**QUESTIONNAIRE FOR CARERS**

(Name of surgery) is currently in the process of updating its Carers’ Register as we look at ways of supporting carers more positively. We would be very grateful, therefore, if you would fill in the following questionnaire.

1. **ABOUT YOU- THE CARER**

Name: ………………………………………………………………………………………………………………………………….

Address………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Tel. no/mobile………………………………………. Date of birth…………………………………………………………..

1. **ABOUT THE PERSON YOU CARE FOR**

Name:…………………………………………………………………………………………………………………………………….

Address………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Tel. no/mobile………………………………………. Date of birth…………………………………………………………..

Is he/she registered at this surgery? Yes/No……………

What relationship is the above person to you?...........................................................................

What is the nature of their illness/disability? ……………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

N.B Please feel free to leave this line blank if you wish.

1. **CARERS’ HEALTH CHECKS**

The Practice has recently started offering Carers’ Health Checks at the surgery to be carried out by one of our nurses.

Would you be interested in attending? Yes/No……………….

(If you indicated yes, we will telephone you to make an appointment.)

Day of week…………………………………………… Rough time of the day…………………………………………

OTHER

* What other services, activities would you like the Practice to provide that you feel are not available at the present time?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

* Have you ever been offered a Carer’s Assessment (A Carer’s Assessment is a chance to talk about your needs as a carer and the possible ways help could be given.) Yes/No.
* Would you like us to pass on your details to Carer Support Wiltshire so they can contact you? Yes/No………………………

N.B. I understand that the above information will be included on (surgery's name) register, recorded on my computer medical records and those on the person for whom I care ( where applicable).

Signed…………………………………………………………………..Date…………………………………………………………