

Tell us about your experiences of health and social care during the pandemic

Healthwatch Cornwall is an independent, publicly-funded organisation. We have statutory duties and a remit to ensure health and social care services in Cornwall are the best they can be for people, now and in the future.

Health and social care services have had to drastically change the support they offer the public in response to the Covid-19/coronavirus pandemic. Healthwatch Cornwall would like to know how these changes are working for you and for those you care for or support.

Thank you for taking the time to complete this survey, it will only require 10-15 minutes of your time and the information gathered will help to highlight and address any concerns or gaps with your wellbeing. We will be sharing the results with Public Health Cornwall, NHS Kernow, Healthwatch England and other local health and social care providers.

To complete the survey please agree to Healthwatch Cornwall storing, sharing and destroying your information in line with General Data Protection Regulations. All your answers will be anonymised. This means that anything that might identify you in any comments you make will be removed before sharing or publishing.

1. I agree to Healthwatch Cornwall sharing anonymised data with Public Health Cornwall, NHS Kernow and Healthwatch England.

Yes

2. I agree to Healthwatch Cornwall summarising and publishing the results to help improve existing health and social care services.

Yes

To view Healthwatch Cornwall's privacy policy visit: <https://www.healthwatchcornwall.co.uk/privacy>

3. How did you hear about this survey?

- Facebook
- Twitter
- Instagram
- West Briton Paper
- Poster
- Newsletter
- Other (please specify)

Tell us about you

We would like to ask people from all across Cornwall for their views.

4. Please tell us the first half of your postcode

5. Please tell us your age

6. Please tell us your gender

7. If 'other' gender, please specify here

8. Do you consider yourself to be a carer, have a disability or a long term health condition? (Please select all that apply):

- Yes, I consider myself to be a carer
- Yes, I consider myself to have a disability
- Yes, I consider myself to have a long term condition
- None of the above
- I'd prefer not to say

Tell us about you

9. Do you consider yourself to be at a higher risk from COVID-19/coronavirus?

Yes

No

Tell us about you

10. Please tell us why you consider yourself to be at a higher risk (tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I'm aged 70 or over | <input type="checkbox"/> I have a lung condition (such as asthma, COPD, cystic fibrosis) |
| <input type="checkbox"/> I'm pregnant | <input type="checkbox"/> I have liver disease |
| <input type="checkbox"/> I have cancer | <input type="checkbox"/> I have kidney disease |
| <input type="checkbox"/> I have diabetes | <input type="checkbox"/> I have a nerve or brain condition (such as Parkinson's disease, motor neurone disease, multiple sclerosis) |
| <input type="checkbox"/> I have heart disease | |
| <input type="checkbox"/> Another reason (please specify) | |

11. Have you received a letter or text advising you to shield yourself?

- Yes
- No

Tell us if you care for or support someone

12. Do you care for or support someone, or more than one person, who is considered to be at a higher risk from COVID-19/coronavirus?

Yes

No

Tell us if you care for or support someone

13. Please tell us why they consider themselves to be at a higher risk (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> They're aged 70 or over | <input type="checkbox"/> They have a lung condition (such as asthma, COPD, cystic fibrosis) |
| <input type="checkbox"/> They're pregnant | <input type="checkbox"/> They have liver disease |
| <input type="checkbox"/> They have cancer | <input type="checkbox"/> They have kidney disease |
| <input type="checkbox"/> They have diabetes | <input type="checkbox"/> They have a nerve or brain condition (such as Parkinson's disease, motor neurone disease, multiple sclerosis) |
| <input type="checkbox"/> They have heart disease | |
| <input type="checkbox"/> Another reason (please specify) | |

14. Have they received a letter or text advising them to shield themselves?

- Yes
- No
- Don't know

Information and Advice

15. How easy have you found it to ***find*** information you need about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?

Very easy	Easy	Neither easy nor difficult	Difficult	Very difficult	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there any other information you would like to share with us about this?

16. How easy have you found it to ***understand*** information about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?

Very easy	Easy	Neither easy nor difficult	Difficult	Very difficult	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there any other information you would like to share with us about this?

17. How easy have you found it to ***act on*** information about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?

Very easy	Easy	Neither easy nor difficult	Difficult	Very difficult	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there any other information you would like to share with us about this?

18. How easy have you found it to ***keep up to date*** with the changes to information about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?

Very easy	Easy	Neither easy nor difficult	Difficult	Very difficult	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there any other information you would like to share with us about this?

