

# Health and Care Experience Survey

Please read the enclosed letter for more information about this survey.



If you would prefer, you may also complete this survey online:

Go to [www.quality-health.co.uk/sg15](http://www.quality-health.co.uk/sg15)

Or scan the QR Code with your tablet / smartphone



To do this you will need to enter the User name and Password which can be found on the letter which came with this survey.

## This survey asks about:

- your experiences at your GP practice
- out of hours services
- care and support to help with everyday living including services that you may have used from your Council or other organisations

There is space in the survey for you to provide any other comments you have about your experience of health and care services.

### Instructions

Please answer all questions, unless the instructions ask you to skip a question.

For each question, please put a tick in the box next to the answer that most closely matches your own experience.

For example, if your answer is yes:

Yes

No

Don't worry if you make a mistake. Simply cross it out and tick the correct answer.



**Helpline**  
**0800 783 1775**  
**Monday – Friday**  
**9am – 5pm**

Please return in the envelope provided or to:

Quality Health  
FREEPOST RSKS-ZERR-UAGY  
Unit 1, Holmewood Business Park  
Chesterfield Road  
Holmewood  
Chesterfield  
S42 5US

## 1. Your GP Practice: getting to see or speak to someone

**Q1**

Have you contacted the **GP practice named on the enclosed letter** in the last 12 months?

1

No → *Go to Q26*

2

Yes → *Go to Q2*

**Q2**

Approximately **how often** have you contacted this GP practice in the last 12 months (either for yourself or someone you look after)?

1

Once

2

2 - 4 times

3

5 - 10 times

4

More than 10 times

5

Can't remember / don't know

**Q3**

Thinking of the last time you contacted this GP practice by **phone**, how easy was it for you to get through?

1

Very easy → *Go to Q4*

2

Fairly easy → *Go to Q4*

3

Not easy → *Go to Q4*

4

I haven't tried to phone → *Go to Q5*

5

Can't remember / don't know → *Go to Q4*

**Q4**

The last time you phoned the GP practice, how helpful was the person who answered?

1

Very helpful

2

Fairly helpful

3

Not very helpful

4

Not at all helpful

5

Can't remember / don't know

**Q5**

The last time you needed to see or speak to a doctor or nurse from your GP practice quite **urgently**, how long did you wait?

*Please tick **ONE** box only*

1

I saw or spoke to a doctor or nurse on the same day → *Go to Q7*

2

I saw or spoke to a doctor or nurse within 1 or 2 working days → *Go to Q7*

3

I waited more than 2 working days to see or speak to a doctor or nurse → *Go to Q6*

4

I haven't needed to see or speak to a doctor or nurse from my GP practice urgently in the last 12 months → *Go to Q7*

5

Can't remember → *Go to Q7*

**Q6**

What was the **main reason** you waited longer than 2 working days?

*Please tick **ONE** box only*

1

The person I wanted to see was not available in the next 2 days

2

The times available in the next 2 days were not convenient for me

3

I was not offered a chance to see or speak to anyone within 2 working days

4

Another reason

**Q7**

If you ask to make an appointment with a doctor 3 or more working days **in advance**, does your GP practice allow you to?

1

Yes

2

No

3

Don't know

**Q8**

When you arrange to see a doctor at your GP practice can you **usually** see the doctor you prefer?

1

Yes

2

No

3

I don't have a doctor I prefer to see

4

There is usually only one doctor in my GP practice

Q9

Overall, how would you rate the arrangements for getting to see a doctor and/or nurse in your GP practice?

Please tick **ONE** box in each list

Getting to see a doctor		Getting to see a nurse	
1	<input type="checkbox"/> Excellent	1	<input type="checkbox"/> Excellent
2	<input type="checkbox"/> Good	2	<input type="checkbox"/> Good
3	<input type="checkbox"/> Fair	3	<input type="checkbox"/> Fair
4	<input type="checkbox"/> Poor	4	<input type="checkbox"/> Poor
5	<input type="checkbox"/> Very poor	5	<input type="checkbox"/> Very poor
6	<input type="checkbox"/> I did not try to see a doctor	6	<input type="checkbox"/> I did not try to see a nurse

### Your GP Practice: referrals

Q10

Has your GP practice **referred** you to see any **other health or care services** in the last 12 months?

