**Survey**

**Care Home and Other Residential Care: Residents**

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|  | This is a survey for a report for Healthwatch Kingston.  We will not give out your name or postcode. We will only use your information for this survey. This can only be seen with a password. |
| Form Full Name | Please tell us your name: |
|  | Please tell us your age: |
| Talk and listen | Healthwatch are the local champion for health and social care services in Kingston.  We work with, but not for, the NHS.  We also work with Kingston Council. |
| Market research | Did you need any help to fill out this survey?  Yes  No |

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| Vaccine Story B16 | If you did have help, who helped you?    A family member  A friend  A carer  Someone else |
| Inside | What type of place do you live in?  A care home  A supported living home  Extra care housing  Other type of home |
|  | Can you please tell us your postcode? It will not be in our report: |

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| Household 1 | How would you describe your experience of living in your home before the COVID-19 pandemic? This is before March 2020:  Good  Bad  Neither good or Bad |
| Question 4 | If you would like to tell us more, please do so. If not, please go to the next question: |
| Women Serious | How would you describe the experience of living in your home during the Covid-19 pandemic?  Good  Bad  Neither good or bad |
| Confused3 | If you would like to tell us more, please do so. If not, please go to the next question: |

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| Dance Fit 2 | Were you able to take part in any activities that were happening at your home during the Covid-19 pandemic?  Yes  No |
| Confused5 | If you would like to tell us more, please do so. If not, please go to the next question: |
| Lockdown | Which three activities have you missed doing since the beginning of the pandemic? And why do you miss doing them?  1-  2-  3- |
| Doctor No PPE | If you needed to see a doctor during the pandemic, how did they treat you?  Phone  Video Call  In person  I did not need a doctor |

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| Drugs Cabinet Check 2 | Were you able to get medical care and/or medication when you needed it?  Yes  No  I did not medical care and/or medication |
| Support Bubble 1 | Were you offered any emotional or mental health support during the pandemic?  Yes  No  I did not need emotional or mental health support |
| Hospital 1 | Did you have to go into hospital during the pandemic?  Yes  No  I did not need to go into hospital |

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| Care After Hospital | If you went into hospital during the pandemic, please tell us about what happened when you came out of hospital? (For example, did they send you back to where you lived before, or somewhere else?) |
| Stay Home | Did you have to self-isolate?  Yes, in my own room  Yes, in a room with others  I did not need to self-isolate |
| Hair stylingShave | Were you offered any personal care, such as hair or nails trimmed, or shaving or beard trimming?  Yes  No  I did not need personal care facilities |
| Check on Friend | Have you had the chance to speak to family or to your friends since the pandemic?  Yes  No |

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| Social DistancingZoom MeetingVideo Chat | How have you spoken to them?  Phone  Video call  In Person |
| PPE-11 Ready B | If you were visited by friends or family members during the pandemic, did anyone give them Personal Protective Equipment (PPE) such as masks, and aprons?  Yes  No  I was not visited |
| Thumbs up6 | If there was only one thing that could make your home life better, what would that be? |
| Vaccine Story A23 | Have you had a Covid-19 vaccine?  Yes  No  I do not want the Covid-19 Vaccine |

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| Vaccine Story A1 | If you have had a Covid-19 vaccine, please tell what it was like for you? |
| Annabelle 8 | If you are worried about the care you are getting, would you feel comfortable talking to someone about it?  Yes  No |
| Complaints policy | If you said yes, please tell us who you would share your worries with?  If you said no, can you please tell us why? |
| Form help1 | If you would like to tell Healthwatch Kingston anything else about your pandemic or lockdown experience please do? If not please move on to the next question: |

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| Consent form yes | Your answers to these questions will make your services better.  When you sign this form, it means you are happy for us to share this information with Healthwatch Kingston. |
| Form First Name | Your Name: |
| Email Address | Your Email: |

**A BIG thank you from all of us at Healthwatch Kingston.**

**We look forward to seeing you soon.**

If you would like to send us your questionnaire by post, please stick the Free Post label below on the envelope.

