**Caring for Others**

**If you look after a family member, partner or friend in need of support or services because of their age, physical or learning disability or illness, including mental illness, we would like you to complete this questionnaire.**

**You do not have to answer all of the questions; if you don’t want to answer a question, or don’t know the answer, then move on to the next question.**

|  |
| --- |
| **Section 1: About the person you care for**  The questions in this section ask about the person you care for, by which we mean the person you look after or help, and your experience of support and services. |

|  |
| --- |
| If you care for more than one person, please answer **only** in relation to the person you spend the most time helping. If you spend an equal amount of time caring for two or more people, please answer in relation to the person who lives with you. If you live with two or more people that you spend an equal amount of time caring for, please choose **one** person to answer about. |

**1. How old is the person you care for?** **\_\_\_\_\_\_\_\_\_\_\_\_\_years**

(If you don’t know the exact age, please give an approximate one – the person cared for should be aged 18 or over)

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

***Please tick [ü] all that apply***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Dementia | a (1) |
|  |  |  |  |
|  |  | A physical disability | b (1) |
|  |  |  |  |
|  |  | Sight or hearing loss | c (1) |
|  |  |  |  |
|  |  | A mental health problem | d (1) |
|  |  |  |  |
|  |  | Problems connected to ageing | e (1) |
|  |  |  |  |
|  |  | A learning disability or difficulty | f (1) |
|  |  |  |  |
|  |  | Long-standing illness | g (1) |
|  |  |  |  |
|  |  | Terminal illness | h (1) |
|  |  |  |  |
|  |  | Alcohol or drug dependency | i (1) |

**3. Where does the person you care for usually live?**

***Please tick [ü] one box***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | With me | 1 |
|  |  |  |  |
|  |  | Somewhere else | 2 |

**4. Overall, how satisfied or dissatisfied are you with the support or services you and the person you care for have received from Social Services in the last 12 months?**

***Please tick (ü) one box***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | We haven’t received any support or services from Social Services in the last 12 months | 1 |
|  |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  |  | I am extremely satisfied | 2 |
|  |  |  |  |
|  |  | I am very satisfied | 3 |
|  |  |  |  |
|  |  | I am quite satisfied | 4 |
|  |  |  |  |
|  |  | I am neither satisfied nor dissatisfied | 5 |
|  |  |  |  |
|  |  | I am quite dissatisfied | 6 |
|  |  |  |  |
|  |  | I am very dissatisfied | 7 |
|  |  |  |  |
|  |  | I am extremely dissatisfied | 8 |

**5. Has the person you care for used any of the support or services listed below in the last 12 months?**

**They may be provided by different organisations, such as a voluntary organisation, a private agency or Social Services.**

***Please tick (ü) one box per row***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Y** |  | **N** | **Don’t know** | | |
| a. Support or services allowing you to take a break from caring at short notice or in an emergency. |  | 1 |  | 2 |  | 3 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| b. Support or services allowing you to take a break from caring for more than 24 hours |  | 1 |  | 2 |  | 3 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| c. Support or services to allow you to have a rest from caring for between 1 and 24 hours (eg. a sitting service) |  | 1 |  | 2 |  | 3 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| d. Personal assistant |  | 1 |  | 2 |  | 3 |
|  |  |  |  |  |  |  |
| e. Home care/home help |  | 1 |  | 2 |  | 3 |
|  |  |  |  |  |  |  |
| f. Day centre or day activities |  | 1 |  | 2 |  | 3 |
|  |  |  |  |  |  |  |
| g. Lunch club |  | 1 |  | 2 |  | 3 |
|  |  |  |  |  |  |  |
| h. Meals Services |  | 1 |  | 2 |  | 3 |

*List continued on next page*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| i. Equipment or adaptation to their home (such as a wheelchair or handrails) |  | 1 |  | 2 |  | 3 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| j. Lifeline Alarm |  | 1 |  | 2 |  | 3 |
|  |  |  |  |  |  |  |
| k. They are permanently resident in a care home |  | 1 |  | 2 |  | 3 |
|  |  |  |  |  |  |

It is possible for councils to add options to question 5 above for local use such as supported employment or special college. Additional answer options for question 5 should be sent to DHSC for their information using the additional questions form. Responses to any additional options should not be submitted in the survey data return.

|  |
| --- |
| **Section 2: About your needs and experiences of support**  The questions in this section ask about the support and services that **you** use as a carer. They may be arranged by you or by Social Services. They may be provided by a voluntary organisation, a private agency or Social Services. |

**6. Have you used any of the support or services listed below, to help you as a carer over the last 12 months?**

**They may be provided by different organisations, such as a voluntary organisation, a private agency or Social Services. Please do not include any unpaid help from family and friends.**

***Please tick (ü) one box per row***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Y** |  | **N** | **Don’t know** | | |
| a. Information and advice |  | 1 |  | 2 |  | 3 |
|  |  |  |  |  |  |  |
| b. Support from carers groups or someone to talk to in confidence |  | 1 |  | 2 |  | 3 |
|  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |
| c. Training for carers |  | 1 |  | 2 |  | 3 |
|  |  |  |  |  |  |  |
| d. Support to keep you in employment |  | 1 |  | 2 |  | 3 |

It is possible for councils to add options to question 6 above for local use such as advocacy for carers, help with household tasks and gardening and practical help to complete forms. Additional answer options for question 6 should be sent to DHSC for their information using the additional questions form. Responses to any additional options should not be submitted in the survey data return.

|  |
| --- |
| **Section 3: The impact of caring and your quality of life**  Some of the questions in this section look at the impact of caring on particular aspects of your life, while others ask about the quality of different parts of your life more generally. |

**7. Which of the following statements best describes how you spend your time?**

**When you are thinking about what you do with your time, please include anything you value or enjoy, including formal employment, voluntary or unpaid work, caring for others and leisure activities.**

***Please tick [ü] one box***

|  |  |  |
| --- | --- | --- |
|  | I’m able to spend my time as I want, doing things I value or enjoy | 1 |
|  |
|  |  |  |
|  | I do some of the things I value or enjoy with my time but not enough | 2 |
|  |
|  |  |  |
|  | I don’t do anything I value or enjoy with my time | 3 |
|  |

**8. Which of the following statements best describes how much control you have over your daily life?**

***Please tick [ü] one box***

|  |  |  |
| --- | --- | --- |
|  | I have as much control over my daily life as I want | 1 |
|  |  |  |
|  | I have some control over my daily life but not enough | 2 |
|  |
|  |  |  |
|  | I have no control over my daily life | 3 |

**9. Thinking about how much time you have to look after yourself – in terms of getting enough sleep or eating well – which statement best describes your present situation?**

***Please tick [ü] one box***

|  |  |  |
| --- | --- | --- |
|  | I look after myself | 1 |
|  |  |  |
|  | Sometimes I can’t look after myself well enough | 2 |
|  |  |  |
|  | I feel I am neglecting myself | 3 |

**10a. Thinking about your personal safety, which of the statements best describes your present situation?**

By ‘personal safety’ we mean feeling safe from fear of abuse, being attacked or other physical harm.

***Please tick [ü] one box***

|  |  |  |
| --- | --- | --- |
|  | I have no worries about my personal safety | 1 |
|  |  |  |
|  | I have some worries about my personal safety | 2 |
|  |  |  |
|  | I am extremely worried about my personal safety | 3 |

**10b. If you have said you are extremely worried about your personal safety, can you please tell us why?**

Responses to this question should not be submitted in the survey data return.

**11. Thinking about how much social contact you’ve had with people you like, which of the following statements best describes your social situation?**

***Please tick [ü] one box***

|  |  |  |
| --- | --- | --- |
|  | I have as much social contact as I want with people I like | 1 |
|  |
|  |  |  |
|  | I have some social contact with people but not enough | 2 |
|  |
|  |  |  |
|  | I have little social contact with people and feel socially isolated | 3 |
|  |

**12. Thinking about encouragement and support in your caring role, which of the following statements best describes your present situation?**

***Please tick [ü] one box***

|  |  |  |
| --- | --- | --- |
|  | I feel I have encouragement and support | 1 |
|  |  |  |
|  | I feel I have some encouragement and support but not enough | 2 |
|  |
|  |
|  |  |  |
|  | I feel I have no encouragement and support | 3 |

**13. Thinking about the other people you have caring responsibilities for, which of the following best describes your current situation? Please exclude the person you spend most time helping.**

***Please tick [ü] one box***

|  |  |  |
| --- | --- | --- |
|  | I don’t have caring responsibilities for anyone else | 1 |

|  |  |  |
| --- | --- | --- |
|  | I always have enough time to care for them | 2 |
|  |  |  |
|  | I sometimes have enough time to care for them | 3 |
|  |  |  |
|  | I never have enough time to care for them | 4 |

