

# National Scottish Care Lifecurve™ Survey
















CHI number (if known): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Postcode: \_\_\_\_\_

1. Please look at the list of activities below and decide which ones you can do without help from a person or equipment and which you cannot do without help from a person or equipment and put a cross in the corresponding box.

2. For the activity/activities you cannot do without help tell us how long you have needed help for (in months AND years if possible) – if you can't recall exactly, take your best guess.

CAN do this – tick this column	Activity of Daily Living	CANNOT do this – tick this column	How long since you were able to do this?	
			Number of months	Number of years
	 Heavy housework (eg moving furniture to Hoover)			
	 Using steps/stairs			
	 Eat your food independently			
	 Get dressed			
	 Wash your face and hands			
	 Get on/off a toilet			
	 Have a full wash			
	 Walk 400 yards			
<p><b>400 yards = 4 football pitches or a quarter of a mile. It would take a relatively fit person 4-5 minutes to walk or 10 – 15 for an older less fit person.</b></p>				
	 Cook a hot meal			
	 Get on/off a bed			
	 Shopping			
	 Cut your toenails			
	 Get up/down from a chair			
	 Light housework (eg ironing, dusting)			
	 Moving around			

PTO ->

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The following questions are to help us get a better understanding of your circumstances:

How would you describe your emotional wellbeing today?  
(Where 5 is very good and 1 is very bad)



5



4



3



2



1

**Who do you normally live with? Tick which applies**

- I normally live alone
- I live with my partner or with family
- I live in a care facility eg care home, shared care
- I live with a friend/s
- I live in temporary accommodation at the moment

**Are you a carer? Tick which applies**

- Yes
- No
- No but someone cares for me
- Someone cares for me AND I care for someone

**Do you either work or take part in any other regular activity? Tick which applies**

- Yes I attend activities or groups in my local community (including if provided where I normally live)
- Yes I work (part time or full time)
- Yes I volunteer or help to look after family members (eg grandchildren)
- Yes I am involved in education
- No I don't do any regular activity and would like help to do this

**Do you have any communication support needs? E.g. hearing or low vision aid, non English interpreter, large print, easy read version, communication aid of any description. Tick which applies**

- No I don't have any communication support needs
- Yes I do have some communication support needs  
If yes – please describe here:

**Is your home suitable for your needs? Tick which applies**

- Yes, I can manage all daily activities within my home
- I am beginning to struggle to manage daily activities within my home
- I cannot manage some daily activities within my home without help
- I cannot manage most daily activities within my home without help

**Thank you for completing the Lifecurve™ Survey**

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