



Mencap NI wants to better understand what people with a learning disability think about healthy lifestyles and what their concerns are as part of our work with Councils on our Healthier Me campaign.



Mencap carried out a short survey about this, earlier this year.

This gave us some information about what people with a learning disability think about food choices, exercise and community life, but we need to find out a lot more.



In this second survey, we will ask more people with a learning disability, and carers, a bit more about what they think.

We will use this in our work with Councils to deliver activities that will help people with a learning disability.



To help us, please complete this short survey before **Midnight on Thursday 14th November 2024**. This survey should take about 15-20 minutes to complete.

Also, we really want to find out what you think, so please be as honest as possible!



In this survey you will see a star beside some questions.

These questions will have directions beside some answers asking you to skip some questions. Please follow these instructions.

Information about you

Please tick your answer



1. What Gender are you?

- Male I prefer not to say
- Female Other (please write below)

Other:



2. What age are you?

- Under 18 years 45 - 64 years
- 18 - 24 years 65 years or older
- 25 - 34 years I prefer not to say
- 35 - 44 years



3. Are you in any work or education now?

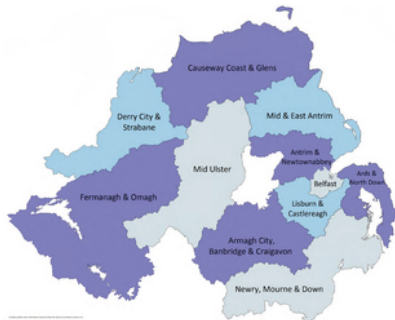
- Yes I prefer not to say
- No



4. Do you know the local Council area you live in?

- Yes *(If Yes go to 4a.)* I am not sure
- No *(If No go to 4b.)*

4a. If YES Please Tick which Council area you live in.



- | | |
|---|--|
| <input type="checkbox"/> Antrim and Newtownabbey Borough Council | <input type="checkbox"/> Fermanagh and Omagh District Council |
| <input type="checkbox"/> Ards and North Down Borough Council | <input type="checkbox"/> Lisburn and Castlereagh City Council |
| <input type="checkbox"/> Armagh City, Banbridge and Craigavon Borough Council | <input type="checkbox"/> Mid and East Antrim Borough Council |
| <input type="checkbox"/> Belfast City Council | <input type="checkbox"/> Mid Ulster District Council |
| <input type="checkbox"/> Causeway Coast and Glens Borough Council | <input type="checkbox"/> Newry, Mourne and Down District Council |
| <input type="checkbox"/> Derry City and Strabane District Council | |

Information about you

Please tick your answer



4b. If NO Please tell us your nearest town and your county

.....



5. Do you live in:

- A big city or town A village or rural area
- A smaller town Not sure



5a. Can you walk to a bus stop or a train station near to where you live?

- Yes Not sure
- No



6. How do you get around most of the time?

Tick as many as you want

- Someone gives me a lift I use community transport
- I drive myself Walking
- By public transport (e.g. bus or train) Cycling
- I get a taxi Other (Please write below)

Other:

★ 7. Are you completing this survey by yourself or is someone helping you?



- I am completing this survey by myself (If you have ticked skip to 7b.)
- Someone is helping me



7a. If someone is helping you, what is their relationship to you?

- Paid carer or support worker
- Friend or unpaid carer
- Family member or relative
- I prefer not to say
- Someone else (please write below)

Other:



7b. Do you have a learning disability?

- Yes
- No
- I prefer not to say



8. Please tell us about your living arrangements.

- I live alone
- I live with my family
- I live with friends
- I live in supported living
- I prefer not to say
- Other - write in below

Other:



8a. Who buys your food?

Tick as many as you want

- Support staff
- Family
- Me
- Someone else (please write in)

Write in:



8b. If you ever buy food yourself, what things influence you? Tick as many as you want

- I have tried it before so I know I like it
- Advertising
- Other - write in below
- Recommendations from other people
- Supermarket offers

Other:

9. Please say whether the following statements are True or False.

Statement	True	False
Eating the right food can help give me more energy.		
Good food can make me tired and lazy.		
I can lose weight if I eat the right food.		
Bad food choices can make me overweight.		
Eating good food can make me happier.		
Eating the wrong food can give me health problems.		



A 'healthy diet' is all about balance.

Healthy eating means eating lots of different foods in the right amounts to have a healthy lifestyle, so we need to eat a mix of food groups everyday.

As part of a healthy lifestyle, you can still have treats every now and then.

10. How often do you eat the following foods?

	Every day	More than once a week	Once a week	2-3 times a month	Once a month	Less than once a month	Never
Carbohydrates <i>Examples: bread, pasta, rice, potatoes, cereal</i>							
Fruits and Vegetables <i>Examples: oranges, apples, frozen fruit and vegetables, canned fruit and vegetables</i>							
Protein <i>Examples: Meat, fish, eggs, beans</i>							



10. How often do you eat the following foods?

	Every day	More than once a week	Once a week	2-3 times a month	Once a month	Less than once a month	Never
Dairy or other dairy options <i>Examples: milk, cheese, yogurt, oat milk</i>							
Fats <i>(a small amount of fat is important for health)</i> <i>Examples: butter, olive oil, vegetable oil</i>							
Processed Foods <i>Examples: Ready meals, sausages, sliced ham, chicken nuggets</i>							
Sugary Treats <i>Examples: sweets, cakes, ice cream, fizzy drinks</i>							
Takeaways <i>Examples: Pizza, burgers, chips, Chinese or Indian takeaway</i>							



11. Can you cook or prepare your own food?

- Yes
 I don't know
 No *(If NO skip to 11d.)*



11a. If you ever cook, what food do you cook?



11b. How often do you cook?

- Everyday
 Once a month
 2-3 times a week
 Less than once a month
 Once a week
 Never
 2-3 times a month



11c. Does anyone else ever cook for you or help you prepare your meals?

- Yes
 No



11d. Who cooks for you, or helps you to cook?

Tick as many as you want

- Support worker or paid carer
 Family member or relative
 Friend or unpaid carer
 Someone else (please tell us your relationship to them below)

Other: _____



12. How could having a healthy diet help you?

Tick as many as you want

- Give me more energy
- Make me happier
- Help me lose weight

Please list any other ways a healthy diet could help you



13. How could having a poor diet get in the way of a healthy lifestyle?

Tick as many as you want

- Make me tired and lazy
- Make me overweight
- Give me health problems

Please list any other ways a poor diet could get in the way of a healthy lifestyle

Food Choices

Please write what you think

Is there anything else you would like to tell us about food choices?

A large, empty rectangular box with a black border, intended for the respondent to write their answer to the question above.

Exercise

Please tick your answer



14. What sort of exercise do you do?

Please tick one



Walking

Cycling

Running

Swimming

Gym

Other (please write in below)

I don't exercise

Other:

14a. How often do you do this?

Everyday

Once a month

2-3 times a week

Less than once a month

Once a week

2-3 times a month

Never



14b. If you go to a gym or leisure centre, do you find the staff to be: Please tick one box per row

	Yes	No	Not sure
Friendly			
Helpful			
Interested			
Supportive			

Exercise

Please tick your answer



★ 14c. If you go to a gym or leisure centre, are you able to bring along a carer?

- Yes Not sure
- No (If NO skip to 15.)



14d. If YES, does it cost you more?

- Yes Not sure
- No

If YES, how much?

15. Please tell us what other exercise you do often



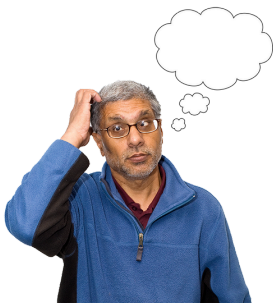
16. If you could, would you like to exercise more?

- Yes I don't know
- No

16a. What would help you exercise more?

Tick as many as you want

- | | |
|---|---|
| <input type="checkbox"/> Better information | <input type="checkbox"/> Having someone or more people to do this with |
| <input type="checkbox"/> More things to do | <input type="checkbox"/> Better transport options to get to leisure centre or gym |
| <input type="checkbox"/> More welcoming staff | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> More support and encouragement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Being more confident | |



Other:



17. What gets in the way of you doing more exercise? Tick as many as you want

- | | |
|--|--|
| <input type="checkbox"/> Costs too much | <input type="checkbox"/> Leisure centres or gyms are not inclusive |
| <input type="checkbox"/> Transport not good | <input type="checkbox"/> I am not confident enough |
| <input type="checkbox"/> I do not have people to exercise with | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Other | |

Other:

Is there anything else you would like to tell us about this? Please write your answer in the box below



★ **18. Do you know what leisure activities are available to you in your local Council area?**

- Yes No *(If No skip to 19.)*
 I don't know



18a. If YES, what activities are available?

