Section 1: Overall satisfaction with your social care and support

Q1 Overall, how satisfied or dissatisfied are you with the care and support services you receive?

By ‘care and support services’ we mean any equipment or care provided by staff who are paid to help you. The staff could be from social services, an agency, a care home or bought by you using money from social services through a Direct Payment.

Please tick (✓) one box

☐ I am extremely satisfied
☐ I am very satisfied
☐ I am quite satisfied
☐ I am neither satisfied nor dissatisfied
☐ I am quite dissatisfied
☐ I am very dissatisfied
☐ I am extremely dissatisfied
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 social services.

Q2a  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
- Very good
- Good
- Alright
- Bad
- Very bad
- So bad, it could not be worse

Q2b  Do care and support services help you to have a better quality of life?

- Yes
- No
Q3a
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
- I have adequate control over my daily life
- I have some control over my daily life but not enough
- I have no control over my daily life

Q3b
Do care and support services help you in having control over your daily life?

By ‘care and support services’ we mean any equipment or care provided by staff who are paid to help you. The staff could be from social services, an agency or bought by you using money you receive from social services, using a Direct Payment.

- Yes
- No
Thinking about keeping 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
- I feel adequately clean and presentable
- I feel less than adequately clean or presentable
- I don’t feel at all clean or presentable

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
- I get adequate food and drink at OK times
- I don’t always get adequate or timely food and drink
- I don’t always get adequate or timely food and drink, and I think there is a risk to my health
Q6

Which of the following statements best describes how clean and comfortable your home is?

Please tick (✓) one box

☐ My home is as clean and comfortable as I want
☐ My home is adequately clean and comfortable
☐ My home is not quite clean or comfortable enough
☐ My home is not at all clean or comfortable

Q7a

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

By feeling safe we mean how safe you feel both inside and outside the home. This includes fear of abuse, falling or other physical harm. Please tick (✓) one box

☐ I feel as safe as I want
☐ Generally I feel adequately safe, but not as safe as I would like
☐ I feel less than adequately safe
☐ I don’t feel at all safe

Q7b

Do care and support services help you in feeling safe?

☐ Yes
☐ No
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
- I have adequate social contact with people
- I have some social contact with people, but not enough
- I have little social contact with people and feel socially isolated

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
- I’m able to do enough of the things I value or enjoy with my time
- I do some of the things I value or enjoy with my time but not enough
- I don’t do anything I value or enjoy with my time
Q10

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
○ Having help does not affect the way I think or feel about myself
○ Having help sometimes undermines the way I think and feel about myself
○ Having help completely undermines the way I think and feel about myself

Q11

Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?

Please tick (✓) one box

○ The way I’m helped and treated makes me think and feel better about myself
○ The way I’m helped and treated does not affect the way I think or feel about myself
○ The way I’m helped and treated sometimes undermines the way I think and feel about myself
○ The way I’m helped and treated completely undermines the way I think and feel about myself
Section 3: Knowledge and information

Q12

In the past year, have you generally 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 social services. Please tick (✓) one box

- Very easy to find
- Fairly easy to find
- Fairly difficult to find
- Very difficult to find
- I haven't tried to find information or advice
Section 4: Your health

Q13  How is your health in general?

- Very good
- Good
- Fair
- Bad
- Very bad

Q14a  Please indicate which statements best describe your own health state today

Pain or discomfort
Please tick (✓) one box

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

Q14b  Anxiety or depression
Please tick (✓) one box

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed
Please place a tick (✓) in the box that best describes your abilities for each of the following questions.

<table>
<thead>
<tr>
<th>Activity</th>
<th>I can do this easily by myself</th>
<th>I have difficulty doing this myself</th>
<th>I can’t do this by myself</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you usually get around indoors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(except steps) by yourself?</td>
<td>![ ]</td>
<td>![ ]</td>
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</tr>
<tr>
<td>Do you usually get in and out of a</td>
<td></td>
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<tr>
<td>bed (or chair) by yourself?</td>
<td>![ ]</td>
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<tr>
<td>Do you usually feed yourself?</td>
<td>![ ]</td>
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<td>![ ]</td>
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<tr>
<td>Do you usually deal with finances and</td>
<td></td>
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<tr>
<td>paperwork - for example, paying bills,</td>
<td>![ ]</td>
<td>![ ]</td>
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</tr>
<tr>
<td>writing letters - by yourself?</td>
<td>![ ]</td>
<td>![ ]</td>
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</tr>
<tr>
<td>Question</td>
<td>I can do this easily by myself</td>
<td>I have difficulty doing this myself</td>
<td>I can’t do this by myself</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Do you usually wash all over by yourself, using either a bath or shower?</td>
<td><img src="https://example.com/tick.png" alt="Tick" /></td>
<td><img src="https://example.com/tick.png" alt="Tick" /></td>
<td><img src="https://example.com/tick.png" alt="Tick" /></td>
</tr>
<tr>
<td>Do you usually get dressed and undressed by yourself?</td>
<td><img src="https://example.com/tick.png" alt="Tick" /></td>
<td><img src="https://example.com/tick.png" alt="Tick" /></td>
<td><img src="https://example.com/tick.png" alt="Tick" /></td>
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<tr>
<td>Do you usually use the WC/toilet by yourself?</td>
<td><img src="https://example.com/tick.png" alt="Tick" /></td>
<td><img src="https://example.com/tick.png" alt="Tick" /></td>
<td><img src="https://example.com/tick.png" alt="Tick" /></td>
</tr>
<tr>
<td>Do you usually wash your face and hands by yourself?</td>
<td><img src="https://example.com/tick.png" alt="Tick" /></td>
<td><img src="https://example.com/tick.png" alt="Tick" /></td>
<td><img src="https://example.com/tick.png" alt="Tick" /></td>
</tr>
</tbody>
</table>
**Section 5: About your surroundings**

**Q17**

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

Please tick (✔) one box

- My home meets my needs very well
- My home meets most of my needs
- My home meets some of my needs
- My home meets totally inappropriate for my needs

**Q18**

Thinking about getting around outside of your 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
- At times I find it difficult to get to all the places in my local area that I want
- I am unable to get to all the places in my local area that I want
- I do not leave my home
Section 6: 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.

Q19

**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 household
- ☐ Yes, from someone living in another household
- ☐ No

Q20

**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
- ☐ Yes, my family pays for some more care and support for me
- ☐ No
Q21 Did you have any help from someone else to complete this questionnaire?

Please tick (✔️) one box

- No, I did not have help
- I had help from a care worker
- I had help from someone living in my household
- I had help from someone living outside my household

Q22 What type of help did you have?

Please tick (✔️) as many boxes as apply

- I didn’t have any help
- Someone else read the questions to me
- Someone else translated the questions for me
- Someone else wrote down the answers for me
- I talked through the questions with someone else
- Someone answered for me, without asking me the questions

Thank you for helping us by taking part in this survey.

Please post it back to us in the freepost envelope provided (no stamp needed).