Survey of Need - Dual Sensory Loss

CONFIDENTIAL

This survey is being carried out by Deafblind UK in order to find out what services are available for people with an acquired dual sensory loss. We also wish to find out what other services people feel that they need.

A report of the survey findings will be available by the end of 2004, which will outline the needs identified in the survey. These findings will be used to support an application for funding from the Department of Health. A summary of the report will be sent to every survey participant in the Northern Ireland Region in the appropriate format.

However, I would like to stress that information provided in these reports will be completely anonymous, and will not identify you in any way. Your responses will not be used for any other purpose.

Section 1: Background information (to be completed by interviewer before the interview)

ID number ☐

1 Date _____

2 Health Board area

- Eastern ☐ 1
- Northern ☐ 2
- Southern ☐ 3
- Western ☐ 4

3 Gender

- Male ☐ 1
- Female ☐ 2

4 Age (in years) ☐☐

5 Does the respondent live

- In a residential or nursing home ☐ 1
- Alone in sheltered accommodation ☐ 2
- Alone in a private house ☐ 3
- With spouse/partner/relatives in sheltered accommodation ☐ 4
- With spouse/partner/relatives in a private house ☐ 5
- Other ☐ 6

What other living situation? _____

6 Is the respondent Registered Blind? Yes ☐ 1 No ☐ 2

7 Is the respondent Registered Partially Sighted? Yes ☐ 1 No ☐ 2

Section 2: Communication
(to be completed by interviewer during the interview)

8 Would you describe your hearing loss as …

Profound		1
Severe		2
Moderate		3
Mild		4

9 Do you wear a hearing aid(s)? Yes ☐ 1 No ☐ 2

10 Do you communicate using any of the following ways? (tick all that apply)

	Yes		No	
Deafblind Manual Alphabet	☐	1	☐	2
Block Alphabet	☐	1	☐	2
British/Irish Sign Language	☐	1	☐	2
Hands-on	☐	1	☐	2
Lip read	☐	1	☐	2
Voice	☐	1	☐	2
Other forms of communication	☐	1	☐	2

What other forms of communication do you use? _____

11 Do you use any of the following to access <u>printed</u> information? (tick all that apply)

	Yes		No	
Braille	☐	1	☐	2
Moon	☐	1	☐	2
Large print	☐	1	☐	2
Extra large print	☐	1	☐	2
Audiotapes	☐	1	☐	2
Cannot read at all	☐	1	☐	2

12 Do you have any of these specialist pieces of equipment to assist you with communicating or accessing information?

	Yes		No		Was this provided by ... Social Services	NHS	A charity	Bought privately
Low vision magnifiers(s)	☐	1	☐	2	1	2	3	4
Digital hearing aids	☐	1	☐	2	1	2	3	4
Portable loop systems	☐	1	☐	2	1	2	3	4
CCTV or Easi Reader scanner	☐	1	☐	2	1	2	3	4
Wireless for the blind	☐	1	☐	2	1	2	3	4
Something else _____					1	2	3	4
Something else _____					1	2	3	4

Section 3: Lifestyle

13 Which of these describes your daily activities? (tick all that apply)

	Yes		No	
I stay at home every day		1		2
I attend a day centre		1		2
I am employed full time		1		2
I am employed part time		1		2
I am self employed and work full time		1		2
I am self employed and work part time		1		2
I am a volunteer		1		2
I do something else		1		2

13a What other things do you do?

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14 How often do you go out of your home for any reason?

Every day		1
Nearly every day		2
1-2 times per week		3
Less than once a week		4
Never		5

15 How often do you go out of your home **on your own**?

Every day		1
Nearly every day		2
1-2 times per week		3
Less than once a week		4
Never		5

16 Are you involved in any activities, for example, sports, craft or church activities and so on?

Yes ☐ 1 No ☐ 2

16a If yes, please tell me what they are

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17 Are there any (other) activities that you would like to take part in if they were organised near you? Yes ☐ 1 No ☐ 2

17a If yes, please tell me what they are

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18 Are any of the following services provided in your community? (tick all that apply)

	Yes		No	
A club for dual sensory impaired people	☐	1	☐	2
Volunteers	☐	1	☐	2
One to one support from Communicator Guides	☐	1	☐	2
Respite for you and/or your carers	☐	1	☐	2
Any other services you would like provided	☐	1	☐	2

18a What other services?

18b Of the services that **are** available, do you use any of them? (tick all that apply)

	Yes		No	
A club for dual sensory impaired people	☐	1	☐	2
Volunteers	☐	1	☐	2
One to one support from Communicator Guides	☐	1	☐	2
Respite for you and/or your carers	☐	1	☐	2
Any other services you would like provided	☐	1	☐	2

18c What other services?