- 1  Yes → *Go to Q11*
- 2  No, as it wasn't necessary → *Go to Q12*
- 3  No, but I wanted to → *Go to Q12*

Q11

Thinking about the **last time your GP practice referred you to other health or care services**, how would you rate the arrangements for getting to see other services?

- 1  Excellent
- 2  Good
- 3  Fair
- 4  Poor
- 5  Very poor

### At your GP Practice

Thinking about your visits to the GP practice in the last 12 months....

Q12

In the reception area, can other patients overhear what you say to the staff?

- 1  Yes, but I don't mind
- 2  Yes, and I am not happy about it
- 3  No, other patients can't overhear
- 4  Don't know

Q13

How helpful do you find the receptionists at your GP practice?

- 1  Very helpful
- 2  Fairly helpful
- 3  Not very helpful
- 4  Not at all helpful
- 5  There are no receptionists at my practice

Q14

How do you feel about how long you **usually** have to wait to be seen after you arrive at your GP practice?

- 1  It is reasonable
- 2  It is too long
- 3  Can't remember / don't know

**Q15** Have you **seen a doctor** from your GP practice **in the last 12 months**?

1  No → Go to **Q16**

2  Yes → Thinking about the **last time** you saw a doctor at your GP practice, how much do you agree or disagree with each of the following?

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The doctor listened to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I felt that the doctor had all the information needed to treat me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The doctor took account of the things that matter to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The doctor talked in a way that helped me understand my condition and treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I felt confident in the doctor's ability to treat me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I had enough time with the doctor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Q16** Have you **seen a nurse** from your GP practice **in the last 12 months**?

1  No → Go to **Q17**

2  Yes → Thinking about the **last time** you saw a nurse at your GP practice, how much do you agree or disagree with each of the following?

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The nurse listened to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I felt that the nurse had all the information needed to treat me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The nurse took account of the things that matter to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The nurse talked in a way that helped me understand my condition and treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I felt confident in the nurse's ability to treat me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I had enough time with the nurse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Q17**

Are you involved as much as you want to be in **decisions about your care and treatment**? Please tick **ONE** box only

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No, and I would like to be
- 4  No, but I do not want to be involved

**Q18**

In the last 12 months have you had any blood tests, x-rays or any other tests arranged by your GP practice?

- 1  No → Go to **Q20**
- 2  Yes → Go to **Q19**

**Q19**

Thinking about **the last time you had a blood test, x-ray or any other test arranged by your GP practice**, how much do you agree or disagree with each of the following:

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It was explained to me why a test was needed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was satisfied with the length of time I waited for my test results	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was satisfied with the way that I received the result	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The results of the test were explained to me in a way I could understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Q20**

Have you been **prescribed medicines** by your GP practice in the last 12 months?

- 1  No → Go to **Q22**      2  Yes → Go to **Q21**

**Q21**

Thinking about **the last time you were prescribed medicines**, how much do you agree or disagree with each of the following:

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It was easy enough for me to get my medicines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I knew enough about what my medicines were for	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I knew enough about how and when to take my medicines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I knew enough about possible side effects of my medicines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I would know what to do if I had any problems with my medicines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I took my prescription as I was supposed to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Q22**

In the past year, do you believe a mistake was made in **your treatment or care** by your GP practice (including for example in test results, medicines prescribed, diagnosis)?

- 1  No → Go to **Q24**
- 2  Yes → Go to **Q23**
- 3  Can't remember / don't know → Go to **Q24**

**Q23**

Were you satisfied with how it was dealt with overall?

