#

# Template survey questions

April 2020

# About this resource

In response to COVID-19, health and social care services have had to drastically change the support they offer the public. It is therefore important we understand how these changes are working for people.

You can use these template questions to help you develop a survey to gather information about people’s experiences of care. You can adapt or add to these questions as needed, based on your local knowledge, circumstances and stakeholders.

These questions have been developed in consultation with 11 local Healthwatch.

# The template survey questions

## Tell us about you

1. Do you consider yourself to be at high risk from COVID-19/coronavirus?
* Yes
* Please tell us why: [Select all that apply]
* I have an existing health condition.
* I’m pregnant
* I’m aged 70 or over
* Another reason - please specify: [Free text box]
* Have you received a letter or text advising you to shield yourself?
	+ Yes
	+ No
* No
1. Do you care for or support someone, or more than one person, who is considered to be at high risk from COVID-19/coronavirus?
* Yes
* Please tell us why: [Select all that apply]
* They have an existing health condition.
* They’re pregnant
* They’re aged 70 or over
* Another reason - please specify: [Free text box]
* Have they received a letter or text advising them to shield?
	+ Yes
	+ No
* No
1. Are you currently, or have you recently been working or volunteering to support people affected by COVID-19/coronavirus?
* Yes
* No
1. Do you, or does the person you care for/support, have any additional communication needs?
* Yes
* Please tell us more: [Select all that apply]
* I/they use British Sign Language (BSL)
* I/they need information in braille, audio or large print format(s).
* I/they need Easy Read information
* I/they need information in another language(s).
* Other – Please specify: [Free text box]
* Have you been able to find information and advice in the format(s) or language(s) needed?
	+ Yes
	+ No
* No

## Information and advice

1. How easy have you found it to **find** the information you need about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?

Scale [1 – Very easy, 2 – Easy, 3 – Neither easy nor difficult, 4 – Difficult, 5 – Very difficult; DK – Don’t know]

1. How easy have you found it to **understand** information about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?

Scale [1 – Very easy, 2 – Easy, 3 – Neither easy nor difficult, 4 – Difficult, 5 – Very difficult; DK – Don’t know]

1. How easy have you found it to **act on** information about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?

Scale [1 – Very easy, 2 – Easy, 3 – Neither easy nor difficult, 4 – Difficult, 5 – Very difficult; DK – Don’t know]

1. How easy have you found it to **keep up to date with** the changes to information about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?

Scale [1 – Very easy, 2 – Easy, 3 – Neither easy nor difficult, 4 – Difficult, 5 – Very difficult; DK – Don’t know]

1. Which topics, if any, have you found it difficult to get clear information or advice about? (Please select all that apply)
* None, I have all the information I need
* Looking after my physical health
* Looking after my mental health or wellbeing
* Accessing repeat prescription medications
* Managing existing physical health conditions
* Managing existing mental health conditions
* Changes to the health care services I usually access (e.g. GP practice, pharmacy, hospital outpatient appointments, community nursing visits)
* Changes to the social care support I usually access (e.g. care visits at home, residential, nursing or respite care homes)
* Advance care planning and end of life care
* Advice for family carers
* Help for people who do not use the internet
* Accessing help in my local community (e.g. getting groceries or picking up medication)
* How to volunteer in my local community
* Testing for COVID-19/coronavirus
* Symptoms of COVID-19/coronavirus
* What to do if you think someone in your household has COVID-19/coronavirus
* Social distancing
* Self-isolation
* Shielding people who are at very high risk of severe illness from COVID-19/coronavirus
* Other
* Please specify: [Free text box]
1. Where have you found information or advice about the COVID-19/coronavirus pandemic? [Please select all that apply]
* Online – national organisations’ websites (e.g. Government, NHS)
* Online – local organisations’ websites (e.g. Council, local hospital, voluntary/community organisations)
* Online – social media
* Media (e.g. television, radio or newspaper)
* Received by email or text message
* Received by post
* From family or friends
* Other
* Please specify: [Free text box]
1. Have you found any specific information or sources of information especially helpful?
* Yes
* Please tell us more – what was it and why was it helpful? [Free text box]
* No

## Your experience of care

### Healthcare

1. Have you, or has the person you care for, experienced any changes to your/their healthcare due to the COVID-19/coronavirus pandemic?
* Yes
* If yes, how would you rate the communication received about the changes?

