**Note for publishers:** Please thoroughly read these questions as your organisation may wish to adapt the content of either the questions or answers to reflect policy.These survey questions are only intended as a starting point. The questions and answers have been intentionally left unformatted so that they are easier to copy and paste into your chosen survey provider. Text in red, purple, and blue indicate logic flow.

**Working carers survey**

Thank you for taking the time to complete this short survey on how we can better support working carers across the business. This should take up to 10 minutes for you to complete and your answers are completely anonymous.

1. **Read the description below. Would you consider yourself a carer for a loved one?**

A carer is anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The support provided can range from help with shopping, meal preparation and domestics tasks to personal care such as dressing and bathing.

Yes

Yes – After reading this description

No

No – But I expect to be in the future

I have been a carer in the past

Unsure

1. **Are you aware of any work colleagues who would fit the above description of a carer?**

Yes

No

Unsure

1. **Do you know anybody outside of work who is a carer for a loved one?**

Yes – Family members

Yes – Friends

Yes – Other

No

1. **If a carer – What is your job/contract type**

Full-time permanent

Full-time fixed term

Part-time permanent

Part-time fixed term

Contract

Other

1. **If a carer – Do you care for more than one person?**

Yes

No

1. **If a carer – Are you living with the main person you care for?**

Yes

No

When required

Prefer not to say

1. **If a carer** – **What is your relationship to the main person you care for? The person I can for is my:**

Partner/Spouse

Child/Children

A parent (including in-laws)

Grandparent (including in-laws)

Other family member

Friend/Neighbour

Prefer not to say

None of the above

1. **If a carer** - **What concerns you as a carer? (select all that apply)**

My own financial situation

My own physical health

My own mental health

The health & wellbeing of the person I care for

Balancing work with my caring responsibilities

Not having a social life

Other (please specify)

1. **If a carer** – **Has being a carer impacted your working life in any of the following ways? (select all that apply)**

Considered reducing my working hours

I have reduced my working hours

Considered leaving employment

I have previously left employment

I have felt distracted whilst at work

I have taken sick leave to provide care

I have taken annual leave to provide care

I have felt unable to pursue career opportunities

1. **If required, would you feel comfortable talking with your line manager about you being a carer?**

Yes

No (Please explain)

Unsure

1. **Would you consider your employer to be a ‘carer-friendly organisation’**

Yes

No

Unsure

1. **If a carer** – **Have you spoken with your employer (line manager or HR, for example) about your caring responsibilities?**

Yes

No

1. **If a carer and yes to asking for support – Did you feel supported by your employer?**

Yes

No

Unsure

1. **If not a carer** – Would you know how to support a colleague who is an unpaid carer for a loved one?

Yes

No

Unsure

1. **All** - Your employer provides a number of benefits for carers. Which of these have you heard of or used before?

(Enter any existing benefits you have for carers, including wellbeing/mental health services etc)