

Tell us what you think...

West Leeds community wellbeing partnership



Armley

The NHS and Leeds City Council services who work in west Leeds are planning to develop a new way of providing health and care services in the area.

Our aim is to improve the health and wellbeing of the local population.

We want to do this by making sure that separate services work better together as one team in local communities. We also want to make sure that local front line workers, together with local people, decide on health and wellbeing priorities for their community.

We are beginning this work in Armley, and to help us plan what this should look like we are asking people who live in the area some questions about their health and their lifestyle.

Healthy lifestyle

Q1 Do you feel you are able to live a healthy lifestyle?

- Yes, definitely
- Yes, to some extent
- No
- Don't know / can't say

Any comments
.....

Q2 Do you feel you have the information you need to live a healthy lifestyle?

- Yes, definitely
- Yes, to some extent
- No
- Don't know / can't say

Any comments
.....

Q3 Do you feel you have the support you need to live a healthy lifestyle?

- Yes, definitely
- Yes, to some extent
- No
- Don't know / can't say

Any comments
.....

Local community

Q4 Do you feel part of your local community?

- Yes, definitely
- Yes, to some extent
- No
- Don't know / can't say

Any comments
.....

Q5 Are you involved in your local community?

- Yes, definitely
- Yes, to some extent
- No
- Don't know / can't say

Any comments
.....

Q6 If you answered 'No' or 'Don't know / can't say', do you want to get involved?

- Yes, definitely
- Yes, to some extent
- No
- Don't know / can't say

Any comments
.....

Long standing health condition

Q7 Do you have a long-standing health condition?

- | | |
|--|---|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, to some extent | <input type="checkbox"/> Don't know / can't say |

Any comments

.....

Q8 If you answered yes to question 7, which, if any, of the following medical conditions do you have?

- | | |
|--|--|
| <input type="checkbox"/> Alzheimer's disease or dementia | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Angina or long-term heart problem | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Arthritis or long-term joint problem | <input type="checkbox"/> Kidney or liver disease |
| <input type="checkbox"/> Asthma or long-term chest problem | <input type="checkbox"/> Learning difficulty |
| <input type="checkbox"/> Blindness or severe visual impairment | <input type="checkbox"/> Long-term back problem |
| <input type="checkbox"/> Cancer in the last 5 years | <input type="checkbox"/> Long-term mental health problem |
| <input type="checkbox"/> Deafness or severe hearing impairment | <input type="checkbox"/> Long-term neurological problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Another long-term condition |

Any comments

.....

Q9 In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)?

Please think about all services and organisations, not just health services

- | | |
|---|--|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, to some extent | <input type="checkbox"/> I haven't needed such support |
| <input type="checkbox"/> Don't know / can't say | |

Any comments

.....

Q10 How confident are you that you can manage your own health?

- | | |
|---|---|
| <input type="checkbox"/> Very confident | <input type="checkbox"/> Not very confident |
| <input type="checkbox"/> Fairly confident | <input type="checkbox"/> Not at all confident |

Any comments

.....

Equality Monitoring Form (optional)

By filling in this equality monitoring section you will help us ensure that we get feedback from all the different communities in our area. Filling in this section is optional. Any information is kept in strict confidence.

Gender

Male Female

Sexual orientation

Heterosexual / Straight Gay man Lesbian / gay woman Bisexual

Age

Under 16 17 - 24 25 - 34 35 - 44 45 - 54
 55 - 64 65 - 74 75 - 84 84+

Relationship status

Married Cohabiting Single Civil Partnership Other

Disability

Physical impairment Learning disability Sensory impairment
 Long standing illness Mental health condition

Religion or belief

Buddhist Hindu Muslim Christian Jewish
 Sikh No religion Other (please state):

Ethnic background

White British White Irish Gypsy or Irish traveller
 Mixed White & Black Caribbean Mixed White & Black African Mixed White and Asian
 Asian / Asian British Indian Asian / Asian British Pakistani Asian / Asian British Bangladeshi
 Black / Black British Caribbean Black / Black British African Chinese
 Arab Other (please state):

Contact details (optional)

Name	<input type="text"/>
Address	<input type="text"/>
Tel	<input type="text"/>
Email	<input type="text"/>

Sending us your comments

You can place this completed form in the comment box in the GP practice, or post free of charge to:

Jayne Bathgate-Roche,
NHS Leeds West Clinical Commissioning Group,
Suites 2-4, WIRA House, Ring Road,
West Park, LEEDS LS16 6EB

Alternatively you can complete this survey online at:

www.leedswestccg.nhs.uk/get-involved

For more information call (0113) 8435470

Please return by 30 June 2016