# **Dementia Action Week Survey 2025**

Thank you for taking the time to complete this short survey. It should take you no more than 5 minutes to complete and your feedback is much appreciated.

In Gloucestershire we want to improve the care and support that people living with dementia and their supporters receive.  We have developed this survey to strengthen the work that we are doing across Gloucestershire.

The information you share will be treated in the strictest confidence, stored securely and only used for the purposes of evaluating our current position. Please note that any written content you provide may be shared anonymously as part of the survey feedback.  To find out more about the way NHS Gloucestershire uses your information please visit our website - <https://www.nhsglos.nhs.uk/about-us/how-we-meet-our-duties/using-your-information/>

If you want to find out more about dementia, what we are doing in Gloucestershire, or what we will do with the survey results, please provide your contact details at the end of this survey.  If you provide your contact details, these will remain confidential and will only be used to send you the information you have requested.

**Dementia Action Week Survey will close on 20th June 2025**

We have provided some website links at the end of the survey, which offer further information about dementia, and about sources of support.

**Your views and experience**

### **Do you know the signs and symptoms of dementia?**

|  |  |
| --- | --- |
|  | Yes |

|  |  |
| --- | --- |
|  | No |

|  |  |
| --- | --- |
|  | Don't know |

1. **Do you know how to reduce your risk of dementia?**

|  |  |
| --- | --- |
|  | Yes |

|  |  |
| --- | --- |
|  | No |

|  |  |
| --- | --- |
|  | Don't know |

1. **Do you know what to do if you think you or someone you know has dementia?**

|  |  |
| --- | --- |
|  | Yes |

|  |  |
| --- | --- |
|  | No |

|  |  |
| --- | --- |
|  | Don't know |

### **Do you, or someone you know, have a diagnosis of dementia?**

|  |  |
| --- | --- |
|  | Yes |

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  |  |

(go to Q7)

|  |  |
| --- | --- |
|  | Don't know |

**When you or someone you know has dementia**

1. **If you were worried about this person's dementia, do you know who to contact?**

|  |  |
| --- | --- |
|  | Yes |

|  |  |
| --- | --- |
|  | No |

|  |  |
| --- | --- |
|  | Don't know |
|  |  |

**If yes, who would you contact?**

|  |
| --- |
|  |

1. **Do you know what services are available for people diagnosed with dementia?**

|  |  |
| --- | --- |
|  | Yes |

|  |  |
| --- | --- |
|  | No |

|  |  |
| --- | --- |
|  | Don't know |

1. **What is the one most important thing we could do differently for people living with dementia and their carers / supporters?**

|  |
| --- |
|  |

### **If you would like to provide any more feedback, please provide this here:**

|  |
| --- |
|  |

**About you**

We are committed to providing equal access to healthcare services to all members of our local community.  Providing the following information will help us to meet this commitment. Answering these questions is entirely optional.  The information you provide will remain confidential and does not allow us to identify you.

### **What is the first part of your postcode? eg. GL1, GL20**

|  |
| --- |
|  |

### **Are you:**

|  |  |
| --- | --- |
|  | Male |
|  | Female |

|  |  |
| --- | --- |
|  | Transgender |
|  | Non-binary |

|  |  |
| --- | --- |
|  | Prefer to self describe |
|  | Prefer not to say |

### **Which age group are you:**

|  |  |
| --- | --- |
|  | Under 18 |
|  | 18-25 |
|  | 26-35 |

|  |  |
| --- | --- |
|  | 36-45 |
|  | 46-55 |
|  | 56-65 |

|  |  |
| --- | --- |
|  | 66-75 |
|  | Over 75 |
|  | Prefer not to say |

### **Which best describes your ethnicity?**

|  |  |
| --- | --- |
|  | White British |
|  | White Other |
|  | Asian or Asian British |

|  |  |
| --- | --- |
|  | Black or Black British |
|  | Chinese |
|  | Mixed |

|  |  |
| --- | --- |
|  | Prefer not to say |
|  | Other (please specify):   |  | | --- | |  | |

**Do you consider yourself to have a disability?**

|  |  |
| --- | --- |
|  | Yes |

|  |  |
| --- | --- |
|  | No |

|  |  |
| --- | --- |
|  | Prefer not to say |

### **Do you look after, or give any help or support to family members, friends, neighbours or others because of either a long term physical or mental ill health need or problems related to old age? Please do not count anything you do as part of your paid employment**

|  |  |
| --- | --- |
|  | Yes |

|  |  |
| --- | --- |
|  | No |

|  |  |
| --- | --- |
|  | Prefer not to say |

**Further information**

### **At the end of this survey we provide some website links about dementia, and/or support available for people with dementia and their families and carers. If you would like some information sent out to you by post, or wish to speak to someone, please provide your name and address below, or call Gloucestershire's Managing Memory Together team on 0800 694 8800 \*please allow up to 8 weeks for information to be sent\***

|  |
| --- |
|  |

### **If you would like to hear the results of this survey and One Gloucestershire’s plans for improving dementia services, please share your contact details (your email or your name and postal address):**

|  |
| --- |
|  |

**Thank you for taking the time to give us your feedback. It is really appreciated.**

Please return your completed survey to us by Freepost (no stamp required) to:

FREEPOST NO: RTEY-EBEG-EZAT

NHS Gloucestershire, Wendy Stone, Shire Hall

Gloucester, GL1 2TG