**Questionnaire for Carers**

At (Name Surgery) we are keen to ensure we provide support to you as a carer which will help you in your caring role.

You are currently on our Carers’ Register as carrying out caring role. It would really help us if you could provide feedback on your experiences as a carer here at the surgery. Your answers will tell us how we can best support you as a carer both now and in the future.

 Please could you complete the survey attached/enclosed. Please return completed forms to (name of Carers’ Leads) by (date). A prepaid envelope is provided.

Thank you in anticipation of your help with this.

Please can you confirm whether you are still acting in a caring role? **Yes/No**.

If you are, please can you answer the following questions:

1. As a carer, how well supported do you feel by your surgery?

 **Very well/ Well/Not very well/ Not all**.

1. Are you aware that there is information available for carers here at the surgery? **Yes/ No**.
2. Have you been provided with information about Carer Support Wiltshire, a local organisation which supports unpaid carers? **Yes/No**
3. Are you aware that there is a member of staff (Carers’ Lead) who is responsible for looking after carers? **Yes/No**
4. When you request an appointment, are you offered a time that fits in with your caring role? **Yes/No**
5. Have you been asked if you would like a referral for an assessment of your needs as a carer? **Yes/No** If no, would you like someone to contact you about this? **Yes/No**
6. Have you been offered an annual flu jab? **Yes/No**. Have you been offered a COVID jab? **Yes/No**
7. Have you been invited to a Carer Support Clinic or offered a Carers Health Check? **Yes/no**
8. Do you have any comments about the support you, as a carer have received from the surgery ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..
9. Can you suggest how the surgery could improve its support to you as a carer?

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 About you:

 please tell us your age by ticking the box at the side of the age ranges below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Under 18 years**  |  | **18-24 years** |  | **25-30 years**  |  | **31-40 years**  |  |
| **41-50 Years.** |  | **51-64 years** |  | **65-74 years**  |  | **75 years and over**  |  |

In addition to being a carer, are you:

(Please tick all that apply)

|  |  |
| --- | --- |
| At school  |  |
| At college/university |  |
| Employed (full or part-time, including self-employed) |  |
| Retired from paid work |  |
| Unable to work due to long-term sickness  |  |
| Looking after home/family |  |
| Other (please give details below) |  |