

Survey

Thank you for agreeing to take part in this survey. It is part of the ongoing evaluation for the Hard to Swallow project and the responses you give today will help us understand and improve the support for those with swallowing difficulties.

The survey should take about 10 minutes to complete.

There are no right or wrong answers, we are just interested in your views and experiences.

Your participation is voluntary, and your responses will be completely confidential, anonymous and stored securely.

If you have any questions, please contact our office on
028 2565 8604

Many thanks for taking part in this survey.

Section 1

1. What is your age?

- ☐ 18-29 years
- ☐ 30-49 years
- ☐ 50-65 years
- ☐ 66-80 years
- ☐ 81+ years

2. Select the statement which best describes your current situation:

- ☐ I have experienced eating, drinking or swallowing difficulties
- ☐ I care for someone with eating, drinking or swallowing difficulties
- ☐ I work with people with eating, drinking or swallowing difficulties
- ☐ Other: _____

3. What part of the awareness campaign did you see or listen to?

Tick any box that applies:

- ☐ I saw information on Facebook or Twitter
- ☐ I saw the HARD TO SWALLOW poster - with signs of swallowing difficulties
- ☐ I attended an awareness raising session online
- ☐ I watched a HARD TO SWALLOW video
- ☐ I read the HARD TO SWALLOW booklet

Section 2: Thinking about BEFORE:

When answering the following questions, consider your level of knowledge about swallowing difficulties before taking part in the HARD TO SWALLOW campaign.

To what extent do you agree with the following statements:

4. *"I already knew about eating, drinking and swallowing difficulties"*

| Not at all | A little | Some | Quite a lot | A great deal |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. *"I knew people with eating, drinking and swallowing difficulties"*

| A lot of people | A couple of people | One other person | Myself | I wasn't aware of anyone |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. *"I knew about the support a Speech & Language Therapist can give to someone with eating, drinking or swallowing difficulties"*

| Strongly disagree | Disagree | Neither disagree nor agree | Agree | Strongly agree |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. "The person with the eating, drinking and swallowing difficulty received support and information from:"

| GP/ consultant | Speech Therapist | Dietician | They did not get sufficient support | I did not know what support was available |
|--------------------------|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Describe how you or the person with eating, drinking or swallowing difficulties was supported?

Answer:

9. What support would you or the person with eating, drinking or swallowing difficulties have liked to receive:

Answer:

Section 3: Thinking about AFTER:

Please answer the following questions considering your knowledge about eating, drinking or swallowing difficulties since taking part in HARD TO SWALLOW campaign.

To what extent do you agree with the following statements:

10. "I know some of the signs of swallowing difficulties"

| Strongly disagree | Disagree | Neither disagree nor agree | Agree | Strongly agree |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. "I know which professional I should contact with concerns regarding swallowing difficulties"

| Strongly disagree | Disagree | Neither disagree nor agree | Agree | Strongly agree |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. "I know more about the importance of eating a balanced diet and drinking enough fluids each day"

| Strongly disagree | Disagree | Neither disagree nor agree | Agree | Strongly agree |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. *"If I have difficulties swallowing my medication I should not alter my medication but discuss this with my pharmacist or doctor."*

| | | | | |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Strongly disagree | Disagree | Neither disagree nor agree | Agree | Strongly agree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. *"As a result of the HARD TO SWALLOW campaign my awareness of eating, drinking & swallowing difficulties has increase:"*

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| None | A little | Some | Quite a lot | A great deal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. What is the most important thing you have learned from the HARD TO SWALLOW campaign?

Answer:

15. Is there anything else that you would like to tell us about the HARD TO SWALLOW campaign?

Answer:

If you prefer you can also complete this survey online on:

<https://www.meaap.co.uk/>

Thank you for your participation in the survey!

Please return to:

**Mid & East Antrim Agewell Partnership
18 Queen Street
Ballymena
BT42 2BD**