



This survey is for people with a learning disability.





We would like to know how you find information on 'long-term conditions'.



A long-term condition lasts more than a year and can make it hard to do daily activities like walking, running and lifting.



People might take medication or have other treatments for their long-term condition to make it easier to do these activities.

1	<p>Do you have a learning disability? (Please tick)</p> <p>If you answer no to this question you don't need to complete this survey.</p>	
		
<input type="checkbox"/>	Yes	<input type="checkbox"/> No

These are some of the different types of long-term health condition (don't worry if you don't know what some of these are).



Diabetes



Arthritis



Asthma



Heart disease



Some lung and breathing problems



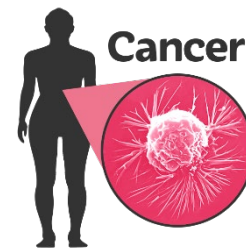
Epilepsy



High Blood Pressure



Strokes



Cancer

2

Do you have a long-term condition? (please tick)



Yes

No

I don't know

3

Which long-term condition/s do you have?
Please tick all that apply to you.



Diabetes



Arthritis



Asthma



Heart disease



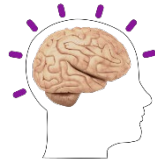
Lung and breathing
problems



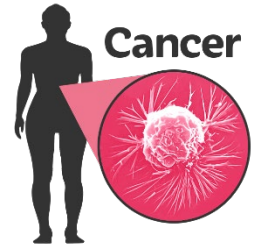
Epilepsy



High Blood Pressure



Strokes



Cancer



Other:

Please write in the box below:

Blank space for writing other conditions.

4

What would you do if you wanted to find out more about a long-term condition?

Please tick as many of the boxes as you like



Speak to a doctor or nurse



Ask someone I trust, like a friend or family member



Go to a library



Look on the internet








Look for leaflets about the condition




Something else



If you ticked something else, please tell us more in the box below.




5		Can you use the internet to find out health information? (please tick)	
			
<input data-bbox="316 734 392 810" type="checkbox"/>	<input data-bbox="676 734 753 810" type="checkbox"/>	<input data-bbox="1005 734 1082 810" type="checkbox"/>	<input data-bbox="1318 734 1394 810" type="checkbox"/>
I find it very easy to use the internet	I can use the internet with support	I can use the internet but don't feel very confident	I don't use the internet at all


	Is there anything else you would like to say about using the internet? (Please write in the box below)
<div style="border: 1px solid black; height: 200px;"></div>	

6 What information on long-term conditions would you like?

Please tick as many boxes as you like

		
The causes <input type="checkbox"/>	How to stay healthy <input type="checkbox"/>	How you might feel <input type="checkbox"/>

		
Information about medication or treatments <input type="checkbox"/>	What happens to your body <input type="checkbox"/>	Something else <input type="checkbox"/>

 If you ticked something else, please tell us what else would help you in the box below:

7



What is the best way for you to learn more?



Short films



Easy read leaflets



Websites



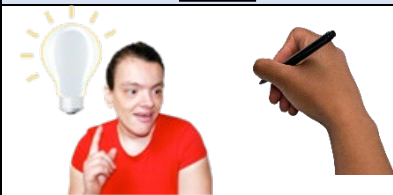
Training courses



Talking to someone



Something else



If you ticked something else, please tell us more in the box below:

Empty box for providing additional information.

8



Is there any information you have looked for but couldn't find?

9



Which long-term condition would you like to have more accessible information about?



Diabetes



Arthritis



Asthma



Heart disease



Lung and breathing problems



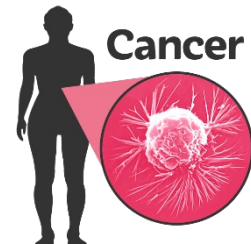
Epilepsy



High Blood Pressure



Strokes






Cancer

Cancer



Other:
Please write in the box below:

10	Did somebody support you to complete this survey?	
		
<input data-bbox="209 568 282 640" type="checkbox"/> Yes	<input data-bbox="863 568 936 640" type="checkbox"/> No	

11		What is your postcode?

12



What is your Ethnicity?



White:

British

Irish

Other



Asian or Asian British:

Indian

Pakistani

Bangladeshi

Any other Asian background



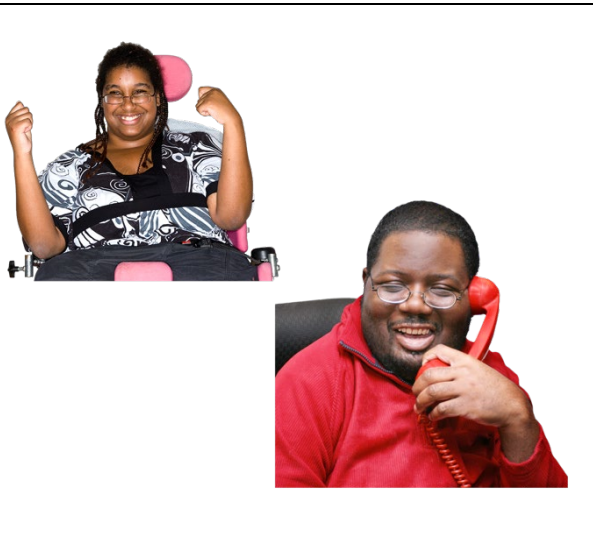
Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background



- Black or Black British
- Caribbean
- African
- Any other black background



- Other Ethnic Group
- Chinese
- Any other Ethnic Group
(please write in the box below)
- I do not wish to disclose my ethnic origin



Please tell us more about your ethnicity here if you would like to:

13



What is your gender?



Male

Female

Non-binary (people who don't identify as a man or a woman)

Other

Prefer not to say

14



What is your age?



Under 18

18-24

25-34

35-44

45-54

55-64

65-74

75 +

15



What is your living status?



I live on my own



I live on my own with support



I live with family



I live in a residential care home



I live in a supported living home



Something else (please write in the box below)



If you ticked something else please tell us more in the box below: