

Young Carers Health and Wellbeing Check

This form is to let us know all about you, how you are feeling and the help you give to someone.

* Required

1. Please tell us who is filling in this form *

Please tell us your name and contact details so we can contact you

2. By completing this form you (parent/carer or young person) consents to your details being shared with Carers Northumberland who will store them on their secure database. If you would like to know more about how Carers Northumberland will store and use your data you should contact them directly on 01670 320025 *

I understand

All about me!

This section is about getting to know you!

3. Your name? *

4. Your date of birth? *



Format: M/d/yyyy

5. Where do you live (what is your address)? *

6. Who do you live with (what are their names)? *

7. Is there a phone number we can contact you on, whose phone is it? *

8. What school do you go to? *

My well being

This section is about how you are feeling

9. How do you feel right now? *

I'm not feeling very good 1 2 3 4 5 I'm the best I can be!

10. What things do you feel happy about? *

11. What things do you feel sad or worried about? *

- My friends
- My health
- How I look
- My family
- Where I live
- My money
- Parents or carers
- School and college
- My local area
- My relationships
- Teachers dislike me
- Hobbies and interests
- None of the above

12. If I could tell an adult one thing about my life it would be *

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above.

About the people you care for

This is all about the people you look after and how you help them out.

13. Who do you look after who is ill or disabled? *

Mother

Father

Sister

Brother

Grandparent

Uncle/Aunty

Friend

Other

14. How long have they been ill or disabled? *

15. Has your relative's illness or disability been diagnosed by a Doctor or Health Professional? *

Yes

No

Don't know

16. Do you know what type of illness or disability they have? *

- Yes
- No
- Don't know

17. Does your relative receive any help from health, social care services or any other organisation for their illness or disability? *

Maybe from a doctor or other service? If yes please let us know who.

- Yes
- No
- Don't know

18. If you know it what is the team name or workers name?

19. How old were you when you first started to look after someone? *

20. Approximately, how many hours per day do you spend helping to look after your relative at home or thinking about them if you're away from them? *

21. Has your relative's situation affected the amount of time that you have for yourself?
For example, going to school, doing homework, spending time with friends,
hobbies? *

22. What kind of support do you think would help you? *

23. What kind of things help you to feel happy? *

Anything else you would like us to know?

Please tell us anything else you would like us to know if you haven't already said it in this form.

24. Anything else?

Information Sharing

We may share information with education, social care, health services, Carers Northumberland and Active Northumberland to ensure the appropriate support is available. This has been explained to the young person /parent/carer and they have also been directed to the Young Carers privacy notice for further information on how their data may be processed by our service.

25. Consent given *

Yes

No

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms