



Once completed, please send to – [info@bwae.co.uk](mailto:info@bwae.co.uk)

**Need Assessment Questionnaire**

**(Strictly Private & Confidential)**

**Please fill this form out as completely as possible.**

Date:	
Full Name:	
Address:	
Postcode:	
Contact number:	Age:
<p>Gender</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (please specify) <p>.....</p> <input type="checkbox"/> Prefer not to say	<p>Ethnicity</p> <input type="checkbox"/> Latin <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pakistani <input type="checkbox"/> Asian (Other) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Prefer not to say
<p>Marital Status:</p> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Prefer not to say	<p>Religious status:</p> <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Cristian <input type="checkbox"/> Buddhist <input type="checkbox"/> Other (please specify) <p>.....</p> <input type="checkbox"/> Prefer not to say



Do you have a disability?

Yes (please specify)

.....

No

Prefer not to say

**Education history:**

- No schooling completed
- GCSE/A level
- High school
- University
- Other educational level
- Prefer not to say

**Current employment status:**

- Employed (part-time)
- Employed (full-time)
- Self-employed
- Unemployed looking for work
- Homemaker
- Student
- Retired
- Unable to work
- Prefer not to say

**If you, or your family, are from Bangladesh, please answer the following:**

1. What area do you come from? (Please specify)

2. What is your spoken dialect?

3. Can you read Bengali?

- Yes
- No



Prefer not to say

4. Can you write Bengali?

Yes

No

Prefer not to say

**Carer's Support**

1. Are you a carer?

Yes

No

Prefer not to say

2. Who do you care for?

Partner

Child

Friend

Other (Please specify).....

Prefer not to say

3. How long have you been providing the care?

Less than 1 year

1-3 years

3-5 years

5+ years

Prefer not to say

4. If so, do you get any support e.g.) financial or social aid including other agencies.

Yes (please specify)

.....

No

Prefer not to say

5. Do you get any respite for the care you provide either financial or social?

Yes

No

Prefer not to say



6. Is there anything you can share about your experience of being a carer?  
(Accessing information and accessibility to support, referrals, carer's support,  
respite, benefits). Please use the extra space allocated on page 9 and 10 if  
required.

**Medical History** (please tick any medical problems that you have).

- Allergies
- Anaemia
- Anticoagulation therapy
- Anxiety
- Arthritis
- Asthma
- Cancer
- Cataracts
- Depression
- Diabetes mellitus
- Heart disease or pacemaker
- High cholesterol
- High blood pressure
- Kidney stones
- Kidney disease
- Liver disease
- Myocardial infarction (heart attack)
- Prostrate
- Rashes/ skin problem
- Thyroid disease
- Other (specify) \_\_\_\_\_



**Family Medical History**

Check below any medical history your family members have had. If you can, please state their **AGE** in brackets ( ) when they were diagnosed. If you have multiple issues please give the detail on the space provided below.

	Mother	Father	Sister	Brother	Son	Daughter	Other
Asthma							
Breast cancer							
Cancer							
Celiac disease							
Cystic fibrosis							
Diabetes							
Heart attack							
High cholesterol							
Hypertension							
Inflammatory bowel disease							
Irritable bowel syndrome							
Kidney disease							
Liver disease							
Other (specify)							



**General Medical Care and health**

1. What are the most important factors that impact your well-being in your community? Please tick all those which apply.

Lack of exercise	<input type="checkbox"/>	Cultural identity	<input type="checkbox"/>
Poor eating habits	<input type="checkbox"/>	Stigma	<input type="checkbox"/>
Recognition of mental health problems	<input type="checkbox"/>	Lack of awareness of services	<input type="checkbox"/>
Not able to access services due to language/ cultural barriers	<input type="checkbox"/>	Any other	<input type="checkbox"/>

2. Do you suffer from any long-term chronic illness?

Yes (please specify)

.....

