

Growing Older Planning Ahead

healthwatch
Hartlepool



Healthwatch speaks up for people who use health and care services.



We find out what people like about services and what could be made better.



We want to ask you some questions about your life now and when you get older.



This will help the NHS and other services decide how to help you as you get older.



We will write a report about what you have said but we will not use your name.



You do not have to answer all the questions if you do not want to.



We will make sure the information you give us is kept safe. You can read more about this here:

<https://www.healthwatchharringlepool.co.uk/privacy>



1. Can we share the information you tell us, if we don't tell anyone who you are?



Yes

☐

No

☐



About you

2. How old are you?



	17 or younger
	18-20
	21-29
	30-39
	40-49
	50 -59
	60 or older
	I do not want to say

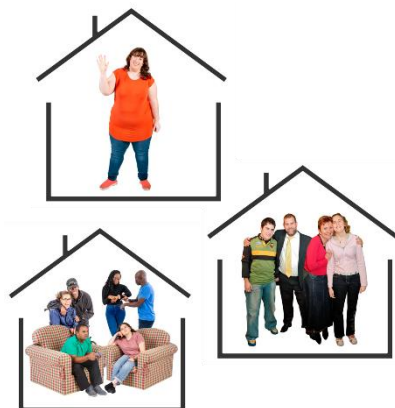
3. Where do you live?



	Darlington
	Hartlepool
	Middlesbrough
	Redcar and Cleveland
	Stockton-on-Tees



Your home



4. Who do you live with now?

Please ✓ as many as you want.



	Mum or Dad
	Brother or Sister
	Grandparents
	Other family member
	Family friend
	Carer
	On my own
	Someone else (please say who)



5. What do you like about where you live now?

Please tell us up to 5 things you like.

1	
2	
3	
4	
5	



Help and support



6. What do you need help with now?

Please ✓ as many as you want.



	Getting washed
	Getting dressed
	Making food and drinks
	Going to the toilet



	Washing clothes
	Jobs in the house
	Shopping
	Making phone calls
	Going to appointments
	Going to activities



	Going to work
	Seeing friends
	Help with my money
	Reading and writing
	Keeping fit
	Anything else (please say what)



Feelings



7. Tell us 3 things that make you happy?

1	
2	
3	



Your own place



8. Would you like your own place to live in?



Yes

☐

No

☐

Don't know

☐

9. If you had your own place, would you like someone to live with you?



Yes

☐

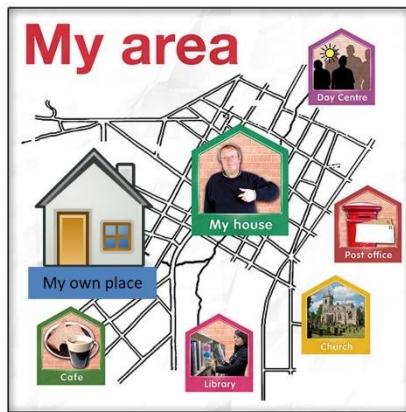
No

☐

Don't know

☐

If you said yes, please tell us who this would be.



10. Would you like to live close to where you live now?

✓ Yes ☐ ✗ No ☐
? Don't know ☐

Please tell us where you would like to live.



11. Has anyone talked to you about where you might like to live in the future?

✓ Yes ☐ ✗ No ☐



12. If you moved to your own place, what help would you need?

Please ✓ as many as you want.



	I want to help choose where I live
	Help to pack my things and move
	Help to buy new things for my new place
	Show me how to use things in my new place
	Help me get to know the area and my neighbours



	Someone I can contact who supports me with what I need
	Have people come to visit me
	Take part in activities
	Make new friends
	Something else (please say what)



Health Check



13. Have you been asked to go for an Annual Health Check?



Yes

☐

No

☐

Don't know

☐

14. Did you go to your Annual Health Check?



Yes

☐

No

☐

Don't know

☐

If you did not go, please tell us why not.



15. Do you have a Health Action Plan?



Yes

☐

No

☐

Don't know

☐

1 _____

2 _____

3 _____

16. Tell us three things your Health Action Plan helps you to do.

1	
2	
3	



17. Do you need any other help with your health as you get older?

Please write in the box.



Please ask a friend or carer to help you answer the next few questions. These help us know a bit more about you.



Thank you for filling in our survey.





More about you

18. Please tell us what describes you best. (✓)

	Single, never married
	Married or domestic partnership
	Divorced
	Separated
	Widowed
	I do not want to say

19. Please tell us if you have any physical or mental health conditions? (Please ✓ as many as you like)

	Long-term standing illness or health condition Such as: cancer, HIV, diabetes, chronic heart disease / circulatory conditions, high blood pressure, respiratory conditions (asthma), epilepsy, digestive conditions (e.g. irritable bowel syndrome (IBS) and Crohn's disease)
	Physical impairment or mobility issue Such as: difficulty using your arms or using a wheelchair or crutches
	Sensory loss Such as: sight and/or hearing loss
	Mental health conditions or illnesses Such as: anxiety, depression, and eating disorders
	Developmental conditions Such as: Autism Spectrum Disorder (ASD), which includes Asperger syndrome, and Attention Deficit Hyperactivity Disorder (ADHD), Learning impairments e.g. dyslexia and processing issues
	Genetic conditions Such as: Down syndrome and cystic fibrosis

	Prefer not to say
	None
	Other (please specify):

20. Please tell us which one of these describes you best. (✓)

White	
	British
	Irish
	Other
Asian or Asian British	
	Indian
	Pakistani
	Bangladeshi
	Any other Asian background
Mixed	
	White and Black Caribbean
	White and Black African
	White and Asian
	Any other mixed background
Black or Black British	
	Caribbean
	African
	Any other black background
Other ethnic group	
	Chinese
Other	
	I don't want to say
	I don't know
	Other (please specify):

21. How would you describe your gender? (✓)

	Male
	Female
	Prefer not to say
	Prefer to self-describe (please specify):

22. What is your religion? (✓)

	No religion
	Christianity
	Buddhist
	Hindu
	Jewish
	Muslim
	Sikh
	Other
	I don't want to say
	I don't know