### 

# #SpeakUp2020

# The survey questions

January 2020



# About this survey

### Do you have an experience that your NHS or social care service could learn from?

We want to know more about your experiences of health and social care, what works and what you would like to improve.

Whether you want to tell us about mental health care, your experience of a hospital, social care support or another health service we want to hear about it.

Take just five minutes to share your views to make care better for you and the people you love.

If you'd like to share more than one experience, please feel free to fill in the survey as many times as you'd like.

We will share these views with the local Healthwatch in your area to help influence your local services and plans.

**Consent \***

I give permission for my response to be stored on Healthwatch England’s national database, and for it to be shard with my local Healthwatch.

# Survey questions

1. **Choose the issue that you would like to talk to us about (over the last year)**

**Mental health support** e.g. community mental health, mental health crisis service, child and adolescent mental health services

**Hospital care** e.g. accident and emergency, inpatient care, outpatient clinics

**Social care** e.g. hospice services, care homes, and home care

Other issue/service

**1a) If other, please tell us which issue/service you’re referring to**

1. **Which area best describes where you live?**

## Accessing the information, support and service(s) you need

1. **How easy was it to access the help and support you needed?**

Very easy

Easy

Neither easy nor difficult

Difficult

Very difficult

N/A

**3a) Does this rating apply to a specific service?**

Yes

No

**3b) If yes, please tell us the name of this service.** You can leave this blank if you’d prefer not to say:

**3c) Can you tell us more about your experience of accessing information/services?**If you would rather be anonymous, avoid including things that can identify you.

## Your experience of care

1. **How would you rate your care?**

Very good

Good

Neither good nor bad

Poor

Very poor

N/A

**4a) Does this rating apply to a specific service?**

Yes

No

**4b) If yes, please tell us the name of this service.** You can leave this blank if you’d prefer not to say:

**4c) Can you tell us more about your experience of care?**If you would rather be anonymous, avoid including things that can identify you.

## What happened next?

1. **How did you feel about the further treatment/care/support that you were offered?**

Very satisfied

Satisfied

Neither satisfied nor dissatisfied

Dissatisfied

Very dissatisfied

N/A

**5a) Does this rating apply to a specific service?**

Yes

No

**5b) If yes, please tell us the name of this service.** You can leave this blank if you’d prefer not to say.

**5c) Can you tell us more about the further treatment/care/support that you were offered?**If you would rather be anonymous, avoid including things that can identify you.

## Tell us a bit about you

By telling us more information about yourself, you will help us better understand how people's experiences may differ depending on their personal characteristics. However, if you do not wish to answer these questions you do not have to.

1. **Please tell us which gender you identify with**

Male

Female

Non-binary

Prefer not to say

Other

**1a) If other, please tell us more:** You can leave this blank if you’d prefer not to say.

1. **Is your gender different to the sex that you were assigned to at birth?**

Yes

No

1. **Please tell us which sexual orientation you identify with**

Asexual

Bisexual

Gay

Heterosexual/ straight

Lesbian

Pansexual

Prefer not to say

Other

**3a) If other, please tell us more:** You can leave this blank if you’d prefer not to say.

1. **Please tell us which age category you fall into.** Please not that we cannot accept responses from anyone aged under 13 years.

13-17

18-24

25-34

35-44

45-54

55 -64

65-74

75+

Prefer not to say

1. **Please select your ethnicity from the list below**

Arab

Asian / Asian British: Bangladeshi

Asian / Asian British: Chinese

Asian / Asian British: Indian

Asian / Asian British: Pakistani

Asian / Asian British: Any other Asian / Asian British background

Black / Black British: African

Black / Black British: Caribbean

Black / Black British: Any other Black / Black British background

Gypsy, Roma or Traveller

Mixed / Multiple ethnic groups: Black African and White

Mixed / Multiple ethnic groups: Black Caribbean and White

Mixed / Multiple ethnic groups: Asian and White

Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background

White: British / English / Welsh / Scottish / Northern Irish

White: Irish

White: Any other background

Any other ethnic group

Prefer not to say

**5a) If other, please tell us more:** You can leave this blank if you’d prefer not to say.

1. **Do you consider yourself to be a carer, have a disability or a long term health condition?** Please tick all that apply.

Yes, I consider myself to have a disability

Yes, I consider myself to have a long term health condition

Yes, I consider myself to be a carer

None of the above

I'd prefer not to say