

Respite Care - Disability

This survey provides a template for considering ways of establishing ways of providing breaks and respite that are more inclusive.

Q1. Are you 1 Male 2 Female

Q2. What age group do you belong to?

1 18-29 3 40-49 5 60-65
2 30-39 4 50-59 6 Over 65

Q3. Who do you live with?

1 On my own 3 Pet (dog) 5 Partner 7 Friend
2 Sheltered housing 4 Parents 6 Family member 8 Other

Q4. Is your carer paid? 1 Yes 2 No

Q5. What is the nature of your disability?

1 Mental health problems 4 Learning disability
2 Physical disability 5 Sight/hearing loss
3 Long term illness
6 Other

Q6. What respite services do you currently receive?

Direct Payments	<input type="checkbox"/> 1	Hospital stay	<input type="checkbox"/> 6
Personal care	<input type="checkbox"/> 2	Day sitting service	<input type="checkbox"/> 7
Home help service	<input type="checkbox"/> 3	Night sitting service	<input type="checkbox"/> 8
Shopping	<input type="checkbox"/> 4	Other organisation support	<input type="checkbox"/> 9
Pop in service	<input type="checkbox"/> 5	No respite received	<input type="checkbox"/> 10

Q7. Are you receiving day care respite? 1 Yes 2 No

If you answered yes to the last question, please answer the next question.

Q8. How long have you been receiving day care respite?

Under 6 months	<input type="checkbox"/> 1	3-5 years	<input type="checkbox"/> 4
6- 12 months	<input type="checkbox"/> 2	6 years or more	<input type="checkbox"/> 5
1-2 years	<input type="checkbox"/> 3		

Q9. Where do you receive respite care?

Q10. How frequent is your respite care?

1 <input type="checkbox"/> Daily	5 <input type="checkbox"/> Monthly
2 <input type="checkbox"/> 2-5 times a week	6 <input type="checkbox"/> Twice a year
3 <input type="checkbox"/> Weekly	7 <input type="checkbox"/> Yearly
4 <input type="checkbox"/> Fortnightly	
8 <input type="checkbox"/> Other <input type="text"/>	

Q11. What do you do when you are receiving day care?

1 <input type="checkbox"/> Talking to other people	4 <input type="checkbox"/> Shopping
2 <input type="checkbox"/> Watch TV	5 <input type="checkbox"/> Walks
3 <input type="checkbox"/> Learning activities	6 <input type="checkbox"/> Outdoor activities
7 <input type="checkbox"/> Other <input type="text"/>	

Q12. What changes would you make to the service you receive?

Q13. What is the most useful respite care you receive?

1 <input type="checkbox"/> Support for family carers	5 <input type="checkbox"/> Shopping
2 <input type="checkbox"/> Activities at day centre	6 <input type="checkbox"/> Personal care
3 <input type="checkbox"/> Financial support	7 <input type="checkbox"/> Domestic help
4 <input type="checkbox"/> Social activities	