

Looking after the health of the person you care for.

We are interested in finding out about the effort you have to make in order to look after the health of the person you care for, and how this impacts on your day-to-day life.

2.2 Please tell us how much difficulty you have with helping the person you care for with the following: (Please tick the box that most applies to you.)

	Not difficult	A little difficult	Quite difficult	Very difficult	Extremely difficult	Does not apply
1. Taking lots of medications	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
2. Remembering how and when they need to take their medication	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
3. Paying for their prescriptions, over the counter medication or equipment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
4. Collecting their prescription medication	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
5. Monitoring their medical conditions (e.g. checking their blood sugar, monitoring symptoms etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
6. Arranging their appointments with health professionals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
7. Seeing lots of different health professionals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
8. Attending appointments with health professionals (e.g. getting time off work, arranging transport etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
9. Getting health care for them in the evenings and at weekends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
10. Getting them help from community services (e.g. physiotherapy, district nurses etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
11. Obtaining up-to-date information about their medical conditions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
12. Making recommended changes to their lifestyle (e.g. diet, exercise etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀

Please tell us how difficult you have found the following:

(Please tick the box that most applies.)

	Not difficult	A little difficult	Quite difficult	Very difficult	Extremely difficult	Does not apply
13. Having to rely on help from family and friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
14. Arranging respite care for the person you care for	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
15. The financial impact of being a carer <i>(e.g. having to give up work, relying on benefits etc)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀
16. Adjusting your own lifestyle so that you can look after the person you care for	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀

SECTION 3: GENERAL INFORMATION ABOUT YOU

Finally, we would like to ask you a few general questions about yourself. The following questions will help us to see how experiences vary between different groups of people.

3.1 How old are you? years of age

3.2 What is your ethnic group? *(Please tick one box only.)*

- White ₁
- Asian or Asian British ₂
- Black/African/Caribbean/Black British ₃
- Mixed/multiple ethnic groups ₄
- Other ethnic group (please specify) ₅
-

3.3 Are you male or female? Male ₁ Female ₂

3.4 Which one of these best describes your employment/ caring status?

- | | |
|--|---------------------------------------|
| Full-time paid work, caring in spare time | <input type="checkbox"/> ₁ |
| I work full time as a paid carer | <input type="checkbox"/> ₂ |
| In part time paid employment, caring in spare time | <input type="checkbox"/> ₃ |
| I work part time as a paid carer | <input type="checkbox"/> ₄ |
| I work part-time as a paid carer and also have another part-time job | <input type="checkbox"/> ₅ |
| Unable to work because of caring duties | <input type="checkbox"/> ₆ |
| Retired | <input type="checkbox"/> ₇ |
| Other: | <input type="checkbox"/> ₈ |

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3.5 Do you receive a Carer's Credit? No ₀ Yes ₁

3.6 Do you receive a Carer's Allowance? No ₀ Yes ₁

Thank you for taking time to complete this survey.

If you have any further comments please turn over.

If you have any comments please write them here.