

# EASTLEIGH SOUTHERN PARISHES OLDER PEOPLE'S FORUM

## Help in Emergencies

### CONFIDENTIAL QUESTIONNAIRE

Phone 02380 403311 if you require more copies or help in completing this questionnaire.  
Further information on this topic is available in the March Newsletter.

#### ABOUT YOU

Please answer ALL the questions and tick boxes where appropriate.

1. Are you male?  female?  transgender?
2. In which year were you born? 19 \_\_\_\_\_
3. Do you live alone? Yes  No
4. Do you live in? (Tick one only)  
Flat  Bungalow  Residential care  Other (specify) \_\_\_\_\_  
Extra care  Detached house  Semi-detached house   
Maisonnette  Sheltered housing
5. Is there a key safe outside on your property? Yes  No
6. Are you, or have you been, a named contact or key holder for someone? Yes  No
7. Where do you live? (Tick one only)  
Botley  Hamble  Netley/Hound   
Bursledon  Hedge End  West End   
Thornhill  Other (please specify) \_\_\_\_\_
8. Do you suffer from any impairments? (Tick all that apply)  
Sight  Balance  Loss of consciousness   
Hearing  Mobility  None of these   
Severe memory loss  Other impairments (specify) \_\_\_\_\_
9. How often have you needed help in an emergency? \_\_\_\_\_ times Never
10. If so, how did you get help? (Tick all that apply)  
Phoned  Shouted  Unable to get help   
Used personal alarm  Managed by myself  Other (specify) \_\_\_\_\_
11. Who provided help? (Tick one only)  
Nobody  Neighbour  Spouse/partner   
Family  Key holder  Other (specify) \_\_\_\_\_
12. Describe what happened on the most recent occasion.

**USING YOUR PHONE IN AN EMERGENCY**

13. Do you have a telephone landline (fixed line)? Yes  No

14. Which is your telephone provider? \_\_\_\_\_ Don't know   
(eg BT, Plusnet, Talk talk, EE, SKY, SSE, Post Office, Virgin media, Phone coop)

15. Have you ever had to report a fault? Yes  No

16. If yes, please describe your experiences of fault repair, time taken, etc.

17. Do you know that telephone providers have a duty to provide a Priority Service for Vulnerable Users? Yes  No

18. Are you on a list of registered vulnerable customers? Yes  No  Don't know

19. Do you have a mobile phone? Yes  No  Go to 24

20. If yes, is it a Smart phone? Yes  No  Don't know

21. How often do you use it? Frequently  Rarely  Never  In emergencies only

22. Does it have an emergency button (ICE)? Yes  No  Don't know

23. If not, are emergency numbers set up in Contacts? Yes  No  Don't know

24. Do you have a personal alarm (lifeline or panic alarm)? Yes  Go to 28 No

25. If no, please tell us why. Tick all that apply

- |   |   |  |
|---|---|--|
| Don't need one <input type="checkbox"/>   | Haven't got round to it <input type="checkbox"/>  | No willing key holders <input type="checkbox"/>      |
| Don't want one <input type="checkbox"/>   | Always carry my mobile <input type="checkbox"/>   | Key holders not trusted <input type="checkbox"/>     |
| Don't live alone <input type="checkbox"/> | Insufficient information <input type="checkbox"/> | Have a key holder neighbour <input type="checkbox"/> |
| Family nearby <input type="checkbox"/>    | Falls prevention course <input type="checkbox"/>  | Other _____ <input type="checkbox"/>                 |

26. Are you satisfied with your personal emergency arrangements? Yes  No

27. If no, why not?

**All the next questions are ONLY for those with personal alarms.**

Your experiences of using an alarm in an emergency as a member of the family, a key holder or contact are valuable to us. If you have something more to say, please complete the Application for Interview form and return it with the questionnaire.

Thank you for answering these questions.

