

# My Health Check

## PRE-ASSESSMENT QUESTIONNAIRE



### We would like to invite you to your Annual Health Check



**Step 1:** Please fill in this questionnaire and return it to your GP Practice **BEFORE** your health check.

If you need help to fill in your questionnaire you may like to ask a family member, a friend, your carer or support worker.



**Step 2:** You may like to complete this questionnaire over several days during the **NEXT 2 WEEKS**.





**Step 3:** After you have returned your completed questionnaire, your GP Practice will tell you the **DATE** and **TIME** of your health check.



After your Health Check, would you like your GP Practice to issue you an Easy Read Health Check Action Plan? If yes, please tick (✓) this box.

## About Me





	My full name	
	My date of birth	

	My address	
	Home Telephone Number	
	Mobile Telephone Number	
	My Email Address	

## Changes we can make to help you are called Reasonable Adjustments

How would you like your GP Practice to contact you?

Tick a box

	<p>  Phone Call:      Home <input type="checkbox"/> or Mobile <input type="checkbox"/>  <input type="checkbox"/> Text message <input type="checkbox"/>     Email <input type="checkbox"/>      <input checked="" type="checkbox"/> Easy Read letter <input type="checkbox"/>   Through my carer <input type="checkbox"/>  <div style="border: 1px dashed gray; padding: 5px; margin-top: 10px;">                     Their name is:                 </div> </p>
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## What changes can your GP Practice make to help you attend your health check?



Longer appointment  First appointment  Last appointment   
 Pictures to help me understand

Other:

## Do you need someone to attend your health check with you?



Yes: Family member  Friend  GP Chaperone  Carer

How would you like them to be involved?

No

## Do you have any worries about your health since your last review?



Yes

No

## Background

### Long Term Condition Review

Tick a box



How do you tell someone if you are ill or in pain?

By talking  Sounds  
 Gestures  Pictures



Do you have problems with eating, drinking, or swallowing?

Yes  No



Can you choose what you would like to eat and drink?

Yes  No





Do you have any special dietary needs or a feeding tube?

Yes  No

## Other known long-term health conditions


Tick a box

	Do you have epilepsy?	<input type="checkbox"/> Yes – my epilepsy Doctor / Nurse is Name: <input type="text"/> <input type="checkbox"/> No
	Do you have diabetes?	<input type="checkbox"/> Yes – my diabetic Doctor / Nurse is Name: <input type="text"/> <input type="checkbox"/> No


## Care Team

Next of Kin:


This is your closest family member or your first point of contact in an emergency

	Name: Their telephone number:
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## Family Carer

	Name: Their telephone number:
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## Paid Carer or Support Worker

	Name: Their telephone number:
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Would you like your GP Practice to share the result of your health check with the people who help to care for you?

	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: <input type="text"/>
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# Support





## I need help with

Tick a box

	Bathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
	Dressing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
	Help with meals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
	Drinking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
	Going to the toilet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes

## Where I live

Tick a box

	<input type="checkbox"/> With my family / friends <input type="checkbox"/> In a residential care or nursing home <input type="checkbox"/> In my own house or flat <input type="checkbox"/> Supported accommodation		
	Are you able to move around easily where you live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you use equipment to move around?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	I use a.....	<input type="checkbox"/> wheelchair	<input type="checkbox"/> a stick <input type="checkbox"/> a frame

# Lifestyle and Wellbeing










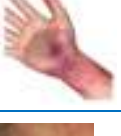
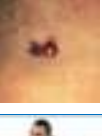

## Health Promotion

	<p>How much exercise / movement do you do? This includes walking, sport, dance, swimming, keep fit.</p>	
	<p>Do you drink alcohol? Drinks like wine, beer, cocktails.</p>	<p><input type="checkbox"/> Yes – How much? .....</p> <p><input type="checkbox"/> No</p>
	<p>Do you smoke cigarettes?  Do you vape?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
	<p>Are you in a relationship?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
	<p>Have you had a sexual health check?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
	<p>Do you use contraception?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
	<p><b>Social Prescriber</b> Would you like information about this health and wellbeing service?</p>	<p>A Social Prescriber is a health care professional who can support you with a plan to improve your overall health and wellbeing. They can signpost you to activities, groups and services in your community.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
 <p>Day Centre</p>	<p>Do you attend a day centre?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>

# Physical Health

## General Wellbeing








Tick a box

	Do you go to the dentist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you go to the optician?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have your hearing checked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
 Feet	Do you have your feet checked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have heart problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have breathing problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have pains in your chest or get puffed out easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you find it hard to bend?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you find it hard to hold things?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have any unusual bruises or sores?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you noticed any changes to your moles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have problems with constipation? Going for a wee or poo?	<input type="checkbox"/> Yes	<input type="checkbox"/> No


# Mental Health

## How are you feeling?

Tick a box


	Have you been feeling low, sad or depressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you been feeling anxious or worried?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you little interest or pleasure in doing things?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you started to have mood swings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have problems sleeping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you think you have forgotten more things?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you worry about your memory or feeling confused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## What matters to me – personalised care and support plan\*

