

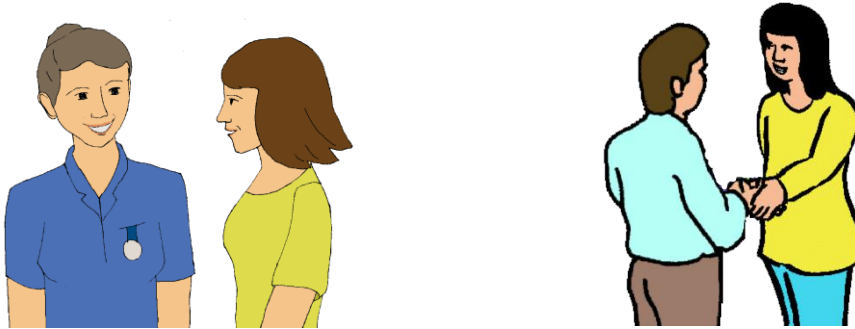
This document provides the response option codes for the Easy Read version of the questionnaire. This version is for internal use only and not to be sent out to service users.

Your social care and support services

You do not have to answer all the questions.

These questions are all about **your** life.

Section 1



1. How happy are you with the way staff help you?

By 'staff' we mean people who are paid to help you. They may be:

- your care worker
- people who work at your care home or day centre
- people you pay with the money **<Social Services>** give you.

Please tick (✓) 1 box

I am very happy with the way staff help me, it's really good

1



I am quite happy with the way staff help me

2



The way staff help me is OK

3



I do not think the way staff help me is that good

4

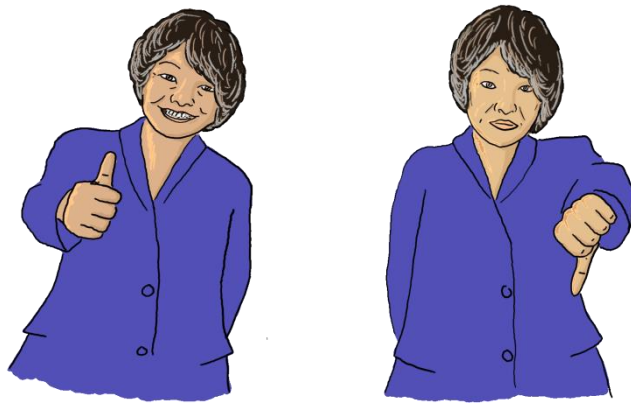


I think the way staff help me is really bad

5



Section 2



2a. Thinking about all the different things in your life, good and bad, how would you say you feel about your life in general:

Please tick (✓) 1 box

My life is really great ☐ 1



My life is mostly good ☐ 2



My life is OK, some good things, some bad things ☐ 3

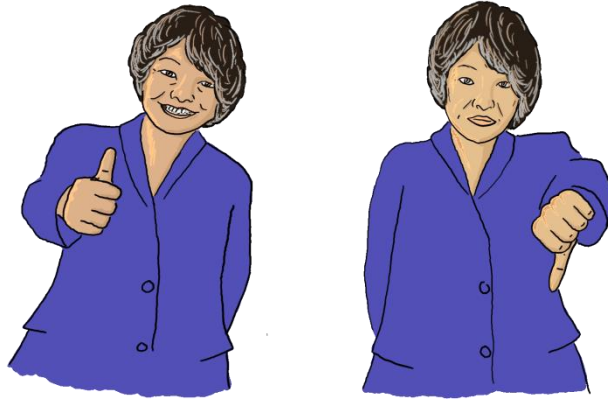


My life is mostly bad ☐ 4



My life is really terrible ☐ 5





2b. Do staff help you to have a better quality of life?

By 'staff' we mean people who are paid to help you. They may be:

- your care worker
- people who work at your care home or day centre
- people you pay with the money **<Social Services>** give you.

Please tick (✓) 1 box

Yes

☐ 1



No

☐ 2





3a. How much control do you have in your life?

By 'control' we mean having a say about what happens in your life.

Please tick (✓) 1 box

I make all the choices I want

1



I make some choices, not all, but that is OK

2



I make some choices but not enough

3



I do not get to make any choices

4





3b. Do staff help you to have control in your life?

By 'staff' we mean people who are paid to help you. They may be:

- your care worker
- people who work at your care home or day centre
- people you pay with the money **<Social Services>** give you.

By 'control' we mean having a say about what happens in your life.

Please tick (✓) 1 box

I do not need care and support services to help me have
control over my daily life

1

Yes

2



No

3





4a. When it comes to keeping clean, and how you look (for example your clothes or your hair) how do you feel?