**ABOUT YOUR PERSONAL ALARM**

28. How long have you had your personal alarm? \_\_\_\_\_ years.

29. Where is your emergency button? Pendant  Wrist  Waist

30. Do you have pull cords? Yes  No  If yes, in which rooms? \_\_\_\_\_

31. What type of alarm do you have? (eg attack alarm, lifeline) \_\_\_\_\_ Don't know

32. Why did you get a personal alarm? (Tick all that apply)

- |  |  |  |
|--|--|--|
| Family insisted <input type="checkbox"/> | In wheel-chair <input type="checkbox"/>    | Recommended by friend <input type="checkbox"/> |
| Living alone <input type="checkbox"/>    | Mobility problems <input type="checkbox"/> | Result of ESPOPF talk <input type="checkbox"/> |
| For security <input type="checkbox"/>    | Housebound <input type="checkbox"/>        | Other (specify) _____                          |

33. Who is your alarm provider (eg Saga, 1Community) \_\_\_\_\_ Don't know

34. How did you choose your provider?

35. How many named key holders (if any) do you have? \_\_\_\_\_

36. Who installed your alarm? Provider  Self-installed  Other \_\_\_\_\_

37. Were you given all the information (installation and usage) you needed? Yes  No

38. If no, what information did you need or not understand? \_\_\_\_\_

39. Were you told it may not work if there is a power cut or a landline fault? Yes  No

40. Were you told about features often added to some standard alarms? Yes  No

41. Which of the following features are you aware of? (Please tick all boxes which apply)

- |  |  |   |
|--|--|---|
| None of these <input type="checkbox"/> | Bed/chair occupancy <input type="checkbox"/>                                   | Smoke detector <input type="checkbox"/>   |
| Wrist band <input type="checkbox"/>    | Hypothermia alarm <input type="checkbox"/>                                     | Property exit <input type="checkbox"/>    |
| Waist band <input type="checkbox"/>    | Bogus call button <input type="checkbox"/>                                     | Pager solution <input type="checkbox"/>   |
| Attack alarm <input type="checkbox"/>  | Pull cord and buttons <input type="checkbox"/>                                 | Falls detector <input type="checkbox"/>   |
| Pillow alert <input type="checkbox"/>  | Medication dispenser <input type="checkbox"/>                                  | Flood detector <input type="checkbox"/>   |
| CO monitor <input type="checkbox"/>    | Epilepsy sensor <input type="checkbox"/>                                       | Inactivity alarm <input type="checkbox"/> |
| Heat detector <input type="checkbox"/> | Personal locator with GPS (Global Positioning System) <input type="checkbox"/> |   |

42. What is the rental? £.....per.....(week, month, quarter, year) Don't know

43. Does this include VAT? Yes  No  Don't know

**USING YOUR ALARM IN AN EMERGENCY**

44. How many times, if any, have you used your alarm in an emergency? ..... times.

45. If you have used your alarm, what happened? (eg, where? How? When? who came?)

46. Have you ever been in an emergency situation and failed to make contact with your alarm provider? Yes  No

47. If yes, please give reason(s) (Tick all that apply) Away from home   
Landline  Power cut  Alarm broken   
Pendant out of reach  Confused  Other (specify) \_\_\_\_\_

48. Please describe what happened.

49. Has your personal alarm made any difference to your life? Yes  No

50. If so, in what way?

51. Are you satisfied with your personal emergency arrangements? Yes  No

52. If no, why not?

**Thank you for completing this questionnaire.**

If you have something more to say and would like an interview, complete the attached Interview Request form and send it, with the questionnaire in the FREEPOST envelope. You will be contacted by one of the researchers for a confidential interview.

Contact phone: 02380 403311

Contact emails: [diane@andrewes.org](mailto:diane@andrewes.org)  
[david@andrewes.org](mailto:david@andrewes.org)

ESPOPF Researchers  
Orchard Hill  
Salterns Lane  
Bursledon  
SOUTHAMPTON SO31 8DH