	Overall, what are your goals and hopes about your health and wellbeing?	
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# Screening




## Regular screening can help you live a healthier and longer life

	<ul style="list-style-type: none"> <li>▪ Bowel Cancer Screening</li> <li>▪ Breast Cancer Screening</li> <li>▪ Cervical Screening</li> <li>▪ Diabetic Eye Screening</li> <li>▪ Abdominal Aortic Aneurysm (Heart) Screening</li> </ul>	<p>Do you know about these screening programmes and reasonable adjustment pathways?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
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The Learning Disability Health Screening Team at Gloucestershire Health and Care NHS Foundation Trust can support people with a learning disability with useful information about the different types of screening.

## Vaccinations in the last 12 months


Tick a box

	<p>Have you had your flu vaccination?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
	<p>Have you had a vaccination for pneumonia and bronchitis?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
	<p>Have you had your covid vaccination and booster?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>

## Early warning signs (Contingency Plan) \*



	<p>What are the signs to watch out for that may indicate a significant change in health?</p>	
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**RESTORE2** Restoring Independence

	<p>Do you have any allergies or sensitive to any medication?</p>	<p><input type="checkbox"/> Yes - I am allergic to .....</p> <p><input type="checkbox"/> No</p>
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## Medication



### How do you prefer to take your medication?

	Tablets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Liquid	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Resources

### Easy Read information about health and wellbeing

	For health resources developed by the Gloucestershire LeDeR programme.	<p><a href="http://www.inclusiongloucestershire.co.uk">Go to www.inclusiongloucestershire.co.uk</a> </p> <p>Select – Health and Wellbeing &gt; LeDeR</p>
	For an online library of Easy Read health leaflets and accessible films.	<p>Register for FREE at <a href="http://www.easyhealth.org.uk">www.easyhealth.org.uk</a> </p>
	Mencap have lots of Easy Read health information on their webpage.	<p><a href="http://www.mencap.org.uk/help-and-advice/health">Go to www.mencap.org.uk/help-and-advice/health</a> </p>
	<p><b>'My Health Passport'</b> can tell hospital staff useful information about you. Such as communication needs, anxieties, likes and dislikes.</p> <p>It can help staff to understand how to make things easier for you, like reasonable adjustments.</p>	<p>For a paper copy of My Health Passport, email: <a href="mailto:LDHealthFacilitationTeam@ghc.nhs.uk">LDHealthFacilitationTeam@ghc.nhs.uk</a></p> <p>Or you can access an online editable version on <a href="#">Key documents and resources &gt; on the Glos Health &amp; Care NHS Foundation Trust website</a> </p> <div style="border: 1px solid orange; border-radius: 15px; padding: 10px; background-color: #f9a825; color: white; text-align: center;">  <p>You will need to check your health passport is up to date from time to time. Why not review and update your passport when you have your annual health check.</p> </div>

	<p>The RESPECT form is a short plan about what should happen if you need health care or treatment in an emergency. Understanding what matters most in your life helps to make a better plan.</p>	
	<p>Do you have a ReSPECT form?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**For ReSPECT Easy Read Guides:**

[Go to Resuscitation Council UK website - ReSPECT Resources](#) 

You may also like to watch  [a YouTube video about Jenny's Story](#) 

 [a YouTube video about John's Story](#) 



If you have any questions about your health and wellbeing, you can write them in the space below.

I had support to complete my Pre-Assessment Questionnaire from -

Name:

Date:

Role:

Carer | Family member | Advocate |



Thank you for completing this pre-assessment questionnaire.

Please post or deliver your questionnaire back to your GP Practice: -



Name & Address of GP Practice

These boxes contain information for your GP Practice

Snomed Completion Codes for annual health check		Codes - annual health check declined/DNA	
Concept ID		Concept ID	
199751000000100	Learning disabilities annual health assessment	514021000000103	LD annual health assessment declined
And as part of the Annual Health assessment, please also complete or review LD Health Check Action Plan and record appropriate code below:		514041000000105	Did not attend learning disabilities annual health assessment
712491005	Completion of learning disabilities health action plan	413162002	LD health action plan declined
413163007	Learning disabilities health action plan reviewed	1323481000000100	Adult not brought to appointment.

### SNOMED completion codes for ReSPECT

1107891000000106	Has Recommended Summary Plan for Emergency Care and Treatment (finding)
1382601000000107	Recommended Summary Plan for Emergency Care and Treatment form (record artifact)

4133500009	*Goals, aims and hopes
414482001	*Relapse indicators / early warning signs

This document was produced by Gloucestershire Health and Care NHS Foundation Trust, Learning Disability Health Facilitation Team and LD Annual Health Check Project Group. Easy read content checked by Inclusion Gloucestershire Experts by Experience and Gloucestershire Health and Care NHS Foundation Trust Partnership and Inclusion Team Experts by Experience. Images courtesy of Photosymbols unless stated.

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