



Experiences of disabled North East London residents in the Covid-19 pandemic

Questionnaire- printable form





Thank you for agreeing to take part in our questionnaire!

This questionnaire has been created by the local North East London Healthwatch (Tower Hamlets, Hackney, City of London, Newham, Waltham Forest, Redbridge, Barking and Dagenham, and Havering) in partnership with the East London Health and Care Partnership (the eight councils and 12 NHS organisations in East London).

This questionnaire is for anybody with a physical or mental impairment that has a substantial and long-term effect on your ability to do normal daily activities; whether you think of yourself as disabled or not.

We want to understand disabled residents' experience of health and social care services during the Covid-19 pandemic to address any challenges they may be facing now and to plan future services. Your answers are strictly confidential; you will not be required to provide your name or identifiable personal data. The results of this questionnaire will be shared with community partners such as hospital trusts, local authorities and Clinical Commissioning Groups, in an entirely anonymised format from which respondents cannot be personally identified. We hope that this will reassure you that you can be as honest as you wish without fear of any consequences in terms of the services you receive.

We do, however, want to involve participants in developing the recommendations from the questionnaire and let you know what difference they make. At the end of the questionnaire we will ask you to provide your contact details. You do not have to submit them, and you can still take part if you choose not to do so. These details will never be shared outside of our organisation.

The questionnaire will take approximately 20 minutes to complete. As an appreciation of your time anyone who completes the questionnaire and leaves their details will go into the draw to win a £200 Amazon voucher or one of the three £100 vouchers.

If you would like an Easy Read copy of the questionnaire or would like help with completing the questionnaire please don't hesitate to contact us:

Telephone: 0800 145 5343

Email: info@healthwatchtowerhamlets.co.uk





1. Which borough do you live in?

- ☐ Barking and Dagenham
 ☐ City of London
 ☐ Hackney
 ☐ Havering
☐ Newham
 ☐ Redbridge
 ☐ Tower Hamlets
 ☐ Waltham Forest

End questionnaire if none of these

2A. Do you consider yourself disabled/someone who has an impairment?

- ☐ Yes
 ☐ No

2B. Do you have any of the below?

Please check all that applies

- ☐ Mobility issues (including wheelchair and scooter users)
☐ Upper limb or back problems or repetitive strain injury
☐ Chronic pain affecting your day to day life
☐ Other physical disability or impairment
☐ Motor or coordination disorder, including severe dyspraxia
☐ Autism Spectrum Disorder (including Asperger Syndrome)
☐ Autism Spectrum Disorder (including Asperger Syndrome)
☐ Blind or partially sighted
☐ Deaf or hard of hearing
☐ A severe long-term condition
 (eg multiple sclerosis, parkinson's, ME/CFS, cancer, HIV, epilepsy)
☐ A long term condition that makes me extremely vulnerable to Covid-19
 (eg severe asthma, heart or lung disease)
☐ Mental health issues affecting your day to day life
☐ Any other disabilities, including unseen ones; any other
 impairments or long-term conditions.

Please specify

- ☐ None of these

End questionnaire if "No" to 2A AND "None of these" to 2B



2C. In no more than two sentences, please tell us a bit about the nature of your disability, impairment or long-term condition; how it impacts your daily life and how you manage it.

2D. Which of the following describes your situation?

- ☐ I rarely or never leave my home; this is because I am shielding since the start of the pandemic.
- ☐ I rarely or never leave my home; this is because of my disability or long-term conditions and I would still be in a similar situation without the pandemic.
- ☐ I am able to leave my home on a reasonably regular basis.

2E. Do you receive any help with personal care, such as washing and dressing yourself?

☐ Yes ☐ No

2E1. If yes, from whom?

Please check all that applies

- ☐ My partner ☐ My children aged under 18 ☐ My adult children
- ☐ Other family members ☐ Friends/ neighbours
- ☐ Professional carers or assistants



Staying informed in the Covid-19 pandemic

3A. Where have you usually received information about your health and social care during the COVID-19 pandemic?

