

1) Who is completing this survey?



Me

Someone in my family

Someone I am caring for

2) Before today, did you know about Independent Living settings?



Yes

No

Not sure

3) Tell us about where you live now – do you:



I own my home

I live in a rented council house/flat

I rent from a private landlord

I live somewhere else

4) Are you planning on moving from where you live in the next few years?

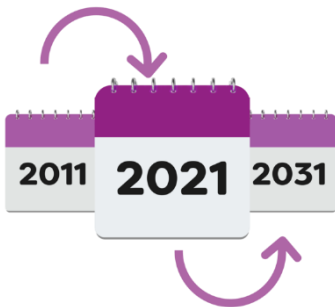


Yes

No

Not sure

5) If you were going to move to a new home, when do you think this would be?



1 – 2 years

In the next 5 years

In the next 10 years

Not sure

6) Where would you choose to live?



Wellingborough

East Northants

Kettering

Corby

I don't mind / not sure

7) Why might you think about moving to an Independent Living setting? Can you choose 5?



- People to support me when I need it
- Restaurants / places to eat
- Help with tasks
- A place to meet with other people – both inside and outside
- A nice home
- Not being on my own
- Feeling safe
- Somewhere that can meet my needs
- Being as independent as possible
- Feeling part of a community
- Activities to join in with
- Keeping active
- Something else

Comments: _____

8) Why might you not want to move?



I don't want to leave my home

I don't want to leave my community/neighbours

I don't want to leave my friends

I am not sure if I would like living in an independent living setting

I want my own garden

Losing my independence – not being in control of what I do

Not having the things that are important to me in my home around me

Feeling lonely

Not knowing the place – what is around me

Being around people that are the same age

Environment not right for my needs

It costs too much to move

Something else

Comments: _____

9) Do you have support with your care now?



Yes

No

10) If you moved, who would you live with?

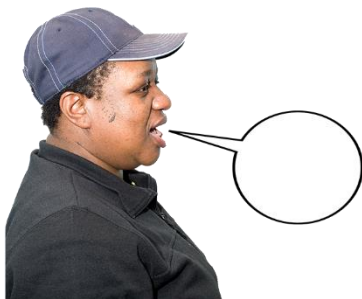


Alone

With a partner – boy/girlfriend or husband/wife

Family

11) Is there anything else you would like to tell us?





12) Will you think about moving to an independent living scheme one day?

Yes

No

Not sure

13) How old are you?

45 – 49 years old

50 – 54 years old

55 – 64 years old

65 – 74 years old

75 – 84 years old

85 – 94 years old

95 years or older





14) What gender are you?

Male

Female

Non-binary – I do not see myself as male or female

Prefer not to say

Other: _____

15) Your ethnicity:



Asian British

Indian

Bangladeshi

Pakistani

Chinese

Other Asian background

Black British

Black African

Black Caribbean

Other Black background

White/Black Africa



White/Black Caribbean

White/Asian

Other Multiple ethnic background

White British

White Gypsy/Irish Traveller

White Irish

Other White

Arab

Other ethnic group _____

Prefer not to say

16) Please tell us if you have a disability, long term illness, physical, mental health condition or Autism?



Yes – learning disability

Yes – physical disability

Yes – Mental Health needs

Yes – Autism

No

Prefer not to say

Long-term health condition/illness?

17) How does your disability affect you each day?



Not at all

A little bit

A lot

Prefer not to say



Thank you for your feedback!