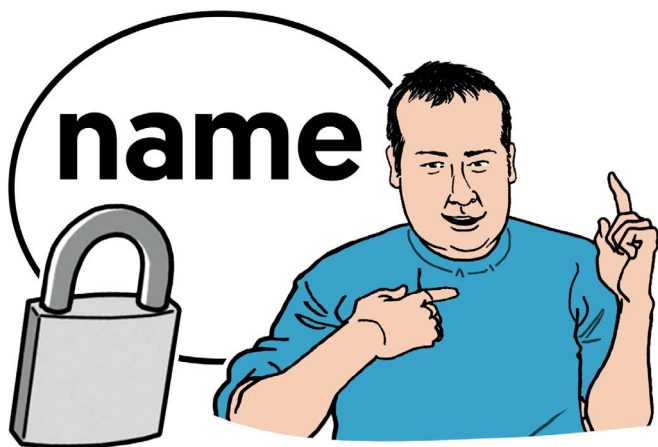


Restraint, Seclusion and Segregation Questionnaire



This questionnaire is a guide, to help you tell us your story.



We will not share your name or who you are with anyone.



If you would like to remove your story from the project, you can do this up to 7 days after have given us your completed questionnaire. It is ok to do this and we won't ask you why.

Tell us about you

Do you have:



Learning disability?	Mental health problems?
Autism?	None?
Other. Please tell us?	

Tell us about you

Where did you experience restraint, seclusion or segregation?



--

Question 3

When did you experience restraint, seclusion or segregation?



Empty response area for Question 3.

Question 4

What happened to you and who was involved?



Empty response area for Question 4.

Question 5

Why do you think it happened?



Empty rectangular box for writing an answer to Question 5.

Question 6

How did you feel before it happened?



Empty rectangular box for writing an answer to Question 6.

Question 7

How did you feel when it was happening?



A large, empty light blue rectangular box for writing the answer to Question 7.

Question 8

What happened after it was over?



A large, empty light blue rectangular box for writing the answer to Question 8.

Question 9

How did you feel after?



Empty response area for Question 9.

Question 10

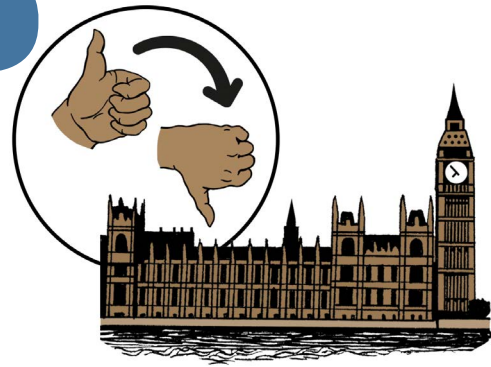
What changes could be made to make care safer for people?



Empty response area for Question 10.

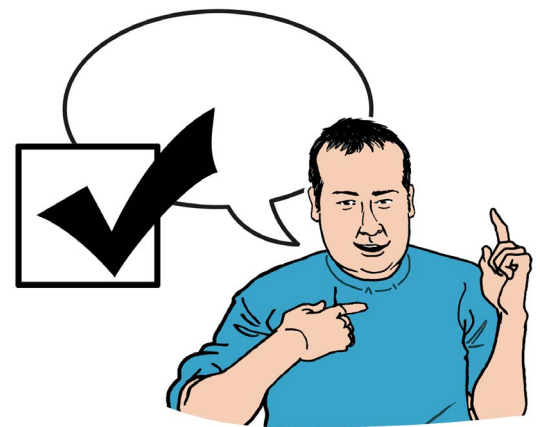
Question 11

What could the government do to make things better?

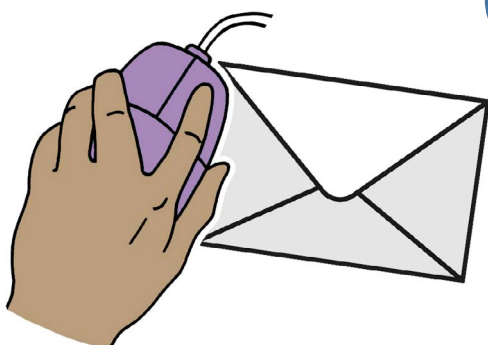


Consent

If you are happy for us to use include your story in the project please tick the box.



I am happy for my story to be included in the project



Contact us

If you have any questions please ask us by emailing:

RSSproject@advonet.org.uk

About you

You don't have to complete this part of the questionnaire if you don't want to.

Please tick this box if you do not want to answer these questions:

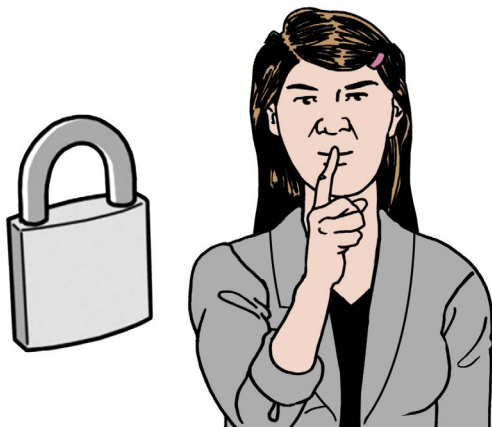
Prefer not to answer these questions



If you answer these questions we can see which groups of people are responding to our consultations.



We can then make extra efforts to ask groups of people that we are not reaching to make sure that everyone has a say.



All responses to these questions are anonymous;

Your information is protected by the Data Protection Act 2018.

Question 12

What is your gender?



Female	Male
Prefer not say	Other. Please tell us?

Question 13

How old are you?



Question 14

Do you have a disability?

Yes
No



Question 15

If you have a disability, please tell us the impairment you have?

You can tick more than one



Mobility	Hearing
Vision	Learning
Mental health	Communication
Long-term health problem	Prefer not to say
Other. Please tell us?	

Question 16

What is your ethnicity?



Indian	Pakistani
Bangladeshi	
Any other Asian background - please specify in the box below.	

Caribbean	African
Any other Black background - please specify in the box below.	

Chinese

White and Black Caribbean	White and Black African
White and Asian	
Any other Mixed background - please specify in the box below.	

White English	White Irish
White Scottish	White Welsh
White British	Gypsy or Irish Traveller
Other White background - please specify in the box below.	

Prefer not to say
Other. Please tell us

Question 17

What are your religious beliefs?



No religion	Baha'i
Buddhist	Christian
Hindu	Jain
Jewish	Muslim
Sikh	Prefer not to say
Other. Please tell us?	

Question 18

What is your sexual orientation?



Bisexual	Gay man
Gay / Lesbian woman	Straight
No sexuality	Prefer not to say
Other. Please tell us?	