

# Sheffield Dementia Survey 2023



This is a survey to help Sheffield's NHS, Sheffield City Council, and voluntary and community sector to review and update our plans about how we can help people in Sheffield to live well with their dementia.

Please can you answer these questions to help us to update our plans?

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## Background information

You can read the current Sheffield Dementia Strategy (2019-2024) on:

<https://www.sheffieldccg.nhs.uk/our-projects/sheffield-dementia-strategy-commitments.htm>

You can read a summary of 'what's changed' since the Strategy began in 2019, and what we already know we still need to do to continue the work we have started: [https://www.sheffieldccg.nhs.uk/Downloads/Involve Me/Have Your Say/Dementia/Sheffield Dementia survey - Whats changed June 2023 vF.pdf](https://www.sheffieldccg.nhs.uk/Downloads/Involve%20Me/Have%20Your%20Say/Dementia/Sheffield%20Dementia%20survey%20-%20Whats%20changed%20June%202023%20vF.pdf)

**If you would rather complete this survey online, you can do it here:**

<https://forms.office.com/e/VbjzDeCmH8>

You can find practical information about living well with dementia in Sheffield by contacting **Dementia Advice Sheffield** on (0114) 250 2875 or by looking on [www.sheffielddirectory.org.uk/dementia](http://www.sheffielddirectory.org.uk/dementia)

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## The Survey

### About you

1. Please tell us about yourself. If you are completing the survey on behalf of someone else, please fill this in based on their details.

Are you:

- ☐ A person living with dementia
- ☐ An unpaid carer or family member
- ☐ A professional or volunteer working with people with dementia
- ☐ Other

## Tell us what you think

2. What is **helping** you (or the person you care for) to live as well as possible with dementia in Sheffield?

(This might include things like groups, services, people, places, attitudes, sources of information, or processes)

3. What is making it more **difficult** for you (or the person you care for) to live as well as possible with dementia in Sheffield?

(This might include things like groups, services, people, places, attitudes, sources of information, or processes)

4. Is there **anything else** that you would like to say?

This might include about:

- Your experiences as an unpaid carer or family member/person working with someone with dementia
- Ideas for what services or organisations can do better, including to meet the needs of different ethnic groups/cultures?

Thank you for taking part in our survey.

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## OPTIONAL Equality Monitoring



It is useful for us to gather the following information so we know how this proposal might affect different communities. All information will be protected and stored securely in line with data protection rules. You don't have to answer these questions, but we would be very grateful if you do.

(If you are filling in the form for someone else, please tick the options that apply to them)

5. Please tell us the first part of your **postcode** (e.g. S9, S35)

6. What is your **sex**?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to say

## 7. Gender reassignment

Have you gone through any part of a process to change from the sex you were described as at birth, or do you intend to? (For example, how you present yourself, taking hormones, changing your name, or having surgery?)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

## 8. What is your **ethnic background**?

- ☐ Asian, or Asian British: Chinese
- ☐ Asian, or Asian British: Indian
- ☐ Asian, or Asian British: Pakistani
- ☐ Asian, or Asian British: Other Asian background
- ☐ Black, or Black British: African
- ☐ Black, or Black British: Caribbean
- ☐ Black, or Black British: Other Black background
- ☐ Mixed / multiple ethnic group: Asian and White
- ☐ Mixed / multiple ethnic group: Black African and White
- ☐ Mixed / multiple ethnic group: Other Mixed / multiple background
- ☐ White: British
- ☐ White: Gypsy/Traveller
- ☐ White: Other White background
- ☐ Other: Arab
- ☐ Other

9. Do you consider yourself to belong to any **religion**? (If yes, please say which religion).

10. Do you live with any of these **conditions**? (Tick all that apply)

- ☐ Learning disability
- ☐ Autism
- ☐ Mental Health condition
- ☐ Limitations to physical mobility
- ☐ Hearing impairment or Deaf
- ☐ Visual impairment or Blind
- ☐ Long-standing health condition or illness
- ☐ Prefer not to say
- ☐ Other

11. Do you provide **care** for someone?

Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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Please send your completed form to  
MHLDDA Team, NHS South Yorkshire  
Integrated Care Board, 722 Prince of  
Wales Road, S9 4EU

or email to: [syicb-  
sheffield.mhldportfolio@nhs.net](mailto:syicb-sheffield.mhldportfolio@nhs.net)