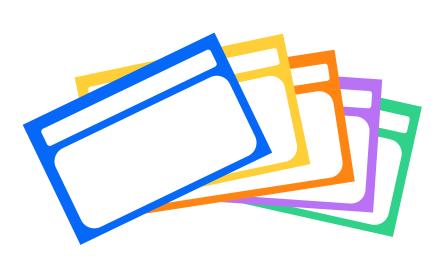
#### **Supplementary Materials 12**

# QUESTIONS ABOUT YOU, YOUR FAMILY, AND PLANNING AHEAD

Please create your individual participant number.

To do this, write your initials and the day of your birth e.g. if your name was John Smith and your birthday was on the 15<sup>th</sup> of March, your participant number would be JS15.

Please write this here:



### **About you**

Relationship to person with learning disabilities	
[ ] father	
[ ] mother	
[ ] brother	
[ ] sister	
[ ] other (please describe)	
Gender	
Date of little	
Date of birth	
Ethnic group:	
Tick one only	
White	
[ ] English/Welsh/Scottish/Northern Irish/British	
[ ] Irish	
[ ] Gypsy or Irish Traveller	
[ ] Any other white background (please describe)	
Mixed / Multiple ethnic group	
[ ] White and Black Caribbean	
[ ] White and Black African	
[ ] White and Asian	
[ ] Any other mixed background (please describe)	
Asian / Asian British	
[ ] Indian	
[ ] Pakistani	
[ ] Bangladeshi	
[ ] Chinese	
[ ] Any other Asian background (please describe)	
Black/African/Caribbean/Black British	
[ ] African	
[ ] Caribbean	
[ ] Any other Black/African/Caribbean background (please describe)	
Other ethnic group	
[ ] Arab	
[ ] Any other ethnic group (please describe)	
[ ] Prefer not to say	

On a scale of 1 (very poor health) to 10 (very healthy)
If you would like to share more details about your health, please do so below:
Do you anticipate that the current main carer (this may be you or someone else) is still able to provide care in 5 years' time? (not anticipating any unexpected events)
<ul><li>[ ] Yes, we can most probably carry on for at least 5 years</li><li>[ ] Not sure – I am worried that it will become too much for the main carer</li></ul>
[ ] No, probably not
If you would like to share more details, please do so below:

# About your family member with learning disabilities

Gender	<del></del>
Age	
Does s/he have	e autism?
Tick one onl	'y
[ ] Yes	
[ ] No	
[ ] Not sure	غ
Does s/he have	e Down Syndrome?
Tick one onl	'y
[ ] Yes	
[ ] No	
[ ] Not sure	غ
Does s/he have	e dementia?
Tick one onl	'y
[ ] Yes	
[ ] No	
[ ] Not sure	غ ـ
Does s/he have	e a diagnosed mental health condition (e.g. depression)?
Tick one onl	'y
[ ] Yes	
[ ] No	
[ ] Not sure	غ ـ
To what extent	t is s/he able to make someone who doesn't know him/her understand
what s/he wan	ts or needs (either with or without words)?
Tick one onl	'y
[ ] Not at a	II (has unique communication that is only understood by those who know
him/her we	II)
[ ] To some	e extent (can make some needs known, but not others)
[ ] Complet	tely – well able to communicate
[ ] Not sure	<u>ة</u>

How often does s/he display behaviours that have been or could be described as 'challenging' (e.g. hurting themselves or others, throwing things, eating inedible objects, or other behaviours)

	of 1 (never)					
If you wou	ıld like to sha	are more de	tails, please	do so belo	ow:	
o else live	s in the hous	sehold?				
	s in the house		w:			
			w:			
			w:			
			w:			
			w:			
			w:			
			w:			
			w:			
			w:			
			w:			

# About planning ahead

How	concerned are you about your family's future living/caring situation?
(	On a scale of 1 (not at all concerned) to 10 (extremely concerned)
I	f you would like to share more details, please do so below:
_	
-	
_	
_	
_	
	r prepared do you feel for future changes in your family's circumstances (including living caring set-up)?
(	On a scale of 1 (not at all prepared) to 10 (fully prepared)
I	f you would like to share more details, please do so below:
_	
_	
_	
_	

for	planning ahead?
	On a scale of 1 (none at all) to 10 (significant steps)
	If you would like to share more details, please do so below:

During the past six months, to what extent have you, or your family, taken steps or action