Please check all that applies

- ☐ TV
 ☐ Radio
 ☐ Newspapers
 ☐ NHS website
 ☐ Government website
 ☐ Charity website
 ☐ Other website
 ☐ Social media
 ☐ Official letter from the Government or NHS
 ☐ Official SMS from the Government or NHS
 ☐ Friends and family
 ☐ Health professionals you see regularly (such as your GP or district nurse)
 ☐ Social care professionals you see regularly (such as your carer or social worker)
 ☐ Other _____

3B. Have you received any information about....

YES
and it was easy to
access/ understand

YES
but it was difficult to
access/ understand

NO

**Not
sure**

Staying healthy and safe
in the Covid-19 pandemic

☐
☐
☐
☐

Changes to health services
in the Covid-19 pandemic

☐
☐
☐
☐

Changes to social care
in the Covid-19 pandemic

☐
☐
☐
☐

Shielding if you are
extremely vulnerable

☐
☐
☐
☐

Self-isolating if you have
been exposed to Covid-19

☐
☐
☐
☐

Social distancing

☐
☐
☐
☐

Mask wearing

☐
☐
☐
☐

Getting tested for Covid19

☐
☐
☐
☐

NHS Test and Trace

☐
☐
☐
☐

The Covid-19 vaccine

☐
☐
☐
☐



3B1. If you found information about any of the above difficult to access or understand, what issues did you encounter?

Please check all that applies

- ☐ Text is too small ☐ No BSL interpreter ☐ No subtitles ☐ No Braille
- ☐ Format is incompatible with my accessibility software ☐ Language is too complicated
- ☐ Don't understand English/ no info in a language I can speak
- ☐ The person giving information spoke too fast ☐ Website is too complicated
- ☐ Not enough information ☐ Too much information ☐ Something else....?

3C. Do you have any suggestions on how to make these messages more accessible for you?

If you have any examples of public interest communications (Covid-related or not) that have been useful for please tell us what they were.



Experience of the Covid-19 pandemic

4. Please describe how you think COVID-19 has impacted on your daily life. Eg, your routine and your mental wellbeing.

Is there anything in particular, that you have stopped doing in your normal daily or weekly routine because of the pandemic? If yes, what was it and why?

5. When you are offered the Covid-19 vaccine, will you have it?

- ☐ Yes, I would ☐ Yes, I already had at least one dose ➡ GO TO QUESTION 5B
☐ No, I would not ➡ GO TO QUESTION 5A
☐ Not sure, haven't decided yet ➡ GO TO QUESTION 5B

5A. Why is it that you would not have the vaccine?
What are your concerns about it?

➡ After 5A, skip to Question 6- "EXPERIENCE OF COVID-19"



The Covid-19 vaccine

5B. How would you prefer to receive information about the vaccine and about how to obtain it?

- ☐ Phone
 ☐ Email
 ☐ Letter
 ☐ Text message
 ☐ Video call
 ☐ Face to face
 ☐ Other _____

5C. Who would you like to receive this information from?

e.g. your GP, an official Government communication, a trusted person in your community.

5D. How can we make sure that information about the Covid-19 vaccine is accessible and easy to understand for people with your impairment?

5E. How can we make sure that Covid-19 vaccination sites are accessible for people with your impairment?

5F. Do you have any other concerns or comments about the Covid-19 vaccine?

Including any concerns about the vaccine itself, its distribution, access to it and communication about it.



Experience of Covid-19

6. Have you had Covid-19?

- ☐ Yes, I had a positive test and went to hospital.
- ☐ Yes, I had a positive test but did not need hospitalisation/ I stayed at home.
- ☐ Possibly, I had Covid-19 symptoms but I was not tested.
- ☐ No, I never experienced Covid-19 symptoms → [GO TO QUESTION 7 - GP SURGERY](#)

6A. If you had or may have had Covid-19, please tell us about your experience getting medical care and/or advice for it.

Including from the NHS 111 advice line, your GP, hospital etc.



Your GP surgery

7. Have you seen your GP or contacted your GP surgery since the start of the pandemic?

☐ Yes

☐ No → GO TO QUESTION 8 - HOSPITAL SPECIALISTS AND OUTPATIENTS

7A. Since the beginning of the COVID-19 pandemic, getting the care you have needed from your GP surgery has been...

☐ Much easier ☐ Somewhat easier ☐ About the same

☐ Somewhat harder ☐ Much harder ☐ Don't know

7B. Why do you feel this way? What changes, positive and negative, have you noticed in your GP surgery?

- Would you like to see any of these changes kept after the end of the pandemic?
- How can we make sure that GP services work for you?

7C. Since the start of the COVID-19 pandemic, have you done any of the following?

Please check all that applies.

- ☐ Filed an e-consult form online to receive a telephone call from a GP or practice nurse.
- ☐ Had an online consultation with a GP or practice nurse (via web chat, email or video call).
- ☐ Had a telephone consultation with a GP or practice nurse.
- ☐ Booked online an appointment with a GP or practice nurse.
- ☐ Ordered a repeat prescription online.
- ☐ Used any other online service with your GP surgery

Please specify

7D. What is your GP surgery? *Leave blank if you prefer not to say*



Hospital specialists and outpatients

8. Do you regularly see any hospital-based health professionals, such as consultants, physiotherapists, specialist nurses?

☐ Yes

☐ No → *GO TO QUESTION 9 - MENTAL HEALTH*

8A. Which health professionals do you see and how often?

If you are comfortable disclosing it, please also mention which hospital they are based at.

8B. Since the beginning of the COVID-19 pandemic, getting the care you have needed from hospital-based services has been...

☐ Much easier ☐ Somewhat easier ☐ About the same

☐ Somewhat harder ☐ Much harder ☐ Don't know

8C. Why do you feel this way? What changes, positive and negative, have you noticed in the service?

- *Would you like to see any of these changes kept after the end of the pandemic?*
- *How can we make sure that hospital services work for you?*



8D. Since the start of the COVID-19 pandemic, have you done any of the following?

Please check all that applies.

- ☐ Had an online consultation with my consultant or other hospital-based professional (via web chat, email or video call).
- ☐ Had a telephone consultation with my consultant or other hospital-based professional
- ☐ Booked online an appointment with my consultant or other hospital-based professional
- ☐ Used any other online service with the hospital

Please specify

8E. Were any of your regular appointments or treatment sessions cancelled or delayed because of COVID-19?

- ☐ Yes ☐ No ☐ Can't remember

8F. If your appointments or treatment sessions were cancelled or delayed, did this affect your health and wellbeing?

- ☐ Yes, a great deal ☐ Yes, a little ☐ No, not at all ☐ Not sure/ can't remember
- ☐ Not applicable/ I did not experience delays or cancellations

8G. If your appointments or treatment sessions were cancelled or delayed, did you receive any alternative treatments or advice on how to manage your health in the meantime?

- ☐ Yes, and I found it useful. ☐ Yes, but I did not find it useful.
- ☐ No, I did not. ☐ Not sure/ can't remember.
- ☐ Not applicable/ I did not experience delays or cancellations.



Mental health

9. Since the start of the pandemic, did you see any mental health professionals such as psychotherapists, psychiatrists or mental health nurses??

☐ Yes, I did

☐ No, but I received mental health treatment and/or advice from my GP

➔ GO TO QUESTION 10 - COMMUNITY HEALTH PROFESSIONALS

☐ No; I believe I need mental health services but I was unable to access them

➔ GO TO QUESTION 10 - COMMUNITY HEALTH PROFESSIONALS

☐ No; and I don't think I need mental health services.

➔ GO TO QUESTION 10 - COMMUNITY HEALTH PROFESSIONALS

9A. Which mental health professionals do you see and how often?

9B. The mental health professionals you see are from...

Please check all that applies.

☐ An NHS hospital ☐ An NHS community mental health team (CMHT)

☐ An NHS psychotherapy/ counselling service

☐ A school or university psychotherapy/ counselling service

☐ My GP ☐ A private practice or health service

☐ Other *Please specify*

9C. Since the beginning of the COVID-19 pandemic, getting the care you have needed for your mental health has been...

