

Supported Person Survey

Unpaid carers play an important role in our society, as are those who are supported by unpaid carers, please tell us about your supported experiences. Survey responses are anonymous, however you may provide you contact details at the end of the survey (section 4) if you wish to receive further information about our free support services.

1	. Please describe the support you receive from your unpaid carer. *
	Washing/Bathing
	Dressing
	Meal Preparation
	Eating/Drinking
	Mobility
	Housekeeping
	Booking Appointments
	Travel
	Accessing Activities & Services
	Sports & Leisure
	Communications
	Other

2. How often do you receive this support, and for how many hours per week? *
Daily
Weekly
Monthly
1 - 4 hours
5 - 9 hours
10+ hours
3. Tell us all of the services and activities you are supported with. *
4. Is there anything else that you would like your unpaid carer to support you with? *
5. Do you have any additional support needs? (Please specify) *
6. What other activities would you like to be able to do with your carer? *

7. Assistive Technology, like voice activated automation, may be able to support you in your daily life. Would you like more information on this? *
Yes
○ No
Maybe
Equality monitoring questions
Collecting, analysing, and using equalities information helps us to understand how our policies and activities are affecting various sections of our communities and helps us to identify any inequalities that may need to be addressed. We will be grateful if you could complete and return this form. The information you provide on this form will be held in the strictest confidence and only be used for the purpose stated above.
8. AGE - Which age group applies to you? *
16 and under
O 17-21
22-29
30-39
<u>40-49</u>
<u> </u>
O 60-74
75+

9. Please tick the box that best describes your sex. *
Male
Female
Prefer not to say
Other
10. Trans is an umbrella term to describe people whose gender identity is not the same as, or does not sit comfortably with, the sex they were regarded to be at birth. Do you consider yourself to be trans? *
Yes
○ No
Prefer not to say
11. Disability Under the Equality Act 2010, a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day- to-day activities. Are you disabled? *
Yes
○ No
Prefer not to say

12. Please tell us which of the following impairment groups apply to you. You may tick more than one box *
Visual Impairment
Hearing impairment
Learning difficulties
Neurodiverse
Physical impairment
Mental health/mental distress issues
Long term health condition/hidden impairment
Prefer not to say
Other
13How would you describe your national identity? *
14. How would you describe your ethnic group? *

1	5. What is your sexual orientation? *
	Heterosexual
	Bi-sexual
	Gay
	Lesbian
	Prefer not to say
	Other
1	6. Religion or belief - How would you describe your religion or belief? *
	Atheist
	Christian
	Jewish
	Rastafarian
	Buddhist
	Hindu
	Muslim
	Sikh
	Prefer not to say
\bigcirc	No religion
	Other

17. Marriage and Civil Partnership *
Single
Co-habiting
Separated
Widowed
Married
Civil Partnership
Divorced
Prefer not to say
18. Which is your preferred language? *
18. Which is your preferred language? *
18. Which is your preferred language? * 19. Your name
19. Your name
19. Your name

View our privacy policy: www.d-a- h.org/index.php/privacypolicy

Thank you for completing this survey, the results will help us to ensure that we provide the appropriate support, activities and services to meet your needs.