



LEARNING DISABILITY ALLIANCE SCOTLAND HEALTH SURVEY 2015

USE A PEN TO MARK THE ANSWERS YOU AGREE WITH

1. Are you happy with the way you have been treated by the health services?

Yes

In Between

No



2. Are you happy with the way other people with learning disabilities have been treated?

Yes

In Between

No



3. Could you give us some examples of things that you are happy about?



4. Could you give us some examples of things that you are unhappy about?



5. What support do people with learning disabilities in Scotland need to live healthier lives? Tell us anything you think?



6. What areas of health care matter most to you? Pick from this list

- Healthy living and eating
- Good local doctors
- Good local specialists like dentists or clinics
- Good care in hospital
- Health and social work working together
- NHS 24
- Something else - tell us what in the box below.

7. What is important to you when you see your health workers like doctors, dentists or community nurses? Pick from this list

- Talking straight to you
- Being able to take a support worker or family
- Easy To Understand information about what you can do about your health
- Regular appointment times
- Something else - tell us what in the box.



8. What is your experience of seeing doctors?



9. What would really good healthcare inside hospital look like, to you? Pick from this list

- Learning Disability Liaison Nurses that really understood you
- Able to get your own staff or family when you need them to help
- Easy To Understand information from the doctors and nurses
- Being treated with respect
- Having a Health Passport to tell the staff what would you need
- Something Else - - tell us what in the box below.



10. What is your experience of being in hospital?



11. Have you ever used NHS 24?

Yes



No



12. What is your experience of NHS 24?



13. Could you tell us something that has gone wrong for you in the past with health care and what you think could make it better?



14. What is the most important thing the Scottish Government could do to improve health care services?



Tell us a little bit about you.

Tell us your postcode or the town you live in?

Are you

1. A person with a learning disability	<input type="checkbox"/>
2. A family member of someone with a learning disability	<input type="checkbox"/>
3. A paid supporter of someone with a learning disability	<input type="checkbox"/>
4. Someone else	<input type="checkbox"/>

Would you like to come a local meeting to talk about this more? **YES/NO**

Would you like to talk to one of us about what you said? **YES/NO**

If YES – then what is your name?

And how we can contact you by Email?

And how we can contact you by phone?

Send the survey back in the envelope we have sent you.