- 1  Yes
- 2  No
- 3  Can't remember / don't know

**Q24**

How much do you agree or disagree with each of the following about **how you are treated by the staff at your GP practice?**

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am treated with respect	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I am treated with compassion and understanding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Q25 Overall, how would you rate the care provided by your GP practice?**

Please tick **ONE** box only

1 <input type="checkbox"/> <b>Excellent</b>	2 <input type="checkbox"/> <b>Good</b>	3 <input type="checkbox"/> <b>Fair</b>	4 <input type="checkbox"/> <b>Poor</b>	5 <input type="checkbox"/> <b>Very poor</b>
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If there is anything else you would like to tell us about your **GP practice** please do so here:

## 2. Out of hours healthcare

The next few questions are about when you have needed healthcare advice or treatment and your GP practice was closed (for example, in the evening, overnight, at the weekend or on public holidays). These times when GP practices are closed are called “out of hours”.

**Q26**

In the last 12 months, have you tried to get medical help, treatment or advice, for yourself or someone you were looking after, when your GP practice was closed (out of hours)?

- 1  Yes → Go to **Q27**
- 2  No → Go to **Q32**

**Q27**

Thinking about the **last time** you tried to get help **out of hours**, which NHS service did you speak to or go to **first**?

Please tick **ONE** box only

- 1  Telephoned 111 for NHS 24
- 2  Went to Pharmacist / Chemist
- 3  Went to Primary Care Emergency Centre
- 4  Telephoned my own GP practice
- 5  Telephoned 999 for emergency services
- 6  Went to Hospital A&E / Casualty
- 7  Other

**Q28**

Which service did you **end up** being treated or seen by? Please tick **ONE** box only

- 1  Got phone advice only from NHS 24
- 2  Pharmacist / Chemist
- 3  Primary Care Emergency Centre
- 4  Own GP practice
- 5  Home visit from a GP or Nurse
- 6  Ambulance paramedics
- 7  A&E / Casualty
- 8  Social care services
- 9  Other

**Q29**

Who **ended up** providing most of your treatment or care?

- 1  A Doctor                      3  A Pharmacist
- 2  A Nurse                        4  Someone else

**Q30**

Thinking of the **service that you ended being treated or seen by**, how much would you agree or disagree with the following about your experience? Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The time I waited was reasonable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I felt that the person had all the information needed to treat me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I felt I was listened to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Things were explained to me in a way I could understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I felt that the person who treated me was the right person	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I felt that I got the right treatment or advice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I felt that people took account of the things that matter to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Q31** Overall, how would you rate the care you experienced **out of hours**? Please tick **ONE** box only

1	<input type="checkbox"/>	Excellent	2	<input type="checkbox"/>	Good	3	<input type="checkbox"/>	Fair	4	<input type="checkbox"/>	Poor	5	<input type="checkbox"/>	Very poor
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**Q32** What do you think about the **opening hours of your GP practice**?  
Please tick **ONE** box only

- 1  I am happy with the opening hours of my GP practice
- 2  It is too difficult for me to get time away from work during my practice opening hours
- 3  The opening hours are not convenient for me for another reason
- 4  I am not sure when my GP practice is open

If there is anything else you would like to tell us about your experiences of **Out of Hours healthcare** please do so here:

### 3. Care, support and help with everyday living

This section asks questions about **help and care services for everyday living**. This may include services from your local Council, the NHS, voluntary organisations, groups or private care agencies, and help that you may or may not pay for. It might also include help that you get from friends and family.

**Q33** In the last 12 months have you had help or support with everyday living?

Please tick **ALL** that apply

- 1  Yes, help for me with personal and/or household tasks
- 2  Yes, help for me with adaptations and/or equipment for my home
- 3  Yes, help for me for activities outside my home
- 4  Yes, help to look after someone else
- 5  No, not had any help but I feel that I needed it → **Go to Q38**
- 6  No, not had any help → **Go to Q38**

**Q34**

Did you get help from services provided by, for example, the Council, NHS, voluntary organisations, or private agencies – including services you paid for?

- 1  Yes → **Go to Q35**
- 2  No → **Go to Q38**

**Q35**

Which of the following applies to you and how your social care is arranged?

- 1  I had a choice in how my care is arranged
- 2  I was not offered any choices
- 3  I had no choices due to medical reasons
- 4  I did not want a choice in how my care was arranged
- 5  Can't remember / don't know



**Q36**

How much do you agree or disagree with the following about your **care, support and help** services - excluding the care and help you get from friends and family - over the past 12 months?

Please tick **ONE** box on each line

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
People took account of the things that matter to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I had a say in how my help, care or support was provided	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was aware of the help, care and support options available to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was treated with respect	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was treated with compassion and understanding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
My health, support and care services seemed to be well coordinated	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was supported to live as independently as possible	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I felt safe	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The help, care or support improved or maintained my quality of life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Q37**

Overall, how would you rate your help, care or support services – **excluding the care and help you get from friends and family**?

Please tick **ONE** box only

1 <input type="checkbox"/> <b>Excellent</b>	2 <input type="checkbox"/> <b>Good</b>	3 <input type="checkbox"/> <b>Fair</b>	4 <input type="checkbox"/> <b>Poor</b>	5 <input type="checkbox"/> <b>Very poor</b>
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Do you have any other comments to make about the help, care or support that you receive?

## 4. Health and care effectiveness

**Q38**

In the last 12 months, have you received NHS treatment or advice because of something that was **affecting your ability to live your normal life?**

- 1  Yes → Go to **Q39**
- 2  No → Go to **Q40**

**Q39**

Thinking about the last time this happened, how would you describe the effect of the treatment on your ability to **live your normal life?**

- 1  I was able to go back to most of my usual activities
- 2  There was no change in my ability to do my usual activities
- 3  I was less able to do my usual activities
- 4  It is too soon to say

**Q40**

In the last 12 months, have you received NHS treatment or advice because of something that was causing you **pain or discomfort?**

- 1  Yes → Go to **Q41**
- 2  No → Go to **Q42**

**Q41**

Thinking about the last time this happened, how would you describe the effect of the treatment on your pain or discomfort?

- 1  It was better than before
- 2  It was about the same as before
- 3  It was worse than before
- 4  It is too soon to say

**Q42**

In the last 12 months, have you received NHS treatment or advice because of something that was making you feel **depressed or anxious?**

- 1  Yes → Go to **Q43**
- 2  No → Go to **Q44**

**Q43**

Thinking about the last time this happened, how would you describe the effect of the treatment on how you felt?

- 1  I felt less depressed or anxious than before
- 2  I felt about the same as before
- 3  I felt more depressed or anxious than before
- 4  It is too soon to say

## 5. Caring responsibilities

**Q44**

Do you look after, or give any **regular help or support to family members, friends, neighbours or others** because of either long-term physical / mental ill-health / disability or problems related to old age?

*Exclude any caring that is done as part of any paid employment or formal volunteering.*

- 1  No → Go to **Q46**
- 2  Yes, up to 4 hours a week → Go to **Q45**
- 3  Yes, 5 - 19 hours a week → Go to **Q45**
- 4  Yes, 20 - 34 hours a week → Go to **Q45**
- 5  Yes, 35 - 49 hours a week → Go to **Q45**
- 6  Yes, 50 or more hours a week → Go to **Q45**

**Q45** How much do you agree or disagree with the following about how you feel as a **carer** most of the time? *Please tick **ONE** box on each line*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have a good balance between caring and other things in my life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Caring has had a negative impact on my health and wellbeing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I have a say in services provided for the person(s) I look after	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Local services are well coordinated for the person(s) I look after	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I feel supported to continue caring	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## 6. About you

This information will help us to find out if different groups of people in Scotland have different experiences at their GP practices and other health and care services. Nobody at your GP practice will be able to see your answers. If you would prefer not to answer a particular question then you can miss it out.

