

OLDER PERSON'S QUESTIONNAIRE

This questionnaire is for completion by older residents of Alcester. We would like to identify ways in which older people might be helped more in the future.

This form is confidential and we will not ask for your name or address on this form.

You can get more copies of this form from Alcester Town Council offices at Globe House and you can request a large-print version from the Town Council by calling 01789 766084 or by email: administration@alcester-tc.gov.uk

First, please give us a little background information about yourself. This is simply to help us build a picture of our residents and their needs.

1163	idents and their needs.						
1.	Please enter the number of older peo	pple in your household in each	age group?				
	□ 65-74 □ 75-84	85+					
2.	Please enter the number of older peo	pple in your household who are	e male or fem	ale?			
	☐ Male ☐ Female						
3.	How long have you lived in Alcester?						
	Less than one year	<u> </u>		Whole life			
	1-5 years	<u>26-50</u>					
	6-15	51+ years					
4.	Please tell us if you live:	•					
	with your spouse	with relatives -					
	alone	with a carer					
5.	Do you receive help from Social Servi		nome?				
٥.	Yes No	ees of other agencies in your r	ionic:				
6.	If yes, please describe which forms of	holo vou rocoivo					
7.	How might neighbours or friends help	o you if needed					
7.	How might neighbours or friends help Tick your choi		s No	Occasionally			
7.			s No	Occasionally			
7.	Tick your choi		s No	Occasionally			
7.	Tick your choi With the odd domestic task?		s No	Occasionally			
7.	Tick your choi With the odd domestic task? Calling in for a chat?		s No	Occasionally			
7.	Tick your choi With the odd domestic task? Calling in for a chat? Doing odd small repairs?		s No	Occasionally			
7.	Tick your choi With the odd domestic task? Calling in for a chat? Doing odd small repairs? Reading to you?	ces Ye	s No	Occasionally			
7.	Tick your choi With the odd domestic task? Calling in for a chat? Doing odd small repairs? Reading to you? Writing letters for you?	ces Ye	s No	Occasionally			
	Tick your choi With the odd domestic task? Calling in for a chat? Doing odd small repairs? Reading to you? Writing letters for you? Helping you read and fill in forms	ces Ye	s No	Occasionally			
	Tick your choi With the odd domestic task? Calling in for a chat? Doing odd small repairs? Reading to you? Writing letters for you? Helping you read and fill in forms Who keeps an eye on you at home, a	res Ye 3? nd how often?		Occasionally			

9.	With regards to help outside the home:				
	Tick your choices	Yes	No	Occasi	onally
	Do you need help in the garden?				
	Do you need help shopping?				
	Do you need help getting around locally?				
	Would you like more seats beside the local roads?				
	Writing letters for you?				
	Helping you read and fill in forms?				
10	Being part of the Community:				
10.	Tick your answers	Yes	No	Occasiona	allv
	Do you go to any lunch clubs?				,
	Do you take park in any other clubs or groups?				
	Would you like to be able to go to other groups or clubs?				
	Do you participate in the general life of the				
	community (i.e. activities/events/organisations etc)?				
	How else could older people participate in this way? (F	Please write	your ideas	in the box)	
11.	As we become less able to do things, planning where to liv	e becomes a	n increasi		No
11.	Tick your answers			ng problem:	No
11.	Tick your answers Do you hope to remain in your present home for the fe	oreseeable f			No
11.	Tick your answers Do you hope to remain in your present home for the for will you like to move to a smaller home within the next	oreseeable f			No
11.	Tick your answers Do you hope to remain in your present home for the forward will you like to move to a smaller home within the new list likely that you will live with a relative?	oreseeable f			No
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Many thanks for taking the time to complete this questionnaire. Your responses will provide us with valuable information to help improve local services for older people in Alcester