Information and Advice

19. Please tell us which topics, if any, you have found it difficult to get clear information or advice about

Information and Advice

20. Have you found any local sources of information or support helpful? Please only answer for sources you have used. If you haven't used any local sources, please move on to the next question

	Found helpful	Not helpful
Cornwall Council Covid-19 guidance	<input type="radio"/>	<input type="radio"/>
Cornwall Rural Community Charity (CRCC)	<input type="radio"/>	<input type="radio"/>
Cornwall Link	<input type="radio"/>	<input type="radio"/>
Citizens Advice	<input type="radio"/>	<input type="radio"/>
Healthy Cornwall	<input type="radio"/>	<input type="radio"/>
Cornwall Partnership NHS Foundation Trust	<input type="radio"/>	<input type="radio"/>
Local GP [please specify below]	<input type="radio"/>	<input type="radio"/>
NHS 111	<input type="radio"/>	<input type="radio"/>
NHS 24/7 Mental Health Support Line	<input type="radio"/>	<input type="radio"/>
Outlook South West	<input type="radio"/>	<input type="radio"/>
Pentreath	<input type="radio"/>	<input type="radio"/>
Samaritans	<input type="radio"/>	<input type="radio"/>
Valued Lives	<input type="radio"/>	<input type="radio"/>
Volunteer Cornwall	<input type="radio"/>	<input type="radio"/>
We Are With You (formerly Addaction)	<input type="radio"/>	<input type="radio"/>
Other [please specify below]	<input type="radio"/>	<input type="radio"/>

Please tell us why you found a service helpful or unhelpful and include the name of the service

Healthcare

21. Have you, or has the person you care for, experienced any changes to your/their healthcare due to the COVID-19/coronavirus pandemic? (e.g. delays to appointments and referrals or changes in procedures, such as video or telephone appointments)

- Yes
- No
- I/they haven't needed any healthcare services

Healthcare

22. Please tell us the type of service (tick all that apply)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> GP | <input type="checkbox"/> Pentreath |
| <input type="checkbox"/> Hospital Appointments | <input type="checkbox"/> Valued Lives |
| <input type="checkbox"/> Community Nursing Team | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Community Mental Health Team | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Outlook Southwest | <input type="checkbox"/> Other |

Please tell us the details, such as the name of the GP surgery, hospital service or pharmacy (leave blank if you'd prefer not to say)

23. Have changes included the use of video or telephone calls to replace face to face appointments? (tick all that apply)

- Yes – telephone calls
- Yes – video calls
- No

24. How would you rate the communication received about the changes?

Very poor	Poor	Fair	Good	Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Please tell us more about your/their experience of these changes. We would like to know about changes that are working well, as well as your suggestions for improvements.

26. Are you delaying seeking health care that you would otherwise have due to the COVID-19/coronavirus pandemic? (e.g. raising concerns with GP, visiting A&E, attending for immunisations)

If yes, please tell us why (tick all that apply)

- Yes – I'm worried about me/my family catching COVID19/coronavirus
- Yes – I don't know what services are available
- Yes – I don't want to burden the NHS
- Yes - another reason [please specify below]
- No
- Prefer not to say

Another reason (please specify here)

Social Care Support

27. Do you, or does the person you care for, receive care or support to carry out daily activities?

Yes

No

Social Care Support

28. Have you/they experienced any changes to this care due to the COVID-19/coronavirus pandemic? (eg; level of care, less visits, use of/lack of PPE)

Yes

No

Social Care Support

29. Please tell us the type of service (tick all that apply)

- Care or support at home
- Residential care home or nursing home
- Day care
- Other

Please tell us the details, such as the name of the care organisation or care home (leave blank if you'd prefer not to say)

30. How would you rate the communication received about the changes?

Very poor	Poor	Fair	Good	Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Please tell us more about your/their experience of these changes. We would like to know about changes that are working well, as well as your suggestions for improvements.

Mental health and wellbeing

FOR MORE INFORMATION ON FINDING HELP FOR YOURSELF OR SOMEONE ELSE'S MENTAL HEALTH, PLEASE SEE THE END OF THE SURVEY FOR SOME CONTACT LINKS.

32. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been dealing with problems well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling close to other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been able to make up my own mind about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Warwick-Edinburgh Mental Well-being Scale (WEMWBS) © University of Warwick 2006, all rights reserved.

