

Do you or does someone you know who lives in Thanet have Dementia?



Tell us your thoughts on local transport services



Find questionnaires below.



Please post in collection box once completed or complete online using this link:

https://dhbpcl.viewdns.net/questions

We are ‘The new seasiders’, a group of people living with a diagnosis of dementia, coming together with staff from the NHS to try and raise awareness, fight stigma and make Thanet more dementia friendly.

We are interested in collecting data on local transport services to feedback to the local Thanet council and Thanet Dementia Action Alliance to try and ensure people living with dementia in Thanet can stay involved in the community and access the places they need as easily as possible.

## Transport difficulties faced by people living with Dementia to access community resources and groups

This questionnaire is only intended for people living with dementia or their carers / support person. Please do not complete this questionnaire unless this applies to you.

|  |  |
| --- | --- |
| What is your age? | |
| ○ | 44 or under |
| ○ | 45 to 54 |
| ○ | 55 to 64 |
| ○ | 65 to 74 |
| ○ | 75 to 84 |
| ○ | 85 to 94 |
| ○ | 95 or over |
| Do you have any other physical or hidden disabilities? | |
| ○ | Yes |
| ○ | No |
| If yes, please specify: | |
|  | |
| Do you rely on public transport? | |
| ○ | Yes |
| ○ | No |
| Are you able to travel on public transport by yourself? | |
| ○ | Yes |
| ○ | No |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| How confident would you be to travel with a volunteer / family / friend / carer? | | | | | | | |
| ○ | | ○ | ○ | | ○ | | ○ |
| Very Confident | |  | Neutral | |  | | Not Confident |
| How often do you travel by public transport? | | | | | | | |
| ○ | | ○ | ○ | | ○ | | ○ |
| Always | |  | Sometimes | |  | | Never |
| What forms of public transport do you | | | | | | | |
| Use? (tick all that apply) | | | | Use Most? (tick just one) | | | |
| □ | Bus | | | ○ | | Bus | |
| □ | Train | | | ○ | | Train | |
| □ | Taxi | | | ○ | | Taxi | |
| □ | Tube | | | ○ | | Tube | |
| □ | Tram | | | ○ | | Tram | |
| □ | Aeroplane | | | ○ | | Aeroplane | |
| □ | Ferry / boat | | | ○ | | Ferry / boat | |
| With respect to public transport, what are your feelings about: | | | | | | | |
| Safety? | | | | | | | |
| ○ | | ○ | ○ | | ○ | | ○ |
| Very Safe | |  | Neutral | |  | | Not Safe |
| Support? | | | | | | | |
| ○ | | ○ | ○ | | ○ | | ○ |
| Very Supported | |  | Neutral | |  | | Not Supported |
| Anxiety? | | | | | | | |
| ○ | | ○ | ○ | | ○ | | ○ |
| Very Anxious | |  | Neutral | |  | | Not at all Anxious |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| With respect to your independence in getting around, how do these factors apply: | | | | | |
| Travel route? | | | | | |
| ○ | | ○ | ○ | ○ | ○ |
| Always | |  | Sometimes |  | Never |
| Availability of space? | | | | | |
| ○ | | ○ | ○ | ○ | ○ |
| Always | |  | Sometimes |  | Never |
| Operator's understanding of your needs? | | | | | |
| ○ | | ○ | ○ | ○ | ○ |
| Always | |  | Sometimes |  | Never |
| Any other comments on these factors? | | | | | |
|  | | | | | |
| Do you, or any of your support group, have a driving license? | | | | | |
| ○ | Yes | | | | |
| ○ | No | | | | |
| Are you, or any of your support group, currently able to drive? | | | | | |
| ○ | Yes | | | | |
| ○ | No | | | | |
| Do you see yourself having problems with transport in the future? | | | | | |
| ○ | Yes | | | | |
| ○ | No | | | | |

|  |  |
| --- | --- |
| Are there any transport barriers preventing you from attending social groups and resources in the community? | |
| ○ | Yes |
| ○ | No |
| Comments: | |
|  | |
| Are there any reasons apart from transport that prevent you from attending social groups? | |
| □ | Lack of motivation |
| □ | Lack of assistance |
| □ | Memory difficulties |
| □ | Physical disabilities |
| □ | Cost of transport |
| Comments: | |
|  | |
| Do transport barriers affect your life in any other way? | |
|  | |
| Would you be generally happy to wear or carry something that shows you have a hidden disability? | |
| ○ | Yes |
| ○ | No |
| Can you think of ways we could make your transport issues better? | |
| Person with dementia: | |
|  | |
| Carer: | |
|  | |