

English Carer Survey

Welcome to the English Carer Survey. This survey has approximately 50 questions, we anticipate it will take 15-20 minutes to complete.

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Age

Tap to answer

Next

Cancel



Gender

Male



Female



Next

Cancel



Family Status

Single

In a relationship

Married

Divorced

Widowed

Next

Skip

Cancel



Do you have child/children?

Yes, he/she/they live(s) with me.

Yes, he/she/they doesn't/don't live with me.

No

Next

Skip

Cancel



Living arrangement:

With family (parents / siblings)

With spouse / partner / children

Alone

In cohabitation (friends, roommates.....)

In community (workers home/hostels, student residence)

In institution

No fixed abode/homeless

Next

Skip

Cancel



How many people living with schizophrenia do you currently take care of?

One person

More than one person

Next

Skip

Cancel



**Do you also take care of other people
dealing with other mental health disorders?**

Yes

No

Next

Skip

Cancel



On what basis do you take care of the patient?

Full-time

Part-time

Next

Skip

Cancel



In what setting do you take care of the patient?

Your own home

The patient's home

An assisted community

Other

Next

Skip

Cancel



Indicate below your relationship with the person suffering from schizophrenia. Scroll to view all

Parent

Child

Sibling

Spouse/Partner

Friend

Other family member

Someone else

Next

Skip

Cancel



If "Someone Else":

Are you professional carer and being paid for taking care of this patient?

Yes

No

Next

Skip

Cancel



Do you live together with the person you take care for?

Yes

No

Next

Skip

Cancel



How long do you know the person you take care for?

Less than 1 year

1-3 years

3-5 years

5-10 years

More than 10 years

Next

Skip

Cancel



Whom do you find important to involve in the treatment decision? (multiple answers)

Patient

Carer

Doctor

Nurse

Other

Next

Skip

Cancel



Are you in education or employment?

Yes

No

Next

Skip

Cancel



If YES, please specify:

Employee, paid

Employee, voluntary

Employee in specialized / protected employment settings

Self-employed worker

Student, professional course/training

Next

Skip

Cancel



If NO, please specify:

Unemployed

Receiving a disability allowance

Seeking employment

Next

Skip

Cancel



How many times has the person you care for seen his/her doctor during the last 6 months?

Tap to answer times

Next

Skip

Cancel



How many times have you seen the doctor of the person you care for during the last 6 months?

Tap to answer times

Next

Skip

Cancel



Has the frequency in which the person you care for sees his/her doctor changed as a result of switching to PP3M?

He/she meets more frequently

He/she meets less frequently

There is no change

Next

Skip

Cancel



How satisfied are you with the current frequency in which the person you care for sees his/her doctor?

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

Next

Skip

Cancel



Has the frequency in which you see the doctor of the person you care for changed as a result of switching to PP3M?

We meet more frequently

We meet less frequently

There is no change

Next

Skip

Cancel



How satisfied are you with the current frequency in which you see the doctor of the person you care for?

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

Next

Skip

Cancel



How often would you think the person you care for needs to be seen by his/her doctor? (regardless of the injection frequency)

More than once per month

Monthly

Once every three months

Less than every three months

Next

Skip

Cancel



Has the quality of your communication with the doctor of the person you care for changed as a result of switching to PP3M?

It has improved

It has not changed

It has worsened

Next

Skip

Cancel



How clear was the explanation on the switch from PP1M to PP3M to the person you care for by his/her doctor?

Very clear

Somewhat clear

Not clear

No explanation given

Next

Skip

Cancel



How many times has the person you care for seen his/her nurse during the last 6 months?

Tap to answer times

Next

Skip

Cancel



How many times have you seen the nurse of the person you care for during the last 6 months?

Tap to answer times

Next

Skip

Cancel



Has the frequency in which the person you care for sees his/her nurse changed as a result of switching to PP3M?

He/she meets more frequently

He/she meets less frequently

There is no change

Next

Skip

Cancel



How satisfied are you with the current frequency in which the person you care for sees his/her nurse?

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

Next

Skip

Cancel



Has the frequency in which you see the nurse of the person you care for changed as a result of switching to PP3M?

We meet more frequently

We meet less frequently

There is no change

Next

Skip

Cancel



How satisfied are you with the current frequency in which you see the nurse of the person you care for?

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

Next

Skip

Cancel



How often would you think the person you care for needs to be seen by his/her nurse? (regardless of the injection frequency)

More than once per month

Monthly

Once every three months

Less than every three months

Next

Skip

Cancel



How clear was the explanation on the switch from PP1M to PP3M to the person you care for by his/her nurse?

Very clear

Somewhat clear

Not clear

No explanation given

Next

Skip

Cancel



Has the quality of your communication with the nurse of the person you care for changed as a result of switching to PP3M?

It has improved

It has not changed

It has worsened

Next

Skip

Cancel



How much do you talk about the person you care for with his/her doctor or nurse about topics other than medication as a result of switching to PP3M?