Tick everything you know about

- Gym Swimming
 Classes Other sports facilities
 Groups Community centres
 Other (please list)



18b. What are these leisure facilities called?

Please list



18c. Would you feel comfortable going to these activities?

- Yes No
 Not sure

Wellbeing and Community Links

Please tick your answer

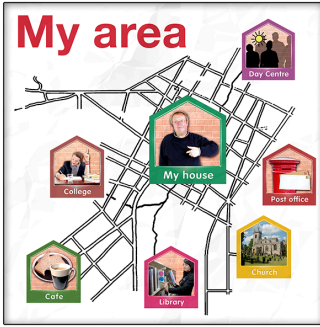


★ 19. Do you belong to any society or club?

- Yes
- No *(If No skip to 20.)*
- I don't know

19a. If YES, how far do you have to travel to attend the society or club?

If you attend more than one, please tick for each club



- Walking distance Less than 15 minutes
- Walking distance More than 15 minutes
- I can take public transport
- I don't know
- Car journey Less than 15 minute
- Car journey 15 - 30 minutes
- Car journey 30 - 60 minutes
- Car journey More than 60 minutes

19b. What sort of club or society do you belong to?

Tick as many as you want



- Drama group
- Music group
- Special Olympics
- Advocacy group
- Youth club
- Sports club
- Gateway club
- Other (Please list below)

19c. What is the name of the society or club?

Please write your answer in the box below





★ 20. If you could, would you like to be more involved in your local community?

- Yes No *(If NO skip to 21.)*
 I don't know

20a. What would help you to be more involved in your local community? Tick as many as you want.



- | | |
|--|--|
| <input type="checkbox"/> Better information | <input type="checkbox"/> More things to do |
| <input type="checkbox"/> More welcoming staff | <input type="checkbox"/> Better transport options |
| <input type="checkbox"/> More support and encouragement | <input type="checkbox"/> Having someone or more people to do this with |
| <input type="checkbox"/> Being more confident | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Other reasons (please list below) | |

20b. What gets in the way of becoming more involved in your local community?

Tick as many as you want



- | | |
|--|--|
| <input type="checkbox"/> Transport not available | <input type="checkbox"/> Lack of information about what is happening |
| <input type="checkbox"/> I am not confident enough | <input type="checkbox"/> My local community is not inclusive |
| <input type="checkbox"/> I don't have anyone to go with | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Being more confident | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other reasons (please list below) | |

Wellbeing and Community Links

Please write your answer

Is there anything else you would like to tell us about this?

Any other comments

Please write your answer

21. Please let us know if you have any other thoughts, comments, or suggestions.

Please also tell us what you think about Mencap's plans for a "Healthier Me" campaign this year.

If you wish, you can also email any comments to: campaigns.NI@mencap.org.uk

How to Return Your Survey



To return your survey to us you can:

- Return it to us in person or by post to the following address:

NI Campaigns Team
Mencap Centre
5 School Road
Newtownbreda
Belfast
BT8 6BT



- Scan or photograph your survey and email it to:

campaigns.ni@mencap.org.uk



- Hand it back to the staff member who gave it to you for them to return it to us.



Thank you for your help!

Your responses will help us to campaign for better healthy lifestyle supports for people with a learning disability across Northern Ireland.

Want to hear more about Healthier Me?



If you would like to be kept up to date on our "Healthier Me" campaign or other other Mencap NI campaigns, leave your email address and / or phone number below.

By giving us your email address and / or phone number you are consenting to Mencap sending you updates on the campaigns you would like updates on. If you don't want to receive these updates just leave these fields blank.

Your email address and / or mobile number will not be kept with your survey answers. The survey is anonymous, so your answers will stay private.

We will only use your contact details to update you about our Mencap NI campaigns.

Email address:

Mobile number:

Please tick the box or boxes of what you would like Mencap to send you updates about:

- Healthier Me Other Mencap Campaigns
 I don't want
to receive updates