

People Bank questionnaire



A.

Name: _____ Title (Mr/Mrs/Ms etc.): _____
Address: _____
_____ Postcode: _____
Daytime tel: _____ Mobile tel: _____
Email: _____

Are you happy to be contacted over the phone by Arthritis Care?

Yes No

Are you happy to be contacted by email by Arthritis Care?

Yes No

Do you have a preference? Please tick

Phone Email

B.

Date of Birth: _____ Age: _____

How do you describe your ethnic origin?

White British Irish White other

Black Caribbean Black African Asian

Other (please specify) _____

Do you speak any languages other than English?

Yes No

If yes, which? _____

C.

Are you a member of Arthritis Care?

Yes No

Do you belong to a branch?

Yes No If yes, which one? _____

D.

Do you have arthritis?

Yes No If so, what type/s? _____

How long have you had arthritis? _____ When were you diagnosed? _____

How does arthritis affect your life? _____

Do you have any other long-term conditions? If yes, which? _____

Have you taken part in any courses to help you and your arthritis? If so, which ones? _____

E.

Have you used any of Arthritis Care's services?

Yes

No

If so, which ones? _____

Did these have a positive impact on your life?

Yes

No

If yes, how? _____

F.

Do you work?

Yes

No

If yes, what type of work do you do?

Are you retired?

Yes

No

Did you retire because of your arthritis?

Yes

No

What was your occupation?

Do you do any volunteer work?

Yes

No

Do you receive any disability benefits?

Yes

No

If yes, which ones?

G.

Please tell us about any particular interests or hobbies that would be of interest when reviewing publications, or that you would be happy to be interviewed about?

Please tell us about any particular experiences (personal, medical or social) that would be of relevance when reviewing publications, or that you would be happy to be interviewed about?

Do you provide care for anyone?

Yes

No

Does anyone provide care for you?

Yes

No

Do you have any children?

Yes

No

Please tell us their years of birth

Have you ever had any surgery for your arthritis?

Yes

No

If yes, what kind?

Are you waiting for surgery for your arthritis?

Yes

No

If yes, what kind?

Do you see any healthcare professional/s regularly?

Yes

No

If yes, which ones?

How easy is it to communicate with them?

Have you ever tried any kind of complementary therapy (including supplements)?

Yes

No

If yes, what?

Do you think it was effective? Please give details

Have you been involved in any campaigning work?

Yes

No

If yes, what?

Would you like us to send you details about Arthritis Care's campaigning activities?

Yes

No

H.

Where do you like to go out socially?

Pubs / bars

Theatres

Cinema

Bingo

Sport / health clubs

Restaurants

Please tell us about any other pastimes or interests? _____

I.

Please tick the areas of work that you would like to help Arthritis Care in:

Commenting by post or email on draft publications

Being interviewed for Arthritis Care publications (for example booklets, the website, *Arthritis News*) and publicity

Being interviewed for newspapers / magazines external to Arthritis Care

Participating in a focus group meeting

Doing a pre-recorded radio interview

Doing a live radio interview

Doing a pre-recorded TV interview

Doing a live TV interview

Appearing at a PR event on behalf of Arthritis Care

Taking part in local events

I am willing to take part in a photo shoot for Arthritis Care

Data Protection

We will hold your details for the purposes of the People Bank. If you do not want us to pass your information to selected third parties, please tick this box.

If you would like to update or delete your details at any time, please email us at PeopleBank@arthritiscare.org.uk or write to us at People Bank, Arthritis Care, 18 Stephenson Way, London NW1 2HD.

If you do not want to be kept informed about developments to Arthritis Care's website and issues about arthritis that might affect you, please tick this box

Thank you for your time

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