Please tick (✓) 1 box

I feel clean and I like the way I look

1



I quite like the way I feel and look, it's OK

2



I feel a bit clean and tidy, but not enough

3

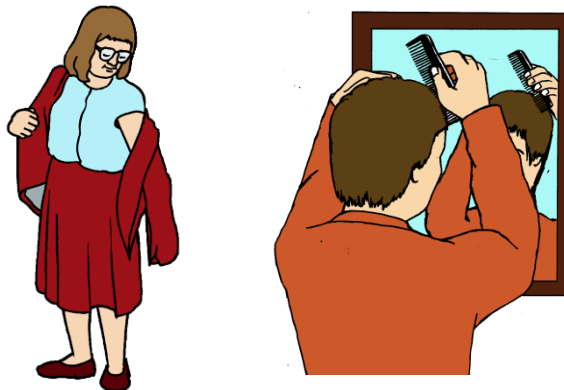


I do not feel at all clean or tidy

4



OPTIONAL QUESTION – Councils should remove this question if they do not want to include it in the questionnaire. Any data collected from this question does not need to be returned to NHS England.



4b. Do staff help you to keep clean and how you look (for example your clothes or your hair)?

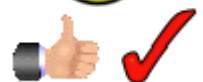
Please tick (✓) 1 box

I do not need staff to help me keep clean and how I look

1

Yes

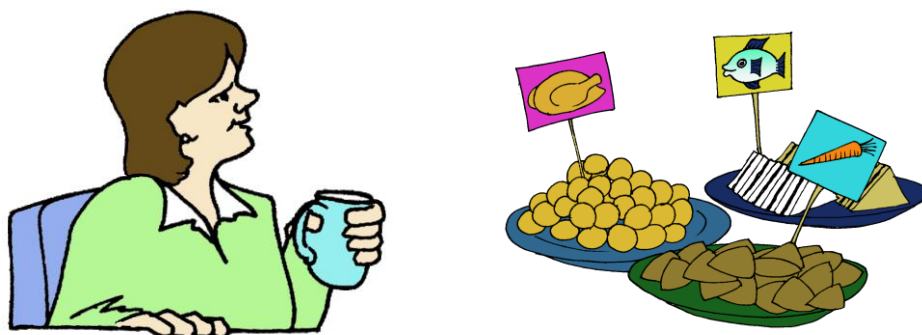
2



No

3





5a. What do you get to eat and drink?

Please tick (✓) 1 box

I get all the food and drink I like when I want it

1



I get enough food and drink

2



I do not get all the food and drink I want, but I do not think I will get ill because of it

3

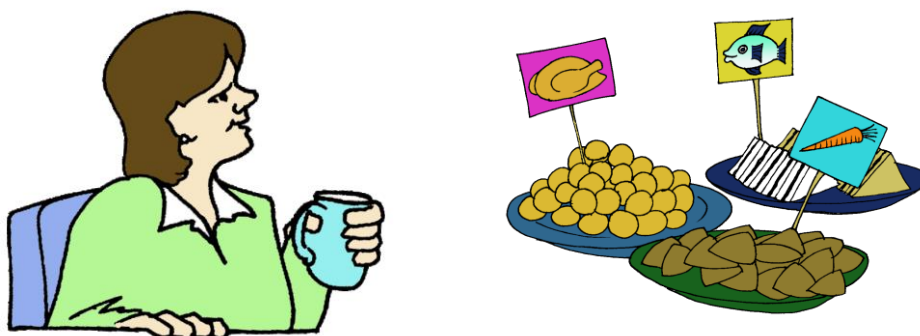


I do not get all the food and drink I need, and I think this might make me ill

4



OPTIONAL QUESTION – Councils should remove this question if they do not want to include it in the questionnaire. Any data collected from this question does not need to be returned to NHS England.



5b. Do staff help you to get food and drink?

Please tick (✓) 1 box

I do not need staff to help me get food and drink

1

Yes

2



No

3





6a. What do you think about your home?

Please tick (✓) 1 box

My home is as clean and nice as I want

1



My home is quite clean and nice, it's OK

2



My home is not clean or nice enough

3



My home is not at all clean or nice

4



OPTIONAL QUESTION – Councils should remove this question if they do not want to include it in the questionnaire. Any data collected from this question does not need to be returned to NHS England.



6b. Do staff help you to keep your home clean and nice?