**Q46** Are you male or female?

1  Male      2  Female

**Q47** What was your **age** on your last birthday?

**Q48** How would you rate your **health** in general?

1  Good      2  Fair      3  Bad

**Q49** Do you have any of the following?  
*Please tick **ALL** that apply*

- 1  Deafness or severe hearing impairment
- 2  Blindness or severe vision impairment
- 3  A physical disability
- 4  A learning disability
- 5  A mental-health condition
- 6  Chronic pain lasting at least 3 months
- 7  Another long-term condition
- 8  None of the above

**Q50** Are your **day-to-day activities limited** because of a health problem or disability which has lasted, or is expected to last, at **least 12 months**?  
(Include problems related to old age).

Yes, limited a lot      Yes, limited a little      No

1       2       3

**Q51** In general, how well do you feel that you are able to look after your own health?

Very well      Quite well      Not very well      Not at all well

1       2       3       4

**Q52** Thinking about the good and bad things that make up your quality of life, how would you rate your quality of life as a whole?  
*Please tick **ONE** box only*

- 1  Very Good
- 2  Good
- 3  Alright / neither good or bad
- 4  Bad
- 5  Very bad

**Q53** What best describes your **work status**?  
Please tick **ONE** box only

- 1  Work full-time
- 2  Work part-time
- 3  In full-time education or training
- 4  Unemployed / looking for work
- 5  Don't work due to illness or disability
- 6  Retired
- 7  Other

**Q54** What is your **ethnic group**?  
Tick **ONE** box which **best describes** your ethnic group

- 1  White
- 2  Mixed or multiple ethnic groups
- 3  Asian, Asian Scottish or Asian British
- 4  African, Caribbean, Black or Black British
- 5  Other ethnic group

**Q55** Which of the following options best describes how you think of yourself?

- 1  Heterosexual / Straight
- 2  Gay or Lesbian
- 3  Bisexual
- 4  Other

**Q56** What religion, religious denomination or body do you belong to?  
Please tick **ONE** box only

- |                            |                    |                             |                                    |
|----------------------------|--------------------|-----------------------------|------------------------------------|
| 1 <input type="checkbox"/> | None               | 7 <input type="checkbox"/>  | Sikh                               |
| 2 <input type="checkbox"/> | Church of Scotland | 8 <input type="checkbox"/>  | Jewish                             |
| 3 <input type="checkbox"/> | Roman Catholic     | 9 <input type="checkbox"/>  | Hindu                              |
| 4 <input type="checkbox"/> | Other Christian    | 10 <input type="checkbox"/> | Pagan                              |
| 5 <input type="checkbox"/> | Muslim             | 11 <input type="checkbox"/> | Another religion (non - Christian) |
| 6 <input type="checkbox"/> | Buddhist           |                             |                                    |

**Q57** What best describes the **accommodation** you live in?

Please tick **ONE** box only

- 1  Buying with a mortgage or loan
- 2  Own it outright
- 3  Part rent and part mortgage
- 4  Rent from a private landlord
- 5  Rent from local Council / Housing Association or similar
- 6  Supported accommodation (including for example care home, sheltered housing)
- 7  Other

We would like your permission to add your survey results to other information held about your health and care by NHS Scotland (for example information about your medical history). Your information will be used only for research and will not identify you individually.

If you give your permission to add your survey results to other health and care information held about you, it will not be shared with the people who looked after you and will in no way affect your current or future treatment or care.

**Q58** Do you give your permission for NHS Scotland Statisticians to add your survey results to other information about your health and care for the purposes of analysing this survey?

- 1  Yes
- 2  No

**Q59** Do you give your permission for NHS Scotland Statisticians to add your survey results to other information about your health and care for the purposes of other future research?

- 1  Yes
- 2  No

**Thank you for completing this survey.**  
**Please post it in the envelope provided**  
**(no stamp needed)**