No

Prefer not to say

3. Do you have any issues with accessing services?

Yes

No

Prefer not to say

4. When you get sick, where do you first go for help?

GP

Emergency services

Ring 111

Self-prescribe over-the-counter medication

Pharmacist

Do not seek medical attention

Other (please specify).....

Prefer not to say

5. On a scale of 1-10, how easy do you find getting support from your GP? (1= extremely difficult, 10= extremely easy)

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----





--	--	--	--	--	--	--	--	--	--

6. What barriers do you face between healthcare providers?

- Language
- Communication
- Cultural naivety
- Insensitivity
- Waiting times
- Responding to needs
- Other (please specify) .....
- Prefer not to say

7. When you visit a healthcare provider, do you take anyone with you?

- Yes (please specify who e.g., family member, friend, community member)

.....

- No
- Prefer not to say

8. For your medical appointment, have you ever been asked whether you require interpreting service?

- Yes
- No
- Prefer not to say

9. If so, what interpreting service were you are offered and what was your experience? Please use the extra space allocated on page 9 and 10 if required.

10. Would you prefer face-to-face interpreting/advocacy with trained staff in your own dialect who understands your dialect and culture?

- Yes
- No
- Prefer not to say



11. Is a separate space (Male/Female) for medical examination or consultation important to you?
- Yes
  - No
  - Prefer not to say

### **Mental Health**

1. Is there anything you can share about your experience of mental health care?  
Please use the extra space allocated on page 9 and 10 if required.

2. Do you find it is easy to talk about mental health issues with your family?
- Yes
  - No
  - Prefer not to say

3. If so, do you find accessing support for mental health issues easy?
- Yes
  - No
  - Prefer not to say

4. If not, why and what would you prefer so that your mental health issues are dealt with. Please use the extra space allocated on page 9 and 10 if required.

5. Have you ever received any counselling?
- Yes
  - No
  - Prefer not to say

6. If not, would you like to access this service?
- Yes
  - No
  - Prefer not to say



7. Is there anything else you would like to share about your health or accessing services in the community? Please use the extra space allocated on page 9 and 10 if required.

**Oral  
Health**

7. Do you have a regular dentist?
- Yes
  - No
  - Prefer not to say
8. Which of the following best describes how you feel about visiting a dentist?
- Not anxious
  - Slightly anxious
  - Fairly anxious
  - Very anxious
  - Extremely anxious
9. When was the last time you visited a dentist?
- Under 6 months
  - 6-12 months
  - 12-24 months
  - Over 24 months
  - Never been to a dentist
  - Prefer not to say
10. When was the last time you visited a dental hygienist?
- Under 6 months
  - 6-12 months
  - 12-24 months
  - Over 24 months
  - Never been to a hygienist
  - Prefer not to say
11. Do you consume betel nut/ shopari/paan?
- Yes (please indicate how often)
    - Daily
    - Few times a week
    - Few times a month



- No
- Prefer not to say

12. Do you have any dental-health related concerns?

- Yes (please indicate type/s)
  - Tooth pain
  - Tooth decay
  - Bleeding/swollen gums
  - Other (please detail).....
- No
- Prefer not to say



13. What are your main concerns, if any, regarding your dental care and oral health?

You can add any comments explaining your answers further eg your nervousness attending dentist or why you haven't attended for a long time.

Please use this page to say more about how you faced barriers, difficulties in accessing the health service. You can tell us a bit more about how you came to this country and what if any, problems you faced and what improvements you would like to see. If someone is filling the questionnaire on your behalf, please make sure you capture the background as this is going to be very important for us to understand the circumstances of each individual.

**Bangladeshi Women's  
(BWAE) CIC**

c/o Winsley's House, High  
1UG



**Association Essex**

Street, Colchester, Essex CO1

Company Registration Number: 11848160

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Continue on this page if required:

Signature: .....OR

I consent .....sign on behalf of me

**Once completed, please send to – [info@bwae.co.uk](mailto:info@bwae.co.uk)**

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