Please tick (✓) 1 box

I do not need staff to help me keep my home clean and nice

1

Yes

2



No

3





7a. How safe do you feel?

By feeling safe we mean feeling safe both at home and outside. This could be things like:

- a. fear of abuse or being hurt,
- b. fear of having an accident.

Please tick (✓) 1 box

I feel very safe

1



I feel quite safe, but not as safe
as I would like

2



I do not feel safe enough

3



I do not feel safe at all

4





7c. Do staff help you to feel safe?

By feeling safe we mean feeling safe both at home and outside. This could be things like:

- a. fear of abuse or being hurt,
- b. fear of having an accident.

Please tick (✓) 1 box

Yes

☐

No

☐



8a. How do you feel about your social life?

By social life we mean the time you spend with friends and family.

Please tick (✓) 1 box

I see my friends and family as much I want

1



I see my friends and family sometimes, it's OK

2



I do see friends and family, but not enough

3



I feel lonely because I do not see my friends and family very much
or at all

4



OPTIONAL QUESTION – Councils should remove this question if they do not want to include it in the questionnaire. Any data collected from this question does not need to be returned to NHS England.



8b. Do staff help you to spend time with your friends and family?

Please tick (✓) 1 box

I do not need staff to help me to spend time with my friends and family

1

Yes

2



No

3





9a. How do you spend your time?

When you are thinking about how you spend your time, please include:

- anything you like doing
- work, whether you get paid for it or not
- looking after others.

Please tick (✓) 1 box

I spend my time as I want, doing the things I like

1



I can do quite a lot of the things I like, it's OK

2



I can do some of the things I like but not enough

3



I do not do any things I like

4



OPTIONAL QUESTION – Councils should remove this question if they do not want to include it in the questionnaire. Any data collected from this question does not need to be returned to NHS England.



9b. Do staff help you to spend your time as you want?

When you are thinking about how you spend your time, please include:

- a. anything you like doing
- b. work, whether you get paid for it or not
- c. looking after others.

Please tick (✓) 1 box

I do not need staff to help me spend my time as I want

1

Yes

2



No

3





10. How do you feel when you have help with things?

Please tick (✓) 1 box

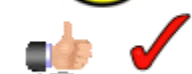
Having help makes me feel better about myself

1



Having help does not change the way I feel about myself

2



Having help sometimes makes me feel a bit bad about myself

3



Having help makes me feel really bad about myself

4





11. How do you feel about the way other people treat you?

Please tick (✓) 1 box

The way I am helped and treated makes me feel better about myself

1



The way I am helped and treated does not change the way I feel about myself

2



The way I am helped and treated sometimes makes me feel a bit bad about myself

3



The way I am helped and treated makes me feel very bad about myself

4

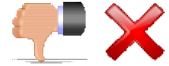


12. How often do you feel lonely?

Please tick (✓) 1 box

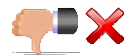
Often or always

1



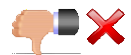
Some of the time

2



Occasionally

3



Hardly ever

4

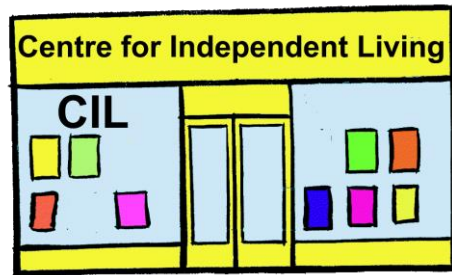


Never

5



Section 3



13. Do you find it difficult or easy to find out about things like the support you could get, and your money, things like that?

Please tick (✓) 1 box

I've never tried to find this out ☐

It is **very** easy to find this out ☐



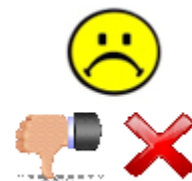
It is quite easy to find this out ☐



It is quite hard to find this out ☐



It is **very** hard to find this out ☐



Section 4



14. How is your health today?

Please tick (✓) 1 box

- | | | |
|-------------------------------------|--------------------------|--|
| I am very healthy really | <input type="checkbox"/> | |
| I am quite healthy | <input type="checkbox"/> | |
| My health is OK | <input type="checkbox"/> | |
| My health is not very good | <input type="checkbox"/> | |
| My health is really very bad | <input type="checkbox"/> | |



15a. Do you have any pains in your body?