Talk more

Talk less

Same amount

Next

Skip

Cancel



If “TALK MORE”:

Please indicate topics that you were able to discuss more about the person you care for with the doctor and nurse as a result of switching to PP3M? (multiple answers) Scroll to view all

His/her family relationships

His/her work

His/her education

His/her external/social communication

His/her hobbies

His/her healthy life style guidance (e.g. alcohol, smoking, diet, physical exercise)

His/her non medication therapy (e.g. psychotherapy)

Other topics

Next

Skip

Cancel



To what extent were you involved in the decision to switch from PP1M to PP3M?

Highly involved

Involved to some extent

Not involved at all

Next

Skip

Cancel



Who initiated discussion about switching from PP1M to PP3M?

The doctor

The nurse

The patient

It was me

Private service

Next

Skip

Cancel



What were the main reasons to initiate/switch their treatment to PP3M? Please check all that apply. Scroll to view all

To live a life that is as normal as possible

To reduce side effects

To improve treatment efficacy

To improve treatment adherence

To decrease stigma

Patient convenience

Reduce the risk of relapse

Next

Skip

Cancel



Select MOST important reason. Scroll to view all

To live a life that is as normal as possible

To reduce side effects

To improve treatment efficacy

To improve treatment adherence

To decrease stigma

For his/her convenience

Reduce the risk of relapse

Next

Skip

Cancel



Select 2nd MOST important reason. Scroll to view all

To live a life that is as normal as possible

To reduce side effects

To improve treatment efficacy

To improve treatment adherence

To decrease stigma

For his/her convenience

Reduce the risk of relapse

Next

Skip

Cancel

Select 3rd MOST important reason. Scroll to view all

To live a life that is as normal as possible

To reduce side effects

To improve treatment efficacy

To improve treatment adherence

To decrease stigma

For his/her convenience

Reduce the risk of relapse

Next

Skip

Cancel



As a result of switching to PP3M was there any change in activity level of the person you care for (e.g. sports / hobbies, education, work, seeing friends and/or family)?

Activity level increased

No changes

Activity level decreased

Next

Skip

Cancel

< If “ACTIVITY LEVEL INCREASED”:

Please indicate in what way the activity level of the person you care for was increased as a result of switching to PP3M? (multiple answers)

He/she started new sporting activities/hobbies

He/she returned to previous sporting activities/hobbies

Started working again

Changed job

Spends more time in social situations

Next

Skip

Cancel



As a result of switching to PP3M have you noticed any change in the frequency of communications between the person you care for and his/her family, friends and/or other people?

He/she sees and meets his/her friends/ family members/ other people more often

He/she sees and meets his/her friends/ family members/ other people with the same frequency

He/she sees and meets his/her friends/ family members/ other people less often

Next

Skip

Cancel

How stigmatized do you feel the person you care for is?

Not at all

A little

Somewhat

Very much

Next

Skip

Cancel



To what extent do you think that PP3M impacts on the feeling of the person you care for of being stigmatized?

No impact

Increases stigma

Decreases stigma

Next

Skip

Cancel



How much do you talk with the person you care for about topics other than medication as a result of switching to PP3M?

Talk more

Talk less

Same amount

Next

Skip

Cancel



If "TALK MORE":

Please indicate topics that you were able to discuss more with the person you care for as a result of switching to PP3M? (multiple answers)

Your family relationships

Your work

Your education

Your external/ social communication

Your hobbies

Healthy life style guidance (e.g. alcohol, smoking, diet, physical exercise)

Non medication therapy (e.g. psychotherapy)

Other topics

Next

Skip

Cancel



Do you live with the person you care for?

Yes

No

Next

Skip

Cancel



If Not “Living with the Person you care for”:

How many times have you seen the person you care for during the last 2 months?

Tap to answer

Next

Skip

Cancel



Has the frequency in which you see the person you care for changed as a result of switching to PP3M?

We meet more frequently

We meet less frequently

There is no change

Not applicable as I am living with the person I care for

Next

Skip

Cancel



How satisfied are you with the current frequency in which you see the person you care for?

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

Next

Skip

Cancel

How many hours do you spend per week supporting the person you care for? Scroll for all answers

(Directly with the person you care for and managing any additional related tasks)

Less than 2 hours/week

2-8 hours/week

8-16 hours/week

16-24 hours/week

24-32 hours/week

More than 32 hours/week

Next

Skip

Cancel

Do you feel that the time required for support from you is less or more than before switching to PP3M?

Less

More

The same

Next

Skip

Cancel



As a result of switching to PP3M have you noticed/ felt any change in the amount of support needed from you to take care of the person you care for?

I feel he/she needs less support from my side to take care of himself/herself

I feel he/she needs the same amount of support from my side to take care of himself/herself

I feel he/she needs more support from my side to take care of himself/herself

Next

Skip

Cancel



To what extent do you feel the PP3M treatment is helping the person you care for?

Helps

Neither helps nor worsens

Worsens

Next

Skip

Cancel

On the next screen, please review all of your answers. If there are any unanswered questions, please confirm that you intended not to answer those questions.

Next

Cancel

Please review your answers. Pressing "Next" will submit your answers

You can jump directly to update question by clicking on it in the list below



Thank you for submitting your answers!



Done

Cancel