Mental health and wellbeing


33. Have you accessed support for your mental health and wellbeing during the COVID-19/coronavirus pandemic?

Yes

No

Mental health and wellbeing

34. Where have you accessed support? (tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Family, friends or neighbours | <input type="checkbox"/> Samaritans |
| <input type="checkbox"/> Community Mental Health Team (Cornwall Partnership Foundation Trust) | <input type="checkbox"/> Young People Cornwall |
| <input type="checkbox"/> Outlook Southwest | <input type="checkbox"/> Man Down |
| <input type="checkbox"/> Pentreath | <input type="checkbox"/> SilverCloud online self help  |
| <input type="checkbox"/> Valued Lives | <input type="checkbox"/> Other community, voluntary or charity group/organisation [please specify below] |
| <input type="checkbox"/> NHS 24/7 Mental Health Support Line | <input type="checkbox"/> Other online or from an app [please specify below] |
| <input type="checkbox"/> MIND | <input type="checkbox"/> Other [please specify below] |

Please tell us the details, such as the name of the organisation or app (leave blank if you'd prefer not to say)

Mental health and wellbeing

35. Please tell us more about the impact of the COVID-19/coronavirus pandemic on your mental health and wellbeing (e.g. main challenges you are facing and/or positive experiences of working from home or as a key worker, exercise, finances, isolation etc.)

36. In addition to information and guidance, helplines and mental health services available, what additional support would help you with your mental health and wellbeing?

Volunteering

37. Have you responded to the call for volunteers during this period?

Yes

No

If yes, please say if national or local, and please provide name of organisation you have volunteered for

38. Did you volunteer before COVID-19/coronavirus?

Yes

No

If yes, please provide name of organisation you volunteered for

39. Have you been supported by volunteers during this period?

Yes

No

If yes, please provide the name of organisation who have supported you

Employment

40. Which of these best describes what you are doing at present? If more than one of these applies to you, ***please only tick one box and the main ONE only.***

- Full-time paid work (30 hours or more each week, including self-employment)
- Part-time paid work (under 30 hours each week, including self-employment)
- Full-time education at school, college or university
- Unemployed
- Recovering from long-term illness / surgery
- Permanently sick or disabled
- Fully retired from work
- Looking after the home
- Doing something else (please specify)

Employment

41. Since the COVID-19/coronavirus outbreak in which ways, if any, has your employment been affected?
(tick all that apply)

- No change
- Change of hours
- I have been furloughed
- Temporary closure of our business
- Permanent closure of own business
- Redundancy
- I have been working from home
- Other (please specify)

42. Do you consider yourself to be a key worker?

- Yes
- No

Employment

43. Which sector do you work in? (tick one only)

- Health
- Social care
- Education
- Childcare
- Local authority
- Public safety and national security, e.g. police
- Utilities, communication and financial services
- Food and other necessary goods
- Transport
- Voluntary sector
- Other (please specify)

Can we contact you again?

We may wish to speak to you about your experiences in more detail, especially if we find there are issues that come up for different types of services or areas of Cornwall. We may also wish to ask you similar questions again in a few months to see if your experiences have changed.

44. Would you be happy for us to contact you again?

Yes

No

Please provide your contact details

45. Please provide your contact details

Name:

Email:

Phone number:

Preferred time to call:

46. Would you like to receive a newsletter from Healthwatch Cornwall?

Yes

No

47. Ask Cornwall is a new online community platform for you to make connections and share ideas on health and wellbeing. Would you like to receive more information about Ask Cornwall?

Yes

No

Thank you for sharing your experience

48. Could you please provide us with one or two words to describe your experience of lockdown?

49. Is there anything else you'd like to tell us?

Please tell us more about you for equality monitoring

We are asking these questions because we want to make sure that we have asked lots of different people for their views for equality monitoring. You do not have to answer them if you do not want to.

50. Please select your ethnic background:

51. Is your gender different to the sex that was assigned to you at birth?

52. Please tell us which sexual orientation you identify with:

53. Please tell us about your religion or beliefs:

54. Please tell us about your marital or civil partnership status:

55. Are you currently pregnant or have you been pregnant in the last year?

Thank you for sharing your experiences with Healthwatch Cornwall

Thank you for taking the time to complete our survey - please remember to hit the SUBMIT button below

If you have any questions about the survey, please contact [Healthwatch Cornwall](#)

Email: enquiries@healthwatchcornwall.co.uk

Phone: 0800 0381 281

For more information and to get involved, please join our new platform Ask Cornwall <https://askcornwall.co.uk/> - where you can ask a question, make connections or join in the conversation, or if you would like to know what support is available in Cornwall please see Cornwall Link <https://cornwall-link.co.uk/>

Cornwall Council have a wide range of information and advice about coronavirus. Visit <https://www.cornwall.gov.uk/health-and-social-care/public-health-cornwall/information-about-coronavirus-covid-19/>

For more support around mental health, please see Cornwall Council <https://www.cornwall.gov.uk/mentalhealth/>

You can also read Cornwall Council's coronavirus mental health and wellbeing guides:-

[Pregnancy](#)

[Children under 5](#)

[Primary aged children](#)

[Young people and students](#)

[Carers - adults and young carers](#)

[Working at home and/or in isolation](#)

[Mental illness and suicidal thoughts](#)

[Obsessive Compulsive Disorder](#)