



## Give me something to believe in the Dementia Strategy for Birmingham and Solihull 2013-16

**Consultation Questions** 

**Consultation dates:** 

January 6th 2014 to April 7th 2014

**VERSION 3** 

1. Do you agree with our vision for people who are living with dementia?
Please tick (✓) one of the boxes:  Yes  No  Don't know
If you answered 'No', please tell us why?
Do you think dementia care services will improve if we follow our dementia pathway framework?
Yes
No
Don't know
If you answered 'No', please tell us why?

3. Any other comments on the dementia strategy?
4. Are you interested in being part of the Dementia Partnership Forum?
Yes
No
Don't know
If the answer is 'yes' could you please include contact details below – your name and a postal or e-mail address.
a postar or e-mail address.
Contact details

### **About you**

We would like you to tell us some things about you.

You do not have to tell us if you don't want to, but if you do it will help us to plan our services.

#### **Data Protection Act 1998**

The personal information on this form will be kept safe and is protected by law.

You can see more information about data protection on our website at: www.birmingham.gov.uk/privacy

### Are you?

Please tick ( $\checkmark$ ) the box that best describes your interest in this consultation:
A person with dementia
A carer (paid or unpaid) for a person with dementia
The parent or guardian for someone with dementia
A family member of someone with dementia
A service provider
Prefer not to say
Someone else
Please give details

1. What is your full postcode:	

### 2. Age: Which age group applies to you?

Please tick (✓) one box

17 years and younger	18-19	20-24	25-29	30-34	35-39	40-44	45-49
50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+

Prefer not to say

### 3. Gender: What is your sex / gender?

Please tick  $(\checkmark)$  one box

Male   Female	Prefer not
	to say

# 4. Disability: Do you have any physical or mental health conditions or illnesses lasting or expecting to last 12 months or more?

### Please tick (□) one box

Yes	N	0	Prefer not	
			to say	

## If yes, do any of these conditions or illnesses affect you in any of the following areas?

Please tick  $(\checkmark)$  any of the boxes that apply to you (more than one answer is acceptable)

Misian (a.g. blindraga, armential sight)	
Vision (e.g. blindness, or partial sight)	
Hearing (e.g. deafness or partial hearing)	
Mobility (e.g. walking short distances or climbing stairs)	
Dexterity (e.g. lifting and carrying objects, using a keyboard)	
Learning or understanding or concentrating	
Memory	
Mental Health	
Stamina or breathing or fatigue	
Socially or behaviourally (e.g. associated with autism, attention deficit disorder or Asperger's Syndrome)	
Other (please specify)	

5. Ethnicity: What is your ethnic group?				
Please tick (□) one box				
White				
English/Welsh/Scottish/Northern Irish/British Irish				
Any other White background (please state)				
Mixed/multiple ethnic groups				
Asian/Asian British				
Black African/Caribbean/Black British				
Other ethnic group (please state)				
6. Sexual orientation: What is your sexual orientation?				
Please tick (□) one box				
Heterosexual or Straight				
Gay or Lesbian				
Bisexual				
Other				
Prefer not to say				
	1			

### 7. Religion: What is your religion or belief?

### Please tick (□) one box

No religion	
Christian (including Church of England, Catholic, Protestant and	
all other Christian denominations)	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion (please state) (free text box)	
Prefer not to say	

Please return this questionnaire to the address below – you do not need to use a stamp. If you have any further comments or views on the dementia strategy, please:

Visit: <a href="www.birminghambeheard.org.uk/">www.birminghambeheard.org.uk/</a>

Email: Lara.hughes@nhs.net

Write to: Dementia Strategy Consultation,

Freepost RSYS-HKBC-XBLA

PO BOX 16467 Birmingham B2 2DR

Thank you for taking part in our consultation.