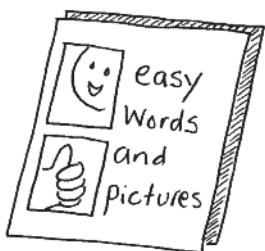
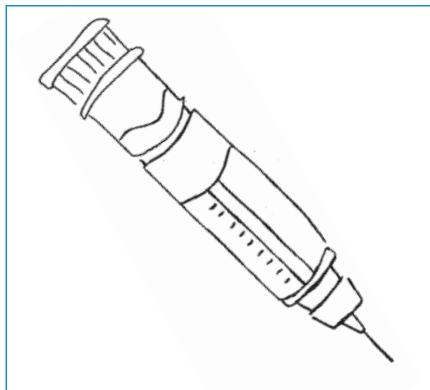


Questions we are asking about Drug and Alcohol Services in Birmingham



This leaflet is easy to read.



1. Do you agree with our plan to have more support for 'getting better'?

(See page 5,6 and 7 of the consultation document)

Yes No Not sure



Please tell us what we can do to make our plans better?



2. Do you agree with our plan for families to get better support?

(See page 5 and 6 of the consultation document)

Yes No Not sure



Please tell us what we can do to make our plans better?



3. Do you agree with our plan to have one organisation that is in charge instead of lots of different people?

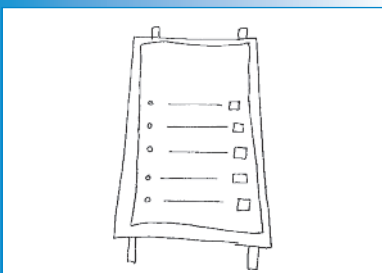
(See page 5 of the consultation document)

Yes

No



Please tell us what we can do to make our plans better?



4. We want to make sure the new way of doing things is better than the old way. We want to use the things on the list below to help us do this. Are these things important to you?

(See page 5 and 6 of the consultation document)

- Help stop people from getting into trouble with the police

Yes

No



- Help people to find somewhere better to live

Yes

No

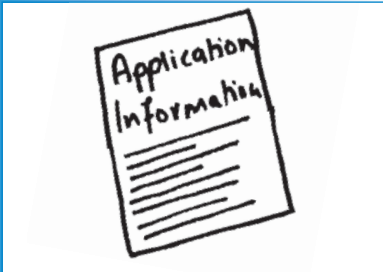




- Help people to look after their children better

Yes

No



- Helping people find a job

Yes

No



- Make sure children are safe

Yes

No



- Help people to be healthy physically

Yes

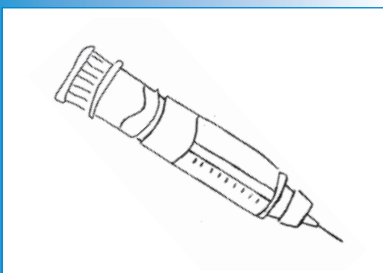
No



- Help people to be healthy mentally

Yes

No



- Try and stop the amount of illness that is caused by using drugs

Yes

No



- Try and stop the amount of violence in the home

Yes

No



- We want to look after people who are at risk

Yes

No



4b. Please tell us what other things we can add to the list to make our plan better?



5. Any other comments?

About you:

We would like you to tell us something about you.

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

Are you?

Please tick one of the boxes

A member of the general public

Someone who's getting help because you have problems with drugs or alcohol

Someone who works in a Health or Care organisation who helps people with drug or alcohol problems

An organisation who provides drug or alcohol services

A family member or carer of someone who has problems with drugs or alcohol

Other

What is your full Postcode:

Age: How old are you? My age group is:?

Please tick one of the boxes

24 or younger	<input type="checkbox"/>	25 – 29	<input type="checkbox"/>
30 – 34	<input type="checkbox"/>	35 – 39	<input type="checkbox"/>
40 – 44	<input type="checkbox"/>	45 – 49	<input type="checkbox"/>
50 – 54	<input type="checkbox"/>	55 – 59	<input type="checkbox"/>
60 – 64	<input type="checkbox"/>	65 – 69	<input type="checkbox"/>
70 – 74	<input type="checkbox"/>	75 – 79	<input type="checkbox"/>
80 – 84	<input type="checkbox"/>	85 +	<input type="checkbox"/>

Prefer not to say

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

Yes No

Prefer not to say

If yes, do you have any of the following difficulties?

Please tick all that apply

1. Vision (such as, difficulty seeing, blindness or partial sight)
2. Hearing (such as, difficulty hearing, deafness or partial hearing)
3. Mobility (such as, difficulty getting around, walking short distances or climbing stairs)
4. Dexterity (such as, difficulty with using your hands, lifting and carrying things)
5. Learning or understanding or concentrating (such as, difficulty learning things)
6. Memory (such as, difficulty remembering things)
7. A mental health problem (such as bi-polar, anxiety)
8. Stamina or breathing or fatigue (such as getting tired very quickly, breathing problems)
9. Do you have a condition such as autism, attention deficit disorder or Asperger's syndrome)

Are you?

Please tick one of the boxes

Female – a woman

Male – a man

Your Ethnic group:

Please tick one of the boxes

White: English/Welsh/Scottish/Northern
Irish/British

Any other White background (write in)

Mixed/multiple ethnic groups

Asian/Asian British

Black African/Caribbean/Black British

Other ethnic group (write in)

Religion: What is your religion or belief?

Please tick one of the boxes

No religion or belief

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion, write in

Your sexual identity

Please tick one of the boxes

Heterosexual or Straight

Gay or Lesbian

Bisexual

Other

Prefer not to say

We want to know what you think of our plan to have more support to help people get better.

Please return this questionnaire to the address below, you do not need to use a stamp.

Please tell us what you think:

visit: www.birminghambeheard.org.uk/

email: max.vaughan@birmingham.gov.uk

write to: Substance Misuse Consultation
Freepost RSYS-HKBC-XBLA
PO Box 16465
Birmingham
B2 2DG

Please note you do not need to use a stamp.

Thank you for taking part in our consultation.

The pictures in this leaflet have been provided by CHANGE.

Website: www.changepeople.co.uk