18d Of the services that **aren't** available, are there any that you would like to be provided? (tick all that apply)

	Yes		No	
A club for dual sensory impaired people	☐	1	☐	2
Volunteers	☐	1	☐	2
One to one support from Communicator Guides	☐	1	☐	2
Respite for you and/or your carers	☐	1	☐	2
Any other services you would like provided	☐	1	☐	2

18e What other services?

Section 4: Health issues

19 How often do you take exercise, either indoors or out?

Every day		1
Nearly every day		2
1-2 times per week		3
Less than once a week		4
Never		5

20 Apart from loss of hearing and vision, do you have any problem or disability that substantially affects your health or wellbeing? Yes ☐ 1 No ☐ 2

20a If yes, can you please tell me about these problems?

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21 Do have any specialist pieces of equipment or aids to assist you with mobility on a daily basis? Yes ☐ 1 No ☐ 2

21a If yes, please tell me what they are

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22 How many times have you attended the Health Centre or your GP's surgery in the last 12 months? This could be to see the GP or someone else, for example, the practice nurse.

Never		1
1-6 times		2
7-12 times		3
13 or more times		4

23 Did you experience any difficulties when you attended the Health Centre or surgery? Yes ☐ 1 No ☐ 2

23a If yes, can you please tell me about these difficulties?

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24 Have you ever avoided attending the Health Centre or your GP's surgery because communication is too difficult? Yes ☐ 1 No ☐ 2

25 When you visit the Health Centre or your GP's surgery, do you **usually** go on your own, or with someone else?

On my own	☐ 1
With my spouse/partner	☐ 2
With my son/daughter	☐ 3
With another relative	☐ 4
With a friend	☐ 5
With a carer	☐ 6
It depends	☐ 7
Someone else	☐ 8

Who else usually goes with you?

_____

26 How many times have you had to call your GP out to your home in the last 12 months?

Never	☐ 1
1-6 times	☐ 2
7-12 times	☐ 3
13 or more times	☐ 4

27 How many times have you attended the hospital as an outpatient in the last 12 months?

Never	☐ 1
1-6 times	☐ 2
7-12 times	☐ 3
13 or more times	☐ 4

28 Did you experience any difficulties when you attended the outpatient clinic?

Yes ☐ 1 No ☐ 2

28a If yes, can you please tell me about these difficulties?

_____

_____

29 How many times have you stayed in hospital in the last 12 months?

Never	☐	1
1-6 times	☐	2
7-12 times	☐	3
13 or more times	☐	4

30 Did you experience any difficulties when you stayed in hospital?

Yes ☐ 1 No ☐ 2

30a If yes, can you please tell me about these difficulties?

_____

_____

Section 5: Social Services

31 Do you have a social worker(s)? Yes ☐ 1 No ☐ 2

31a If yes, are they based in any of the following teams?

	Yes		No	
I don't know what team they are from	☐	1	☐	2
Hearing Impaired team	☐	1	☐	2
Visually Impaired team	☐	1	☐	2
Dual Sensory Impaired team	☐	1	☐	2
Elderly team	☐	1	☐	2
Mental health team	☐	1	☐	2
Physically Disabled team	☐	1	☐	2
Other team	☐	1	☐	2

What other team?

_____

32 Have you had an assessment of need carried out by a Social Worker? Yes ☐ 1 No ☐ 2

Section 6: Carers

33 Do you have a carer(s)? Yes ☐ 1 No ☐ 2

33a If yes, what relationship is/are this carer(s) to you?

	Yes		No	
Spouse/partner	☐	1	☐	2
Son/daughter	☐	1	☐	2
Other relative	☐	1	☐	2
Friend	☐	1	☐	2
Neighbour	☐	1	☐	2
Provided by Social Services	☐	1	☐	2
They are privately employed	☐	1	☐	2
Other	☐	1	☐	2

What other kind of relationship?

_____

34 Does your carer(s) provide any of the following support for you?

	Yes		No	
Personal care support, for example, bathing, personal hygiene	☐	1	☐	2
Practical care support, for example, cooking, cleaning, shopping	☐	1	☐	2
Takes me everywhere	☐	1	☐	2
Communicates for me, for example, writes letters, makes phone calls	☐	1	☐	2
Provides advice and information	☐	1	☐	2
Some other kind of support	☐	1	☐	2

What other kind of support?

_____

35 How supportive is your immediate family?

Very supportive	☐	1
Supportive	☐	2
Neither supportive nor unsupportive	☐	3
Unsupportive	☐	4
Very unsupportive	☐	5
Don't know	☐	6

36 Finally, is there anything else that you would like to add, for example, about services for you and/or other dual sensory impaired people?

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Thank you for taking the time to answer these questions.