**14. In the last 12 months, has your health been affected by your caring role in any of the ways listed below?**

***Please tick [ü] all that apply***

|  |  |  |
| --- | --- | --- |
|  | Feeling tired | a (1) |
|  |  |  |
|  | Feeling depressed | b (1) |
|  |  |  |
|  | Loss of appetite | c (1) |
|  |  |  |
|  | Disturbed sleep | d (1) |
|  |  |  |
|  | General feeling of stress | e (1) |
|  |  |  |
|  | Physical strain (e.g. back) | f (1) |
|  |  |  |
|  | Short tempered/ irritable | g (1) |
|  |  |  |
|  | Had to see own GP | h (1) |
|  |  |  |
|  | Developed my own health conditions | I (1) |
|  |  |  |
|  | Made an existing condition worse | j (1) |
|  |  |  |
|  | Other | k (1) |
|  |  |  |
|  | No, none of these | l (1) |

**15. In the last 12 months, has caring caused you any financial difficulties?**

***Please tick [ü] one box***

|  |  |  |
| --- | --- | --- |
|  | No, not at all | 1 |
|  |  |  |
|  | Yes, to some extent | 2 |
|  |  |  |
|  | Yes, a lot | 3 |

**16. How often do you feel lonely?**

***Please tick [ü] one box***

|  |  |  |
| --- | --- | --- |
|  | Often or always | 1 |
|  |  |  |
|  | Some of the time | 2 |
|  |  |  |
|  | Occasionally | 3 |
|  |  |  |
|  | Hardly ever | 4 |
|  |  |  |
|  | Never | 5 |

|  |
| --- |
| **Section 4: Information and advice quality**  The next questions ask for your views about the quality of information and advice. |

**17. In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits? Please include information and advice from different sources, such as voluntary organisations and private agencies as well as Social Services.**

***Please tick (ü) one box***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | I have not tried to find information or advice in the last 12 months | 1 |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  |  | Very easy to find | 2 |
|  |  |  |  |
|  |  | Fairly easy to find | 3 |
|  |  |  |  |
|  |  | Fairly difficult to find | 4 |
|  |  |  |  |
|  |  | Very difficult to find | 5 |

|  |
| --- |
| If you found it difficult to find information and advice, please tell us why and what we can do to make it easier for you |
|  |

The “please tell us why” box is optional. Responses in the free-text box should not be submitted in the survey data return.

**18. In the last 12 months, how helpful has the information and advice you have received been? Please include information and advice from different organisations, such as voluntary organisations and private agencies as well as Social Services.**

***Please tick (ü) one box***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | I have not received any information or advice in the last 12 months | 1 |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Very helpful | 2 |
|  |  |  |  |
|  |  | Quite helpful | 3 |
|  |  |  |  |
|  |  | Quite unhelpful | 4 |
|  |  |  |  |
|  |  | Very unhelpful | 5 |

|  |
| --- |
| If you found the information and advice you received unhelpful, please tell us why and what we can do to make it more helpful for you |
|  |

The “please tell us why” box is optional. Responses in the free-text box should not be submitted in the survey data return.

|  |
| --- |
| **Section 5: Arrangement of support and services in the last 12 months**  The next question is about organising the support and services for you and the person you care for. |

**19. In the last 12 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support or services provided to the person you care for?**

***Please tick (ü) one box***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | There have been no discussions that I am aware of, in the last 12 months | 1 |
|  |
|  |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  |  | I always felt involved or consulted | 2 |
|  |  |  |  |
|  |  | I usually felt involved or consulted | 3 |
|  |  |  |  |
|  |  | I sometimes felt involved or consulted | 4 |
|  |  |  |  |
|  |  | I never felt involved or consulted | 5 |

|  |
| --- |
| **Section 6: About yourself**  The next group of questions helps us to get a better picture of the types of carers who took part in this survey. |

**20. In addition to your caring role, please tell us which of the following also applies to you?**

***Please tick [ü] all that apply***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Retired | a (1) |
|  |  |  |  |
|  |  | Employed full-time | b (1) |
|  |  |  |  |
|  |  | Employed part-time (working 30 hours or less) | c (1) |
|  |  |  |  |
|  |  | Self-employed full-time | d (1) |
|  |  |  |  |
|  |  | Self-employed part-time | e (1) |
|  |  |  |  |
|  |  | Not in paid work | f (1) |
|  |  |  |  |
|  |  | Doing voluntary work | g (1) |
|  |  |  |  |
|  |  | Other | h (1) |

**21. Thinking about combining your paid work and caring responsibilities, which of the following statements best describes your current situation?**

***Please tick [ü] one box***

**Not in paid work**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | I am not in paid employment because of my caring responsibilities | 1 |
|  |
|  |
|  |  |  |  |
|  |  | I am not in paid employment for other reasons (e.g. Retired) | 2 |
|  |
|  |
|  |  |  |  |
|  |  |  |  |

