

The Commissioning of Birmingham Lifestyle Services

Consultation
Questionnaire



May 2015



The Commissioning of Birmingham Lifestyle Services Consultation Questionnaire

1. We want to make it easier for citizens to access all the services they need through one central 'lifestyles hub' rather than visit several services. Do you agree with the proposed approach? (see section 7) of the consultation document)

Yes No Don't know

Comments

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2. Do you agree with our proposal to improve access by offering online support. This would include telephone, email and text messaging, as well as a web-based tools. (see section 7 of the consultation document)

Yes No Don't know

Comments

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3. We want to prioritise support to those with the greatest need (listed in section 7 of the consultation document). Do you agree with this proposal?

Yes No Don't know

Comments

.....

4. To what extent do you agree or disagree with our proposed outcomes for supporting Birmingham citizens to live healthier lives? (see section 7 of the consultation document)

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
a) Reduce levels of obesity in school aged children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Reduce levels of obesity in adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Reduce number of citizens smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Increase the number of adults that are physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Improve mental health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Increase the number of citizens using parks and green spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Support older citizens to remain active to reduce the risk of falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Increase health screening and advice to support citizens to make healthier choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Support citizens to live a healthier life to reduce the risk of developing long term conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Support citizens to live a healthier life to help them live independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Support citizens to live a healthier life to improve employability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Support citizens to live a healthier life to prevent or reduce the need for social care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

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5. We want to citizens to access services easily. Where would you prefer to access lifestyle service? (see section 7 of the consultation document)
(Please tick all that apply)

- Community venues Green spaces/parks
- Health settings Leisure centres
- School Care home/Residential home
- Housing association/supported accommodation

Other (please state)

6. How can we further improve lifestyle services to meet the needs of citizens who do not currently use them but who would benefit from the services?
(see section 5 of the consultation document)

Comments

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7. Any other comments on our proposals?

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About you:

We would like you to tell us something about you. You do not have to tell us but if you do it will help us to plan this service.

Data Protection Act 1998

The personal information on this form will be kept safe and is protected by law. You can see more information about data protection on our website at: <http://www.birmingham.gov.uk/privacy>

What best describes your interest in this consultation:

- A member of the general public
- Someone who has accessed lifestyle services
- Health or Care Professional
- Provider of a lifestyle service
- A family member or carer of someone who has accessed lifestyle services

Other please state

Your full postcode:

Age

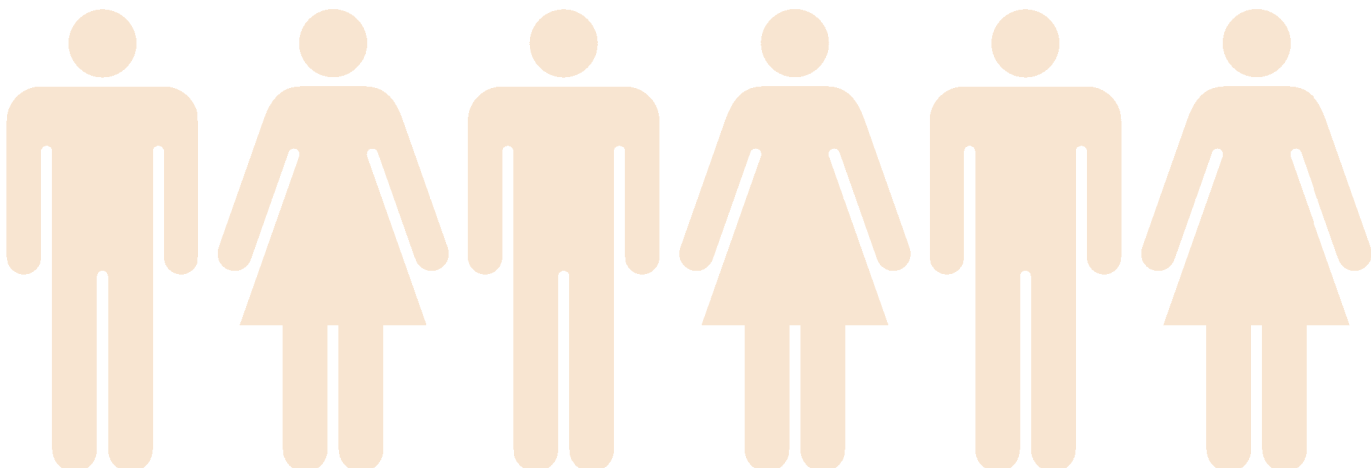
Which age group applies to you?

0-4	5-9	10-14	15-17	18-19	20-24	25-29	30-34	35-39	40-44
45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85 +	

Sex

What is your sex?

Male Female



Disability

Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

Yes No Prefer not to say

If yes, do any of these conditions or illnesses affect you in any of the following areas?
(More than one answer is acceptable)

1. Vision (e.g. blindness or partial sight)
2. Hearing (e.g. deafness or partial hearing)
3. Mobility (e.g. walking short distances or climbing stairs)
4. Dexterity (e.g. lifting and carrying and carrying objects, using a keyboard)
5. Learning or understanding or concentrating
6. Memory
7. Mental Health
8. Stamina or breathing or fatigue
9. Socially or behaviourally (e.g. associated with autism, attention deficit disorder or Asperger's syndrome)
10. Other (please specify)

Ethnicity

What is your ethnic group?

White:

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Polish
- Baltic States
- Jewish
- Other white European
(including Mixed European)

Any other White background (write in)

Mixed/multiple ethnic groups:

White and Black Caribbean/African

White and Asian

Any other Mixed background (write in)

Asian/Asian British:

Afghani

Bangladeshi

British Asian

Chinese

Filipino

Indian Sikh

Indian Other

Kashmiri

Pakistani

Sri Lankan

Vietnamese

Any other Asian background (write in)

Black African/Caribbean/Black British:

African

Black British

Caribbean

Somali

Any other Black/African/Caribbean background (write in)

Other Ethnic group:

Arab

Iranian

Kurdish

Yemeni

Any other ethnic group (write in)

Sexual Orientation

What is your sexual orientation?

- Bisexual
- Gay or Lesbian
- Heterosexual or Straight
- Other
- Prefer not to say

Religion

What is your religion or belief?

- No religion
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh

Any other religion (write in)

Please return this questionnaire in the prepaid envelope provided, you do not need to use a stamp.

Please tell us what you think:

Email: birminghamlifestyles@birmingham.gov.uk

Website: www.birminghambeheard.org.uk

Thank you for taking part in our consultation.

The Commissioning of Birmingham Lifestyle Services

Consultation Questionnaire