Please tick (✓) 1 box

I do not have any pain

1

It's good



I have some pain but not a lot

2

It's OK

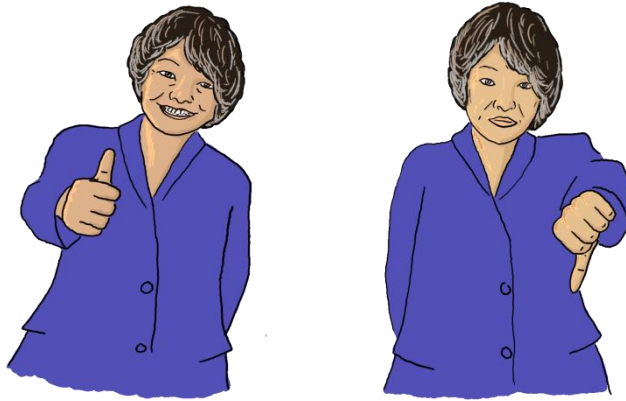


I have a lot of bad pain

3

It's Bad





15b. How do you feel in your mind or your feelings generally?

Please tick (✓) 1 box

I am not worried or sad at all

1

It's good



I am a bit worried or sad

2

It's OK



I am very worried or sad

3

It's Bad



16. What kinds of things can you do by yourself?

Please tick (✓) 1 box for each question

I can do this
easily by myself

I can do it by myself,
but it is hard

No, I cannot do it by
myself (I need help)



a. Can you usually
get around the
house (except steps)
by yourself?

☐ 1

☐ 2

☐ 3


b. Can you usually
get in and out of bed
(or a chair) by
yourself?

☐ 1

☐ 2

☐ 3


c. Can you usually
feed yourself?

☐ 1

☐ 2

☐ 3

Please tick (✓) 1 box for each question

I can do this
easily by myself

I can do it by myself,
but it is hard

No, I cannot do it by
myself (I need help)



1

2

3

d. Can you usually
pay bills, write
letters, that kind of
thing, by yourself?

17. Can you do these things yourself?

Please tick (✓) 1 box for each question

Yes, I do this myself



No, I need help with this



No, somebody else does this for me



a. Do you usually manage to wash all over by yourself using a bath or shower?

1

2

3



b. Can you usually get dressed and undressed by yourself?

1

2

3



c. Can you usually use the toilet by yourself?

1

2

3

Please tick (✓) 1 box for each question

Yes, I do this
myself



No, I need help with
this



No, somebody else
does this for me



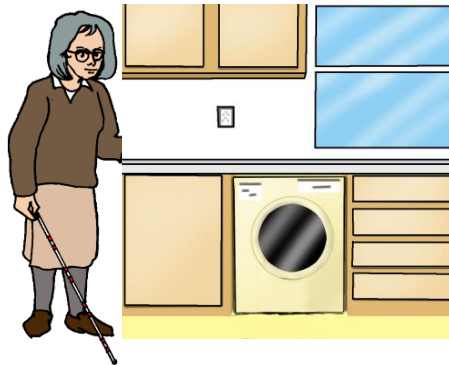
1

2

3

d. Can you usually wash
your face and hands by
yourself?

Getting about Section 5



18. How well does your home suit you?

By this we mean have you got enough space to move about and reach things.

Please tick (✓) 1 box

I can do everything I need to in my home

1



I can do most of what I need to in
my home, it's OK

2



I can do some of what I need to,
but not enough

3



I cannot do most of what I need to at all

4





19. Can you go out in your local area?

Please tick (✓) 1 box

I can get to all the places that I want

1



Sometimes it is difficult to get to all
the places that I want

2



I cannot get to all the places that I want

3



I do not leave my home

4



Section 6



20. Do any of your family, friends or neighbours often help you to do things?

Please tick (✓) as many boxes as you need to

Yes, and it is someone who lives in the same
house as me

a.1

Yes, and it is someone who lives in a different
house to me

b.1

No, they do not help me

c.1



21. Do you pay for any extra help or support from your own private money?

Please tick (✓) as many boxes as you need to

Yes, I pay for some extra help from
my own money

a.1

Yes, my family pays for some extra
help for me

b.1

No

c.1



22. Did you have any help to complete this questionnaire?

Please tick (✓) 1 box

No, I did not have help ☐

Yes, I had help from a member of staff ☐

Yes, I had help from someone who lives with me ☐

Yes, I had help from someone who
does not live with me ☐



23. What type of help did you have?

Please tick (✓) as many boxes as you need to

I did not have any help

a.1

Someone else read the questions out to me

b.1

Someone else explained the questions to me

c.1

Someone else wrote down the answers for me

d.1

I talked about the questions with someone else

e.1

Someone else answered for me,
without asking me the questions

f.1