**Survey about dementia**

Wiltshire Council are conducting a survey to find out more about what people in Black and Minority Ethnic (BAME) communities think about dementia and the services that are available.

Dementia affects everyone and we need to find out the best way to support people with dementia and their families and friends that look after them.

The details from this completed survey will be used in a report that will be a public document. We may use any comments that you provide, but your name will not be shared with anyone and will remain as confidential information.

Please let us know if you would like help filling in this form.

Thank you for your help.

**Q1. Please tell us about yourself**

Your name …………………………………………..………………………………………...

Your age …………………………………………………………..…………………………..

Your ethnic background …………………………………………..…………………………

The town you live in …………………………………………………………..……………...

Any community or faith groups that you belong to ………………………..………………

……………………………………………………………………………...…………………..

**Q2. In the space below, please write what you think dementia is.**

What are the symptoms of dementia? Is it related to memory loss? Is it a normal part of ageing? Are there different types of dementia?

**Q3 – How do you think you might react if you started to experience memory problems in the future? Tick all that apply**

Try to ignore it – it is a normal part of growing older …………………………………

Try to ignore it – there is no treatment that can help …………………………………

Keep my fears to myself …………………………………………………………………

Discuss with family and/or trusted friends ……………………………………………..

Take my concerns to my GP and take his/her advice ………………………………..

Take my concerns to my GP and insist on a referral to specialist memory services

Seek information online and from books …………………………………………..…..

Talk to a specialist agency e.g. Alzheimer’s Support …………………………………

Talk to people I know in my community e.g. community group or church …….……

Don’t know ………………………………………………………………………………...

Other ….……………………………………………………………………………………

**If other, please give details**

**Why would you decide on that action?**

**Q4. How would you respond if a close friend or family member started to show signs of memory loss? Tick all that apply**

Do nothing – it’s none of my business …………………………………….………..……

Talk to them about your concerns …………………………………………………..……

Talk to their family or close friends about your concerns ………………………………

Seek information online or from books on how to support them ………………………

Talk to a specialist agency e.g. Alzheimer’s Support …………………………………..

Talk to people I know in my community e.g. community group or church ….………

Don’t know – it would depend on circumstances ……………………………………….

Other ….…………………………………………………………………………………….

**If other, please give details**

**Q5. Have you had concerns in the past about someone you know? What did you do?**

If not, do you know of someone in your community or family who has had concerns in the past? What did they do?

**Q6. Did you know that these services are available to support people with dementia? Please circle the most appropriate answer.**

Advice, information and support…………………...…… YES / NO / DON’T KNOW

Dementia Adviser Service ……………………….………YES / NO / DON’T KNOW

Memory cafes …………………………………….……… YES / NO / DON’T KNOW

Singing for the Brain ……………...………………...…… YES / NO / DON’T KNOW

Day services ……………………………………………….YES / NO / DON’T KNOW

Care and support in the home ……………………..……YES / NO / DON’T KNOW

Breaks for people who are looking after someone …... YES / NO / DON’T KNOW

Emotional support for carers …………………………… YES / NO / DON’T KNOW

Advocacy …………………………………………………. YES / NO / DON’T KNOW

Practical equipment ………………………………………YES / NO / DON’T KNOW

**Please list any other services you are aware of, or any comments you have**:

**Q7a.Have you had any experiences of the services in Question 6? Please circle as appropriate.**

YES / NO / DON’T KNOW

**Q7b.If you circled YES in Question 7a, was the experience good?**

**Q7c.If you circled YES in Question 7a, did the service meet your needs?**

**Q7d.If you circled YES in Question 7a, could anything in that service, or services, be improved upon?**

**Q7e.If you circled NO in Question 7a, do you think the services listed in Question 6 would meet your needs if you needed them? If not, why not?**

**Q8. Do you think there are any ways in which we as a community can improve the quality of life for someone with a diagnosis of dementia?**

**Q9. Does your community offer support to people with dementia and their families? If yes, what type of support?**

**Q10. Please use this space to make any other comments e.g. about your experience of dementia, or the services available.**

Thank you for completing this survey.

Please return to [**louise.sheppard@wiltshire.gov.uk**](mailto:louise.sheppard@wiltshire.gov.uk) or the address below for the attention of **Louise Sheppard, Public Health Department**.

If you have any questions about this survey and how the information collected will be used, please contact **Louise Sheppard**: [**louise.sheppard@wiltshire.gov.uk**](mailto:louise.sheppard@wiltshire.gov.uk)

If you are worried that you or someone you know may have dementia or some of the symptoms described in this leaflet, it is important that you talk to your GP as soon as possible.

If you would like more information about the services available to support people with dementia and their family and friends, please contact the Dementia Adviser Service:

North and south Wiltshire

Telephone: 01722 326236

Email: salisbury@alzheimers.org.uk

West and east Wiltshire

Telephone: 01225 776481

Email: office@alzheimerswiltshire.org.uk

Address:

Wiltshire Council

County Hall

Bythesea Road

Trowbridge

Wiltshire

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