

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) _____
Detached house Semi-detached house
Maisonnette Sheltered housing
Extra care
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.

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