DWMH logo

**CARER INVOLVEMENT**

The Trust is committed to providing high quality services that meet the needs of carers. We believe it is important to listen to the views of the carers of those who use our services.

Date \_\_/\_\_\_\_/ 2014 Service: Ward/Site: Click here to enter text.

1. As Carer of someone who uses Trust services, were you given enough information by staff?

Yes  No

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1. Did you have the opportunity to talk to ward staff?

Yes  No

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1. If you were given information – how useful was it?

Very useful  Useful  Not useful at all  Not given any

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1. Did you use the information?

Yes  No

1. What difference did it make to your caring role? (please state)

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Please turn over

Dudley & Walsall Mental Health Partnership Trust collects information about the Equality & Diversity of patients, staff and carers. This information helps us meet the needs of the community and ensure that everyone has equal access to the healthcare we provide.

All the information we receive will be used and treated with the strictest confidence.

**1. AGE**

16-18  19-30  31-55  56-65  66+  Do not wish to disclose

**2. SEX** (If you identify as transgender/ transsexual you should tick the gender you wish to identify as)

Male  Female  Do not wish to disclose

**3. GENDER REASSIGNMENT** Do you identify as transgender or transsexual?

Yes  No  Do not wish to disclose

**4. ETHNICITY** Please specify.

Asian or Asian British \_\_\_\_\_\_\_\_\_\_\_\_ Black or Black British \_\_\_\_\_\_\_\_\_\_\_\_\_

Mixed/Multiple Ethnic Group \_\_\_\_\_\_\_\_\_\_\_\_ White \_\_\_\_\_\_\_\_\_\_\_\_\_

Other Ethnic Group \_\_\_\_\_\_\_\_\_\_\_\_ Do not wish to disclose

**5. PREGNANCY/ MATERNITY** Are you currently pregnant, have you given birth within the previous 26 weeks, or are you breastfeeding a baby that is not more than 26 weeks old?

Yes  No  Do not wish to disclose

**6. MARRIAGE/ CIVIL PARTNERSHIP** Are you currently married/ in a civil partnership?

Yes - Marriage  Yes - Civil Partnership  No  Do not wish to disclose

**7. RELIGION OR BELIEF** Please specify.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do not wish to disclose

**8. SEXUAL ORIENTATION**

Heterosexual  Homosexual  Bisexual  Other Sexual Orientation

Do not wish to disclose

**9. DISABILITY** The Equality Act 2010 defines a disability as a **‘physical or mental impairment which has a long-term and substantial adverse effect on the ability to carry out normal day-to-day activities’**. Based on this definition do you consider that you have a disability?

Yes  No  Do not wish to disclose

**If yes**, please specify based on the categories below:

Physical  Learning  Communication   Mental Health  Visual   Hearing  Mobility   Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do not wish to disclose

Do you require any reasonable adjustments that have **not** been accommodated?

Yes - I give consent for this to be looked into

Yes - I **do not** give consent for this to be looked into

No  Does not wish to disclose

Thank you for taking the time to complete this survey