

Carers' survey – we want your feedback

The support that we provide for unpaid carers (including those in receipt of 'carers allowance') is very important to us and we want to know what we have done well and what we can improve on. We want to hear your views, even if your contact has only been limited. This information will be used to help make improvements to those experiences. The questions should be answered by the carer, and your answers should be from **your point of view**. This survey is anonymous, unless you wish to provide your contact details. All answers will be kept confidential.

Name of department / ward: _____

Question 1

Did you inform any of our staff that you are a carer? Yes No

Question 2

Were you encouraged to share information about the person you care for, and was this used?

Always Most of the time Sometimes Never Don't know

Comments:

Question 3

Were you involved as much as you wanted to be in decisions about care and treatment?

Always Most of the time Sometimes Never Don't know

Comments:

Question 4

Would you have liked to have been involved in any other way(s)? If 'yes', please explain further.

Yes No

Comments:

Question 5

If you had any concerns did you find a member of staff to talk these through with?

Always Most of the time Sometimes Never Don't know

I had no concerns

Comments:

Question 6

Do you feel valued by staff as a partner in care planning?

Always Most of the time Sometimes Never Don't know

Comments:

Question 7

Could we have helped you more while the person you care for was at the hospital?

Yes No Don't know / can't remember

Comments:

Question 8

Did you already have, or complete a Patient Passport? For example a folder called 'Information about me' / 'Who I am' or a document called '8 things about me', and did staff use this information?

Yes No Don't know / can't remember

Comments:

Question 9

Were you provided with an orange booklet called 'I am a carer: Information for carers of people coming into hospital'?

Yes No Don't know / can't remember

Comments:

Please only complete the following questions if the person you care for is/was an inpatient (ie, stayed overnight in a hospital bed)

Question 10

Were you able to visit the patient at times that suited you?

Yes No

Comments:

Question 11

Did staff ask about how you could be involved in the patient's day to day care while they were in hospital, such as help with feeding, washing and dressing?

Yes No I do/did not want to be involved

Comments:

Question 12

If you wanted to stay overnight with the patient were you given the opportunity to do so?

Yes No I do/did not want to stay overnight

Comments:

Question 13

Have you been sufficiently involved in the discharge planning?

Always Most of the time Sometimes None of the time Don't know

Comments:

Is there anything else you would like us to know?

About you:

My relationship to the person I care for is:

Spouse Partner Parent Son Daughter Brother Sister Other relative
Friend Neighbour Other _____

Where does the person you care for live?

Alone With me Residential care Other _____

Are you? Male Female Prefer not to say

Please indicate your age:

Under 18 years 18-25 years 26-45 years 46-65 years 66-79 years
Over 80 years

I would describe my ethnic background as:

- | | |
|--|--|
| <input type="checkbox"/> White: British | <input type="checkbox"/> Asian or Asian British: Bangladeshi |
| <input type="checkbox"/> White: Irish | <input type="checkbox"/> Asian or Asian British: Other |
| <input type="checkbox"/> White: Other | <input type="checkbox"/> Black or Black British: Caribbean |
| <input type="checkbox"/> Mixed: White & Black Caribbean | <input type="checkbox"/> Black or Black British: African |
| <input type="checkbox"/> Mixed: White & Black African | <input type="checkbox"/> Black or Black British: Other |
| <input type="checkbox"/> Mixed: White & Asian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed: Other | <input type="checkbox"/> Other Ethnicity |
| <input type="checkbox"/> Asian or Asian British: Indian | <input type="checkbox"/> I would rather not say |
| <input type="checkbox"/> Asian or Asian British: Pakistani | |

Please provide your name and telephone number if you would like to be contacted.

Thank you for your help!

Please return your completed survey to:

***Patient Experience Office
L2 Main Entrance
Royal Berkshire Hospital
London Road
Reading RG1 5AN***