**In paid employment**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | I am in paid employment and I feel supported by my employer | 3 |
|  |
|  |
|  |  |  |  |
|  |  | I am in paid employment but I don’t feel supported by my employer | 4 |
|  |
|  |
|  |  |  |  |
|  |  | I do not need any support from my employer to combine work and caring | 5 |
|  |
|  |
|  |  |  |  |

*List continued on next page*

**Self-employed**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | I am self-employed and I am able to balance my work and caring responsibilities | 6 |
|  |
|  |
|  |  |  |  |
|  |  | I am self-employed but I am unable to balance my work and caring responsibilities | 7 |
|  |
|  |

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

***Please tick [ü] one box***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Less than 6 months | 1 |
|  |  |  |  |
|  |  | Over 6 months but less than a year | 2 |
|  |  |  |  |
|  |  | Over 1 year but less than 3 years | 3 |
|  |  |  |  |
|  |  | Over 3 years but less than 5 years | 4 |
|  |  |  |  |
|  |  | Over 5 years but less than 10 years | 5 |
|  |  |  |  |
|  |  | Over 10 years but less than 15 years | 6 |
|  |  |  |  |
|  |  | Over 15 years but less than 20 years | 7 |
|  |  |  |  |
|  |  | 20 years or more | 8 |

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

***Please tick [ü] one box***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | 0-9 hours per week | 1 |
|  |  |  |  |
|  |  | 10-19 hours per week | 2 |
|  |  |  |  |
|  |  | 20-34 hours per week | 3 |
|  |  |  |  |
|  |  | 35-49 hours per week | 4 |
|  |  |  |  |
|  |  | 50-74 hours per week | 5 |
|  |  |  |  |
|  |  | 75-99 hours per week | 6 |
|  |  |  |  |
|  |  | 100 or more hours per week | 7 |
|  |  |  |  |
|  |  | Varies – Under 20 hours per week | 8 |
|  |  |  |  |
|  |  | Varies – 20 hours or more per week | 9 |
|  |  |  |  |
|  |  | Other | 10 |

|  |  |
| --- | --- |
| If other please specify: |  |

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

***Please tick [ü] all that apply***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Personal care? | a (1) |
|  |  | (Things like dressing, bathing, washing, shaving, cutting nails, feeding, using the toilet) |  |
|  |  |  |  |
|  |  | Physical help? | b (1) |
|  |  | (Such as helping with walking, getting up and down stairs, getting into and out of bed) |  |
|  |  |  |  |
|  |  | Helping with dealing with care services and | c (1) |
|  |  | benefits?  (Things like making appointments and phone calls, filling in forms) |  |
|  |  |  |  |
|  |  | Helping with paperwork or financial matters? | d (1) |
|  |  | (Such as writing letters, sending cards, filling in forms, dealing with bills, banking) |  |
|  |  |  |  |
|  |  | Other practical help? | e (1) |
|  |  | (Things like preparing meals, doing his/her shopping, laundry, housework, gardening, decorating, household repairs, taking to doctor’s or hospital) |  |

*List continued on next page*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Keeping him/her company? | | | f (1) |
|  |  | (Things like visiting, sitting with, reading to, talking to, playing cards or games) | | |  |
|  | | |  |  |  |
|  | | |  |  |  |
|  |  | Taking him/her out? | | | g (1) |
|  |  | (Such as taking out for a walk or drive, taking to see friends or relatives) | | |  |
|  |  |  | | |  |
|  |  | Giving medicines? | | | h (1) |
|  |  | (Things like making sure he/she takes pills, giving injections, changing dressings) | | |  |
|  |  |  | | |  |
|  |  | Keeping an eye on him/her to see he/she is all | | | i (1) |
|  |  | right? | | |  |
|  |  |  | | |  |
|  |  | Giving emotional support? | | | j (1) |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  | Other help? | | | k (1) |

**25. Do you have any of the following?**

***Please tick [ü] all that apply***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | A physical impairment or disability | a (1) |
|  |  |  |  |
|  |  | Sight or hearing loss | b (1) |
|  |  |  |  |
|  |  | A mental health problem or illness | c (1) |
|  |  |  |  |
|  |  | A learning disability or difficulty | d (1) |
|  |  |  |  |
|  |  | A long-standing illness | e (1) |
|  |  |  |  |
|  |  | Other | f (1) |
|  |  |  |  |
|  |  | None of the above | g (1) |

**26. How many children aged 18 or under do you have parental responsibility for?**

***Please tick [ü] one box***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | 0 | 1 |
|  |  |  |  |
|  |  | 1 | 2 |
|  |  |  |  |
|  |  | 2 | 3 |
|  |  |  |  |
|  |  | 3 | 4 |
|  |  |  |  |
|  |  | 4+ | 5 |

**27. Did someone help you to complete this questionnaire?**

***Please tick [ü] one box***

|  |  |  |
| --- | --- | --- |
|  | Yes | 1 |
|  |  |  |
|  | No | 2 |

Councils may seek further information on the category of person who helped here if they wish – but these should only be categories of person (e.g. relative) and not names. Any expanded categories need to be aggregated back to just an overall ‘yes’ category before entering the results onto the data return.

**28. How old are you?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years**

Councils may choose to omit the above question if it can be supplied accurately from their current records.

**29. Are you male or female?**

***Please tick [ü] one box***

|  |  |  |
| --- | --- | --- |
|  | Male | 1 |
|  |  |  |
|  | Female | 2 |
|  |  |  |
|  | Other | 3 |

Councils may choose to omit the above question if it can be supplied accurately from their current records.

**30. To which of these groups do you consider you belong? *Please tick (P) one box***

**White**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | English / Welsh / Scottish / Northern Irish / British | 1 |
|  |  |  |
|  |  |  |  |
|  |  | Irish | 2 |
|  |  |  |  |
|  |  | Gypsy or Irish Traveller | 3 |
|  |  |  |  |
|  |  | Any other White background | 4 |

**Mixed / multiple ethnic groups**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | White and Black Caribbean | 5 |
|  |  |  |  |
|  |  | White and Black African | 6 |
|  |  |  |  |
|  |  | White and Asian | 7 |
|  |  |  |  |
|  |  | Any other Mixed / Multiple background | 8 |

**Asian / Asian British**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Indian | 9 |
|  |  |  |  |
|  |  | Pakistani | 10 |
|  |  |  |  |
|  |  | Bangladeshi | 11 |
|  |  |  |  |

*List continued on next page*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Chinese | 12 |
|  |  |  |  |
|  |  | Any other Asian background | 13 |
|  |  |  |  |

**Black / African / Caribbean / Black British**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | African | 14 |
|  |  |  |  |
|  |  | Caribbean | 15 |
|  |  |  |  |
|  |  | Any other Black / African / Caribbean background | 16 |

**Other ethnic group**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Arab | 17 |
|  |  |  |  |
|  |  | Any other background | 18 |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Prefer not to say | 19 |

Councils may choose to omit the above question and supply data from their own records if they are confident of the quality and coverage of the information about the carer’s assessment of their ethnic origin in their current records. Councils including this question may break down the categories further if they wish to do so.

**Section 7: Comments**

The next group of questions allow you to provide additional information on your experiences.

**31. Please use the space provided below to describe any other experiences you would like to tell us about, or to write any other comments you would like to make?**

|  |
| --- |
|  |

**The question above is for local use and can be omitted. Responses in the free-text box should not be submitted in the survey data return.**

**32. We may be asking some people to take part in follow-up research for this study in the next year or so.**

**Would you be happy to be invited to take part in more research?**

*Note that even if you say “yes” there will be no obligation to take part in the future.*

***Please tick (P) one box***

|  |  |
| --- | --- |
|  | Yes, I have written my name, address and phone number in the space below |
|  |
|  |  |
|  | No |

**If you would be happy to be contacted for this purpose please provide your contact details here:**

Name:

Address:

Telephone number:

Email address (optional):

The question above is optional and can be omitted if councils have no intention of conducting any follow-up research.

If you would like to access a copy of the national report for the survey, this will be published in the summer and will be available on GOV.UK.

Please ensure a paper copy version is available for carers to request. Amend the options depending on whether a local findings paper or the national report will be sent.

We can provide a copy by post or by email (email is much cheaper). Which would you prefer? (tick one box only):

|  |  |
| --- | --- |
|  | Email |
|  |  |
|  | Post |

If you want a digital copy of the local authority results / findings (delete as appropriate) / national report, please provide your email address in the box below (please note this will be after the national report is published in the summer):

Email address:

If you want us to post you a copy of the local authority results / findings (delete as appropriate) / national report, please provide your name and address in the box below (please note this will be after the national report is published in the summer):

Name:

Address:

**Thank you for helping us by filling in this questionnaire**.

**Please post it back to us in the envelope provided.**

**You do not need to put a stamp on the envelope.**

|  |
| --- |
| **For your views to count please return this form by [insert date]** |