

## - 1 -Health Overview Scrutiny Committee Carer Review – Questionnaire 1 CARERS **Carer Information and Awareness Raising**

Please tick the relevant boxes about yourself

Please tick th	e reievant	boxes	about	y
Ago and gone	lor:			

Age and gender.	10 25	Female				
Under 18 26 - 65	18 – 25 Over 65	Male				
40 <b>-</b> 00	Over 65	IVIAIE				
I am a carer	I am a forme	r carer				
Relationship to cared	for person (eg par	tner, son, neig	ghbour etc)			
About the person/peop	ple I care for:					
Child	Adult with phy disability		Adult with learr disability			
Adult with mental ill-health	Older person		Older person will-health	vith mental		
Other (please give details						
2 Have social care as a carer and do	•	•		_	•	rol
	•	•		_	•	rol
	•	•		_	•	rol
	•	•		_	•	rol

Annex A

4 What information do carers need?						
5 Have you managed to get this information?						
6 If so, how and where did you get it?						
Any other comments:						
Many thanks for taking time to complete this form. Please return to address	below.					

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