



50+ Forum Survey 8

1 Membership number

3 Are you...

male

female

2 What are the first four digits of your
postcode?

4 What age were you on your last birthday?

50-59

60-69

70+

The Healthy Ageing Action Plan

5 The Healthy Ageing Action Plan is the County's strategy to promote healthy ageing in Carmarthenshire. The vision for this plan is to "encourage healthy living, improve quality of life and value the contribution of older people." To what extent do you agree with this vision? (Please tick 1 box)

strongly agree

agree

disagree

strongly disagree

don't know

6 If you 'Disagree' or 'Strongly Disagree' with this vision what changes would you like to make. Please provide additional comments in the space below:

7 The Healthy Ageing Action Plan focuses on the following themes. Please rank them in order of importance for you with '1' being most important and '10' being least important. (Please DO NOT use the same number TWICE)

	<i>Rank</i>
physical activity	<input type="checkbox"/>
healthy eating and nutrition	<input type="checkbox"/>
oral health	<input type="checkbox"/>
mental and emotional health	<input type="checkbox"/>
sexual health	<input type="checkbox"/>
alcohol use	<input type="checkbox"/>
smoking	<input type="checkbox"/>
flu immunisations	<input type="checkbox"/>
home and community safety	<input type="checkbox"/>
loneliness and isolation	<input type="checkbox"/>

8 In general would you say your health is...(Please tick 1 box)

excellent

very good

good

fair

poor

9 On a scale of "1" to "10" where 1 means "Very Dissatisfied" and "10" means "Very Satisfied", how do you feel about your life as a whole right now? (Please tick 1 box)

1 2 3 4 5 6 7 8 9 10

10 If you feel dissatisfied or very dissatisfied with your life as a whole right now please use the space below to explain some of the reasons.

12 Thinking about the amount of stress in your life, would you say that most days are... (Please tick 1 box)

not at all stressful

not very stressful

a bit stressful

extremely stressful

11 In general would you say your mental health is... (Please tick 1 box)

excellent

very good

good

fair

poor

13 How would you describe your sense of belonging to your local community? Would you say it is... (Please tick 1 box)

very strong

somewhat strong

somewhat weak

very weak

14 In the past 7 days how often did you take a walk outside your home/garden e.g. a walk for exercise, taking the dog for a walk, walking to work? (Please tick 1 box)

- never*
- seldom (1-2 days)*.....
- sometimes (3-4 days)*.....
- often (5-7 days)*

15 In the past 7 days how often did you engage in light sports or recreational activities such as bowling, playing golf, fishing, darts, yoga? (Please tick 1 box)

- never*
- seldom (1-2 days)*.....
- sometimes (3-4 days)*.....
- often (5-7 days)*

16 What prevents you from doing more physical activity? (Please tick all that apply)

- cost*
- transportation*
- activities not available in area*.....
- long-term health condition*
- recent illness/injury*.....
- lack of time*
- lack of energy*
- lack of skills/knowledge*
- other*.....
- (please state)*

17 In general, would you say the health of your mouth is... (Please tick 1 box)

- excellent*
- very good*
- good*
- fair*
- poor*
- don't know*

18 Do you wear dentures/false teeth?

- yes*
- no*

19 Do you smoke cigarettes?

- yes*
- no*

20 Approximately how many cigarettes do you smoke in a day? (Please write number in the box)

21 In the past 6 months, how often did you drink alcohol? (Please tick 1 box)

- less than once per month*
- once a month*.....
- 2-3 times a month*.....
- once a week*
- 2-3 times a week*
- 4-6 times a week*
- everyday*.....
- don't drink alcohol*.....

22 How often do you have 6 or more units of alcohol (for women) or 8 or more units of alcohol (for men) on one occasion? (Please tick 1 box)

- never*
- less than monthly*
- monthly*.....
- weekly*
- daily*.....

23 In the past 12 months what is the single most important change you have made to improve your health? (Please tick 1 box)

- increased exercise / physical activity*...
 - lost weight*
 - change diet / improve eating habits*.....
 - quit smoking*
 - drank less alcohol*.....
 - reduced stress levels*.....
 - received medical treatment (for illness)*.....
 - took vitamins*
 - no changes made*.....
 - don't know*.....
 - other*.....
- (please specify)*

24 Is there anything stopping you from improving your health?

- lack of willpower / self discipline*
 - family responsibilities*.....
 - work schedule*
 - physical health (due to long term illness)*.....
 - disability*
 - too stressed*.....
 - too costly / financial constraints*.....
 - nothing available in area*.....
 - other*.....
- (please state)*

25 In the past 12 months have you had any falls? (Please tick 1 box)

- yes*
- no (please go to Q 28)*.....
- don't know*

26 How many times have you fallen in the past 12 months? (Please write number in the box)

27 What has been your most serious injury or problem due to a fall within the past 12 months? (Please tick 1 box)

- no serious injury*
 - sprain/strain*.....
 - bruises*.....
 - cuts*
 - fractured hip*
 - fractured leg*
 - fractured arm/wrist*.....
 - head injury*.....
 - other*.....
- (please state)*

Technology

28 Which 3 words best describe how you feel about technology? (Tick up to 3 boxes)

- exciting*
- scary*.....
- essential*.....
- annoying*.....
- expensive*
- fun*.....
- efficient*.....
- complicated*.....
- helpful*.....
- boring*.....
- fearful*.....

29 Which of the following, if any, does your household have? (Tick ALL that apply)

- a computer or laptop*
 - a computer or laptop with internet access*.....
 - wireless internet access*
 - a mobile phone*.....
 - a mobile phone with internet access*....
 - a digital camera*.....
 - digital television*.....
 - digital radio*.....
 - games console*.....
- (please state which one/ones)

30 How often do you use the following digital technology?

	<i>don't use</i>	<i>daily</i>	<i>weekly</i>	<i>monthly</i>	<i>within last 6 months</i>	<i>within last year</i>	<i>longer ago</i>
digital television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
internet at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
PC or laptop at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
digital camera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
games console	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

If you have access to the Internet, please go to Question 31. If you do not have access to the Internet, please go to Question 36

31 If you have access to the internet at home is this service broadband or dial up? (Tick 1 box only)

- broadband*.....
- dialup*.....
- don't know*.....

32 What do you use the internet for? (Tick ALL that apply)

- | | | | |
|---|--------------------------|---|--------------------------|
| <i>social networking / keeping in touch with friends / family</i> | <input type="checkbox"/> | <i>accessing Council services</i> | <input type="checkbox"/> |
| <i>using email</i> | <input type="checkbox"/> | <i>learning (studying/training/homework) ..</i> | <input type="checkbox"/> |
| <i>general browsing</i> | <input type="checkbox"/> | <i>work</i> | <input type="checkbox"/> |
| <i>finding information about holidays/travel/accommodation</i> | <input type="checkbox"/> | <i>downloading software</i> | <input type="checkbox"/> |
| <i>shopping</i> | <input type="checkbox"/> | <i>listening to radio or watching television.</i> | <input type="checkbox"/> |
| <i>finding information about goods/services</i> | <input type="checkbox"/> | <i>using chat rooms</i> | <input type="checkbox"/> |
| <i>personal banking/finance</i> | <input type="checkbox"/> | <i>selling good/services</i> | <input type="checkbox"/> |
| <i>reading or downloading news</i> | <input type="checkbox"/> | <i>hobbies/interests</i> | <input type="checkbox"/> |
| <i>playing or downloading music</i> | <input type="checkbox"/> | <i>telephoning over the Internet/video conferencing</i> | <input type="checkbox"/> |
| | | <i>other</i> | <input type="checkbox"/> |
- (other - please specify)*

33 Do you use the following?

- | | <i>yes</i> | <i>no</i> |
|----------|--------------------------|--------------------------|
| Facebook | <input type="checkbox"/> | <input type="checkbox"/> |
| Twitter | <input type="checkbox"/> | <input type="checkbox"/> |

34 If you wanted to contact Carmarthenshire County Council, which of the following methods would you be MOST LIKELY TO USE? (Tick 1 box only)

- by telephone*.....
 - in person*
 - by e-mail*.....
 - via the website*.....
 - by letter / fax*.....
 - via Carmarthenshire County Council Digital TV service*.....
 - other*.....
- (please specify)*

35 If you wanted to contact Carmarthenshire County Council, which of the following methods would you PREFER to use? (Tick 1 box only)

- by telephone*.....
 - in person*
 - by e-mail*.....
 - via the website*.....
 - by letter / fax*.....
 - via Carmarthenshire County Council Digital TV service*.....
 - other*.....
- (please specify)*

Please move to Question 37

36 If you do not have access to the Internet, why is this?

- too expensive*
- broadband not available where I live* ...
- not interested*.....
- haven't got the time*
- don't have the right equipment*
- don't understand it*.....
- don't know where to go to access it*....
- other*.....

(please state)

37 Would you be interested in any of the following training or advice sessions? (Please tick all that apply)

- using a computer*.....
- Internet and email*.....
- PC repair and building*.....
- digital photography*
- family history*
- job searching using the Internet*.....
- saving money online*.....
- e-Bay*.....
- web development*
- social networking sites*.....
- Internet safety*
- online banking*
- using a mobile phone*
- other*.....

(please state)

Elections

38 Did you vote in the following elections?

- March referendum - giving the Welsh Assembly more powers*
- May referendums - combined Welsh Assembly Elections and AV (alternative vote) referendum*
- Did not vote in either (Go to Q40)*.....

39 How did you vote at these elections?

	<i>by post</i>	<i>polling station</i>	<i>by proxy</i>
March referendum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May AV referendum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40 Do you think the March referendum should have been combined with the May elections?

- yes*
- no*.....
- no opinion*.....

41 Did you understand the question that was being asked on the referendum papers?

	<i>yes</i>	<i>no</i>
March referendum	<input type="checkbox"/>	<input type="checkbox"/>
May AV referendum	<input type="checkbox"/>	<input type="checkbox"/>

42 Did you feel there was enough publicity on each election?

	<i>yes</i>	<i>no</i>
March referendum	<input type="checkbox"/>	<input type="checkbox"/>
May combined elections	<input type="checkbox"/>	<input type="checkbox"/>

43 From whom would you like to see more publicity? (Tick all that apply)

- candidates and their parties*.....
- local authority*.....
- electoral commission*.....

44 Are you satisfied with your local polling station?

yes (go to Q46).....

No (go to Q45).....

Don't know / didn't use them (go to Q46)

45 If no, could you please tell us why?

Dementia Services

Carmarthenshire's Joint Health & Social Care Scrutiny Forum is conducting a review of Dementia Services. We are looking to contact members of the Citizens Panel who have or have had experience of dementia to conduct more in-depth research in the form of a one-to-one discussion about living with dementia.

Areas likely to be covered are access to support services, quality of those services and any improvements required. If you are willing to take part in this research you will be contacted by a member of staff from the Scrutiny & Consultancy team to arrange a convenient location and time to meet.

46 I have had experience of dementia and I am willing to be contacted to take part in a one-to-one discussion about my experiences.

yes

no

Thank you very much for completing your survey.

Please return it in the prepaid envelope as soon as possible.