Scale: [1 – Very poor, 2 – Poor, 3 – Fair, 4 – Good, 5 – Excellent]

* Does this relate to a specific service?
	+ Yes

If yes, please tell us the name of this service: [Free text box – *Leave blank if you’d prefer not to say*]

* + No
	+ Prefer not to say
* Would you like to tell us more about your/their experience of these changes? [Free text box]
* No
* I/they haven’t needed any healthcare services.

### Social care support

1. Do you, or does the person you care for, receive care or support to carry out daily activities?
* Yes
* Have you/they experienced any changes to this care due to the COVID-19/coronavirus pandemic?
* Yes
	+ - If yes, how would you rate the communication received about the changes?

Scale: [1 – Very poor, 2 – Poor, 3 – Fair, 4 – Good, 5 – Excellent]

* + - Does this relate to a specific service?
			* Yes

If yes, please tell us the name of this service: [Free text box – *Leave blank if you’d prefer not to say*]

* + - No
		- Prefer not to say
		- Would you like to tell us more about your/their experience of these changes? [Free text box]
* No
* No

### Mental health and wellbeing

1. How much of an impact has the COVID-19/coronavirus pandemic had on your mental health or wellbeing?

Scale: 0 (No impact at all) – 9 (Very significant impact)

1. Have you been able to access support for your mental health or wellbeing during this time?
* Yes – from family and/or friends
* Yes – from a community, voluntary or charity group/organisation
* Yes – from a mental health care provider
* Yes – online or from an app
* Yes – other
* Please specify: [Free text box]
* No
* I haven’t needed any support
1. Would you like to tell us more about this? [Free text box]
2. Is there anything else you’d like to tell us? [Free text box]

## Tell us a bit more about you

By telling us more information about yourself, you can 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.

* Please tell us which age category you fall into:
* 13 – 17 years
* 18 – 24 years
* 25 – 34 years
* 35 – 44 years
* 45 – 54 years
* 55 – 64 years
* 65 – 74 years
* 75+ years
* I’d prefer not to say
* Please tell us which gender you identify with:
* Woman
* Man
* Non-binary
* Other
* I’d prefer not to say
* Is your gender different to the sex that was assigned to you at birth?
* Yes
* No
* I’d prefer not to say
* Please select your ethnic background:
* 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: Asian and White
* Mixed / Multiple ethnic groups: Black African and White
* Mixed / Multiple ethnic groups: Black Caribbean and White
* Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background
* White: British / English / Northern Irish / Scottish / Welsh
* White: Irish
* White: Any other White background
* Another ethnic background
* I’d prefer not to say
* Please tell us which sexual orientation you identify with:
* Asexual
* Bisexual
* Gay
* Heterosexual / Straight
* Lesbian
* Pansexual
* Other
* I’d prefer not to say
* Please tell us about your religion or beliefs:
* Buddhist
* Christian
* Hindu
* Jewish
* Muslim
* Sikh
* No religion
* Other
* I’d prefer not to say
* Please tell us about your marital or civil partnership status:
* Single
* Married
* In a civil partnership
* Separated
* Divorced / dissolved civil partnership
* Widowed
* I’d prefer not to say
* Are you currently pregnant or have you been pregnant in the last year?
* Yes
* No
* I’d prefer not to say
* Do you consider yourself to be a carer, have a disability or a long term health condition? (Please select all that apply):
* Yes, I consider myself to be a carer
* Yes, I consider myself to have a disability
* Yes, I consider myself to have a long term condition
* None of the above
* I’d prefer not to say