment of your own needs as a carer?

1 Yes 2 No 3 N/A

Q12. Did you know that after assessment, you may be entitled to financial help?

1 Yes 2 No

Q13. Would it be useful to have a contact number where emergency care could be arranged?

1 Yes 2 No

Q14. Do you believe you have been given enough information about the services that are available to you?

1 Yes 2 No

Q15. Do you know how to access the support worker service?

1 Yes 2 No

Q16. Have you have had any of these types of contact from you carer worker?

	Yes	No
Q16.1. Telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q16.2. Visit from home	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q16.3. Interview away from home	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q16.4. Attendance at carer's group	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q17. What are the barriers to you attending a carers group?

	Yes	No
Q17.1. Transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q17.2. Nobody to care for the person I look after	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q17.3. Venue and location are unsuitable	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q17.4. Time of group meetings	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q17.5. Group does not meet my needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q17.6. Group is already established	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q17.7. Own health issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q17.8. Other people to care for	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q18. Overall, what do you think of the services you receive?

1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor