

SEND questionnaire for 16–25 year olds

1. How old are you?

- 16–18 years 19–25 years

2. What school or college do you go to?

3. Do you have an EHC plan or a statement?

- EHC plan Statement

4. Were you involved in putting together your EHC plan or statement?

- Yes No

5. Do you feel that you were listened to when your EHC plan or statement was made?

Please tick one face



6. What are your main concerns as you become an adult?

Please tick one box on each row

	Low concern		OK	High concern	
Finding work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting your own home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making your own decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a good social life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making sure I stay healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - please say what it is

7. Do you feel that your EHC plan or statement helps with these concerns?

Please tick one face



8. Do you feel you need any extra help or support?

Yes

No

If 'yes' please say what you need

10. Who would you go to if you needed any extra help or support?

Please tick all the boxes that apply

Social worker

Connexions advisor

GP (doctor)

Parents

Youth worker

Friend

Other - please tell us who

11. How satisfied are you with the support you receive from your...

Please tick one face from each section

GP



Hospital care



Social services



13. Is there anything else you would like to tell us?

Would you like to share more?

Healthwatch Newcastle can call you for a short phone conversation to hear more about the issues you face. If this is of interest to you please leave your contact details below and what time of day is best for a call.

Prize draw

Everyone who completes this survey can be entered into a prize draw to win a £50 Intu shopping voucher. The winner will be announced shortly after 15 November 2016. If you would like to take part please provide your full name and email address or phone number.

Join our mailing list

If you would like to be added to our mailing list and keep up-to-date with our work please provide your email or postal address.

Thank you for completing this survey

Healthwatch Newcastle monitoring form

We would appreciate it if you could spare a minute to share some information with us. All the information you provide is confidential and will be used to better target our activities.

You do not have to complete this form if you do not wish to do so.

What is the first part of your postcode, for example, NE4	
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Gender	<input checked="" type="checkbox"/>
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Transgender	<input type="checkbox"/>

Which of the following options best describes how you think of yourself?	<input checked="" type="checkbox"/>
Heterosexual - straight	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Gay man	<input type="checkbox"/>
Gay woman - lesbian	<input type="checkbox"/>
Other	<input type="checkbox"/>

What is your ethnicity?			
White	<input checked="" type="checkbox"/>	Asian or Asian British	<input checked="" type="checkbox"/>
British	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
		Any other Asian background	<input type="checkbox"/>
Mixed	<input checked="" type="checkbox"/>	Black or Black British	<input checked="" type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>		

Other ethnic groups	<input checked="" type="checkbox"/>
Arab	<input type="checkbox"/>
Any other ethnic group (please say)	

How we will use your information

Your individual data is confidential and will not be shared. The collated data will be used for trend analysis only.

Healthwatch Newcastle is supported by Newcastle CVS and Involve North East.

The information you have given on this form will be held on a database managed by Newcastle CVS and Involve North East and will be used by Healthwatch Newcastle for contact, volunteer recruitment and administrative purposes related to the work of Healthwatch Newcastle.