☐ Much easier ☐ Somewhat easier ☐ About the same

☐ Somewhat harder ☐ Much harder ☐ Don't know



9D. Why do you feel this way? What changes, positive and negative, have you noticed in the service?

- *Would you like to see any of these changes kept after the end of the pandemic?*
- *How can we make sure that mental health services work for you?*

9E. Since the start of the COVID-19 pandemic, have you done any of the following? *Please check all that applies.*

- ☐ Had a psychotherapy session online (via web chat or video call).
- ☐ Had a psychotherapy session over the phone.
- ☐ Had an online consultation with a psychiatrist or mental health nurse (via web chat, email or video call)
- ☐ Had a telephone consultation with a psychiatrist or mental health nurse
- ☐ Booked online an appointment with a mental health professional
- ☐ Used an app or website for my mental health or wellbeing
- ☐ Used any other online service for my mental health

Please specify

9F. Were any of your regular appointments or treatment sessions cancelled or delayed because of COVID-19?

- ☐ Yes ☐ No ☐ Can't remember

9G. If your appointments or treatment sessions were cancelled or delayed, did this affect your health and wellbeing?

- ☐ Yes, a great deal ☐ Yes, a little ☐ No, not at all ☐ Not sure/ can't remember
- ☐ Not applicable/ I did not experience delays or cancellations

9H. If your appointments or treatment sessions were cancelled or delayed, did you receive any alternative treatments or advice on how to manage your health in the meantime?

- ☐ Yes, and I found it useful. ☐ Yes, but I did not find it useful.
- ☐ No, I did not. ☐ Not sure/ can't remember.
- ☐ Not applicable/ I did not experience delays or cancellations.



Community health services

10. Do you regularly see community health professionals?
e.g. district nurses, chiropodists, occupational therapists etc.

☐ Yes

☐ No → GO TO QUESTION 11 - CARE AT HOME

10A. Which community health professionals do you see and how often?
e.g. district nurses, chiropodists, occupational therapists

10B. Since the beginning of the COVID-19 pandemic, getting the care you have needed from community health professionals has been...

☐ Much easier ☐ Somewhat easier ☐ About the same

☐ Somewhat harder ☐ Much harder ☐ Don't know

10C. Why do you feel this way? What changes, positive and negative, have you noticed in the service?

- *Would you like to see any of these changes kept after the end of the pandemic?*
- *How can we make sure that community health services work for you?*



10D. If these professionals visit your home, how safe do you feel with this during the COVID-19 pandemic?

- ☐ Very safe ☐ Quite safe ☐ Not very safe ☐ Not at all safe
- ☐ N/a, I don't receive healthcare at home

10E. Were the professionals visiting your home provided with adequate PPE during the pandemic?

- ☐ Yes, as soon as the pandemic started
- ☐ Yes, but only after some time
- ☐ No, they were not
- ☐ N/a, I don't receive healthcare at home

10F. Were any of your regular appointments or treatment sessions cancelled or delayed because of COVID-19?

- ☐ Yes ☐ No ☐ Can't remember

10G. If your appointments or treatment sessions were cancelled or delayed, did this affect your health and wellbeing?

- ☐ Yes, a great deal ☐ Yes, a little ☐ No, not at all ☐ Not sure/ can't remember
- ☐ Not applicable/ I did not experience delays or cancellations

10H. If your appointments or treatment sessions were cancelled or delayed, did you receive any alternative treatments or advice on how to manage your health in the meantime?

- ☐ Yes, and I found it useful. ☐ Yes, but I did not find it useful.
- ☐ No, I did not. ☐ Not sure/ can't remember.
- ☐ Not applicable/ I did not experience delays or cancellations.



Domiciliary care

11. Do you regularly receive visits from professional carers or personal assistants at home?

☐ Yes

☐ No → GO TO QUESTION 12 - DAY CENTRE

11A. How often do you receive care or help from professional/paid carers in your own home?

11B. What kind of things do carers help you with?

e.g. dressing, washing myself, cleaning, cooking

11C. Since the beginning of the COVID-19 pandemic, getting the care you have needed from your carers has been...

☐ Much easier ☐ Somewhat easier ☐ About the same

☐ Somewhat harder ☐ Much harder ☐ Don't know

11D. Why do you feel this way? What changes, positive and negative, have you noticed in the service?

- *Would you like to see any of these changes kept after the end of the pandemic?*
- *How can we make sure that domiciliary care services work for you?*



11E. How safe do you feel with carers coming into your home during the COVID-19 pandemic?

☐ Very safe ☐ Quite safe ☐ Not very safe ☐ Not at all safe

11F. Were carers visiting your home provided with adequate PPE during the pandemic?

- ☐ Yes, as soon as the pandemic started
☐ Yes, but only after some time
☐ No, they were not
☐ N/a, I don't receive healthcare at home

11G. Were any of your care appointments cancelled or delayed because of COVID-19?

☐ Yes ☐ No ☐ Can't remember

11H. If your appointments or treatment sessions were cancelled or delayed, did this affect your health and wellbeing?

☐ Yes, a great deal ☐ Yes, a little ☐ No, not at all ☐ Not sure/ can't remember
☐ Not applicable/ I did not experience delays or cancellations

11I. If your appointments or treatment sessions were cancelled or delayed, did you receive any alternative treatments or advice on how to manage your health in the meantime?

☐ Yes, and I found it useful. ☐ Yes, but I did not find it useful.
☐ No, I did not. ☐ Not sure/ can't remember.
☐ Not applicable/ I did not experience delays or cancellations.

Day centre

12. Do you attend a day centre?

- ☐ Yes, and it is still open during the pandemic
 - ➔ GO TO QUESTION 12.1 - DAY CENTRE CURRENTLY OPEN
- ☐ I used to, but it's currently closed
 - ➔ GO TO QUESTION 12.2 - DAY CENTRE CURRENTLY CLOSED
- ☐ No, I do not
 - ➔ GO TO QUESTION 13- TECHNOLOGY AND ADAPTATIONS





Day centre currently open

12.1A Since the beginning of the COVID-19 pandemic, attending your day centre has been...

- ☐ Much easier
 ☐ Somewhat easier
 ☐ About the same
☐ Somewhat harder
 ☐ Much harder
 ☐ Don't know

12.1B Why do you feel this way? What changes, positive and negative, have you noticed in your day centre?

- *Would you like to see any of these changes kept after the end of the pandemic?*
- *How can we make sure that your day centre works for you?*

12.1C Is your day centre doing activities online nowadays?

- ☐ Yes, and I take part
☐ Yes, but I do not take part
☐ No
☐ Not sure

12.1D How safe do you feel attending your day centre during the COVID-19 pandemic?

- ☐ Very safe
 ☐ Somewhat safe
 ☐ Not very safe
 ☐ Not at all safe



AFTER THIS SECTION GO TO QUESTION 13- TECHNOLOGY AND ADAPTATIONS



Day centre currently closed

12.2A For how long has your day centre been closed?

12.2B Were you informed about the day centre's closure?

☐ Definitely ☐ To some extent ☐ Not at all

12.2C Is your day centre doing activities online nowadays instead?

- ☐ Yes, and I take part
- ☐ Yes, but I do not take part
- ☐ No
- ☐ Not sure

12.2D Did the closure of your day centre affect your health and wellbeing?

☐ Yes, a great deal ☐ Yes, a little ☐ No, not at all ☐ Not sure/ can't remember

12.2E If you feel like the closure of your day centre affected you- in what way was that?

12.2F Did you receive any advice or support on how to manage while the day centre was closed?

☐ Yes, and I found it useful. ☐

☐ No, I did not. ☐ Not sure/ can't remember.

12.2G Did you receive any extra care or other forms of respite during the closure of your day centre?

☐ Yes, and I found it useful. ☐ Yes, but I did not find it useful.

☐ No, I did not. ☐ Not sure/ can't remember.



Technology and adaptations

13 Are there any devices, technologies or adaptations that you use to manage your disabilities in your daily life? If yes, what are they?

e.g wheelchair, walking stick, bathroom rails, hearing aid, Braille display, screen reader app

13A Has the Covid-19 pandemic impacted your ability to obtain, access or use any of the devices, technologies or adaptations you need? If yes, in which way?



About you

This helps us to make sure that we are hearing the views of a wide range of disabled people so that services can be designed to meet their needs. It is completely anonymous.

14. What gender do you identify as?

☐ Male ☐ Female ☐ Other _____

15. What ethnicity do you identify as?

White:

- ☐ British ☐ English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐ Irish Traveler
☐ Roma ☐ Polish ☐ Turkish/ Turkish Cypriot ☐ Greek/ Greek Cypriot ☐ Romanian
☐ Bulgarian ☐ Italian ☐ Kurdish ☐ Other Eastern European ☐ Other Western European
☐ European- mixed or other ☐ North American ☐ Australian or New Zealander ☐ Other

Asian:

- ☐ Bangladeshi ☐ Indian ☐ Pakistani ☐ Chinese ☐ Vietnamese ☐ Nepali
☐ Sri Lankan Tamil ☐ Sri Lankan Sinhalese ☐ Sri Lankan Other ☐ Japanese
☐ Korean ☐ Malay ☐ Thai ☐ Other

Black:

- ☐ British ☐ Angolan ☐ Caribbean ☐ Congolese ☐ Ghanaian ☐ Nigerian
☐ Sierra Leonean ☐ Somali ☐ Sudanese ☐ Other

Mixed:

- ☐ White and Black African ☐ White and Caribbean ☐ White and Asian ☐ Other

Other:

- ☐ Afghan ☐ Lebanese ☐ Moroccan ☐ Egyptian ☐ Libyan ☐ Iraqi ☐ Yemeni
☐ Arab- other than above ☐ Filipino ☐ Iranian ☐ Kurdish ☐ Latin American
☐ Polynesian ☐ Jewish ☐ Charedi Jewish ☐ Other ethnicity



16. How old are you?

- ☐ Under 18 ☐ 18 to 24 ☐ 25 to 49 ☐ 50 to 64 ☐ 65+

17. At the moment, are you...

- ☐ Working full time ☐ Working part time ☐ Unemployed and looking for jobs
☐ Unemployed and unable to work because of my disability/ long term condition
☐ Retired ☐ Stay at home parent ☐ Carer to another adult
☐ Volunteering/ doing unpaid work ☐ Student

18. Do you share a household with any of the following?

- ☐ Partner ☐ Children under 18 ☐ Adult children ☐ Other family members
☐ Friends/ housemates ☐ Friends/ housemates ☐ Professional carers
☐ No one, I live alone

19. Which of the following devices do you have access to at home?

- ☐ Desktop computer ☐ Laptop ☐ Tablet ☐ Smartphone
☐ Other devices _____ ☐ None of these

20. Do you have access to...?

- ☐ Wi-fi at home ☐ Internet on your phone ☐ None of these

21. How confident do you feel using a device such as a computer, tablet or smartphone to access online services?

- ☐ Very confident ☐ Somewhat confident ☐ Not very confident ☐ Not at all confident



Thank you for taking part in this questionnaire!

22. Do you have any other comments about your health and social care during the last nine months since the pandemic started?



Keep in touch?

Would you like to take part in future research?

This could mean taking part in an in-depth interview or focus group

☐ Yes ☐ No

Would you agree to be asked follow-up questions as part of future research?

For example, about long Covid or about your specific type of impairment

☐ Yes ☐ No

Would you like to take part in our raffle?

☐ Yes ☐ No

Would you like to be informed about the results of this survey and have the opportunity to be involved in developing the recommendations and designing future local services?

☐ Yes ☐ No

If yes to any of the above, please leave us your contact details.

These will be strictly confidential. They will not be used for any other purpose than the raffle and/or inviting you to take part in future research. They will never be passed on to any third party outside of Healthwatch. Unless you have opted in to being asked follow-up questions, your contact details will be stored separately from your survey answers.

You can fill in the questionnaire without giving us your contact details, but you will not be able to take part in our raffle or in future research. If you do not wish to give your contact details, please leave these fields blank.

Your name

Your phone number

Your email address