Caring for more than one person Additional Questionnaire (2)

You have now completed the main **Survey of Carers Pilot Study and Additional Questionnaire (1).** Thank you for your responses.

You have already answered some questions about **two people** you provide care or support to.

If you provide care or support to **another person**, this additional questionnaire gives you the opportunity to answer **7 questions** about **that person.**

This could be another family member, friend, neighbour or someone else you provide care or support to for reasons related to long-term illness, disability, physical or mental health conditions or illnesses, substance misuse, or older age.

Please answer the questions in this questionnaire about one additional person only. This should be a different person from the two people you answered about in the main Survey of Carers Pilot Study and Additional Questionnaire (1).

If you do not care for another person, you do not need to complete this questionnaire.

As with the main Survey of Carers, taking part is voluntary. You can choose not to answer any question or stop completing the questionnaire at any time.

Please start at Question 1 on the next page.

Thank you again for your help.

1 **Which other person would you like to answer about?**

Please tick [✓] one option

- ☐ Spouse/partner/husband/wife
- ☐ Child/son/daughter under the age of 18 (including biological, adopted, foster or stepchild)
- ☐ Adult child/son/daughter aged 18 or over (including biological, adopted, foster or stepchild)
- ☐ Sibling/brother/sister (including biological, adopted, foster or step-sibling)
- ☐ Parent/mother/father (including biological, adopted, foster or step-parent)
- ☐ Parent-in-law/mother-in-law/father-in-law
- ☐ Grandparent/grandmother/grandfather
- ☐ Friend or neighbour
- ☐ Other relative/family member
- ☐ Other (please specify)

- ☐ Prefer not to say

The following 7 questions ask you about the person you selected in Question 1.

2 **How old is the person you care for?**

If you don't know the exact age, please give an approximate one.

_____ **years**

☐ Don't know

☐ Prefer not to say

☐ Not applicable

3 **Does the person you care for have....?**

Please tick [✓] all that apply

- ☐ Dementia
- ☐ A physical disability or long-term physical health condition
- ☐ Sight loss
- ☐ Hearing loss
- ☐ A mental health condition
- ☐ Problems connected to ageing
- ☐ Mobility impairment (e.g. walking short distances or climbing stairs)
- ☐ Dexterity impairment (e.g. lifting and carrying objects, using a keyboard)
- ☐ A learning disability (e.g. Down syndrome)
- ☐ A learning difficulty (e.g. dyslexia)
- ☐ Memory problems
- ☐ Stamina or breathing or fatigue
- ☐ Long-standing illness
- ☐ Autism or another neurodivergent condition
- ☐ Terminal illness
- ☐ Alcohol or drug dependency
- ☐ Other condition (please specify):

☐

- ☐ Don't know
- ☐ Prefer not to say
- ☐ Not applicable

4 **In the last 12 months, has the person you care for received any formal care, help or support that is provided, arranged or funded by the council or Social Care?**

This may also be provided by carer organisations in your area or voluntary organisations and charities.

Please tick [✓] one box

- ☐ Yes, all arranged or paid for by the council or other care organisations
- ☐ Yes, some arranged or funded by the council or other care organisations
- ☐ No, all support is privately arranged or paid for by the person you care for and/or family
- ☐ No, they do not receive any formal care or support
- ☐ Other (e.g. NHS Continuing Healthcare)
- ☐ Don't know
- ☐ Prefer not to say
- ☐ Not applicable

5 **Over the last 12 months, what kinds of things did you usually do for the person you care for?**

Please tick [✓] all that apply

- ☐ Personal care (e.g. dressing, bathing, washing, shaving, cutting nails, feeding, or helping them use the toilet)
- ☐ Physical help (e.g. helping with walking, getting up and down stairs, or getting into and out of bed)
- ☐ Helping with dealing with care services and benefits (e.g. making appointments and phone calls, filling in forms)
- ☐ Helping with paperwork or financial matters (e.g. writing letters, sending cards, filling in forms, dealing with bills or banking)
- ☐ Other practical help (e.g. preparing meals, doing shopping, laundry, housework, gardening, decorating, household repairs, or taking the person you care for to medical appointments)
- ☐ Keeping the person you care for company (e.g. visiting, sitting with them, reading to them, talking to them, or calling them, or playing cards or games)
- ☐ Taking the person you care for out (e.g. for a walk or drive, or to see friends or relatives)
- ☐ Giving medicines (e.g. making sure they take medication, giving injections, or changing dressings)
- ☐ Keeping an eye on the person you care for to make sure they are safe and well
- ☐ Giving emotional support
- ☐ Other (please specify):

☐ Don't know

☐ Prefer not to say

☐ Not applicable

6 **About how long have you been looking after or helping the person you care for?**

Please tick [✓] one box

- ☐ Less than 6 months
- ☐ 6 months to less than a year
- ☐ 1 year to less than 3 years
- ☐ 3 years to less than 5 years
- ☐ 5 years to less than 10 years
- ☐ 10 years to less than 15 years
- ☐ 15 years to less than 20 years
- ☐ 20 years or more
- ☐ Don't know
- ☐ Prefer not to say
- ☐ Not applicable

7 **About how long do you spend each week looking after or helping the person you care for?**

Please tick [✓] one box

- ☐ 0-9 hours per week
- ☐ 10-19 hours per week
- ☐ 20-34 hours per week
- ☐ 35-49 hours per week
- ☐ 50-74 hours per week
- ☐ 75-99 hours per week
- ☐ 100 or more hours per week
- ☐ Varies – Under 20 hours per week
- ☐ Varies – 20 hours or more per week
- ☐ Don't know
- ☐ Prefer not to say
- ☐ Not applicable

8 **How long does it usually take you to travel from your home to where the person you care for lives?**

Please tick [✓] one box

- ☐ The person I care for lives with me
- ☐ Less than 10 minutes
- ☐ 10 to 20 minutes
- ☐ 21 to 40 minutes
- ☐ 41 to 59 minutes
- ☐ 1 to 2 hours
- ☐ More than 2 hours
- ☐ Don't know
- ☐ Prefer not to say