

Checks the GP may want to do



Other Health Checks



Pre Health Check Questionnaire



My Name \_\_\_\_\_



Jabs that keep you healthy

Screen 1

Have you had a flu jab in the last 12 months?

✓  or ✗



Have you ever had a jab for pneumonia and bronchitis?

✓  or ✗

Do you have a fear of jabs?

✓  or ✗



# Allergies

Screen 1

Do you suffer from any allergies?

✓  or ✗



✓



✓



✓

Other \_\_\_\_\_



# Communication

How should we keep in touch with you?



Do you use easy read words and pictures?

✓  or ✗



How do you tell someone you are in pain?  
\_\_\_\_\_

# Walking

Screen 1

Do you use any of these?



✓



✓



✓



✓



✓

# Mental Health

Screen 4

Have there been any big changes in your life?  
Example, moving house, a death.



✓  or ✗



Do you self-harm?

✓  or ✗



Have there been any other changes?

✓  or ✗

# Dementia

Screen 4



Do you think you have forgotten more things?

✓  or ✗



Have you started to have mood swings?

✓  or ✗

## Muscle and Skeletal

Screen 3



Do you find it hard to bend?

✓  or ✗



Do you find it hard to hold things?

✓  or ✗



Do you find it hard to walk?

✓  or ✗

## Feet

Screen 3



Have you had your feet checked?

✓  or ✗

When was your last appointment ?

\_\_\_\_\_

## Skin

Screen 3



Have you noticed any unusual bruises or sores?

✓  or ✗



Have you noticed changes in any moles?

✓  or ✗

## Body and Lifestyle

Screen 2



How tall are you?

\_\_\_\_\_

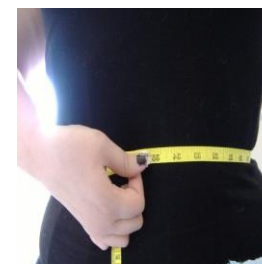


What do you weigh?

\_\_\_\_\_

Has your weight changed?

✓  or ✗



What is your waist measurement?

\_\_\_\_\_



Do you know your blood pressure?

\_\_\_\_\_



Can you choose what you eat?

Screen 1

✓  or ✗

What food do you eat?

Screen 1



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Do you exercise?

Screen 1

✓  or ✗

What exercise do you do?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Do you have epilepsy?

Screen 3

✓  or ✗

If yes how many seizures do you have a month?

\_\_\_\_\_

Who is your epilepsy doctor or nurse?

\_\_\_\_\_

\_\_\_\_\_



Do you have diabetes?

Screen 3

✓  or ✗

Who is your diabetes doctor or nurse?

\_\_\_\_\_

\_\_\_\_\_





Do you go to the optician?

Screen 2

✓  or ✗

When was your last appointment?

\_\_\_\_\_



Do you go to the dentist?

Screen 2

✓  or ✗

When was your last appointment?

\_\_\_\_\_



Have you had your hearing checked?

Screen 2

✓  or ✗

When was your last appointment?

\_\_\_\_\_



Do you have heart or lung problems?

Screen 3

Do you have pains in the chest or get puffed out easily?

✓  or ✗

## Unhealthy habits

Screen 1



Do you smoke?

✓  or ✗

Do you drink alcohol?

✓  or ✗



Do you want any information about smoking or drinking?

✓  or ✗



Do you take street drugs or smoke cannabis?

✓  or ✗

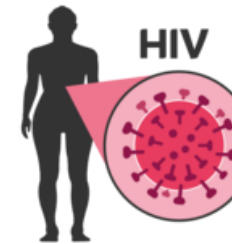
## Sexual activity

Screen 2



Are you in a relationship?

✓  or ✗



Have you had a sexual health check?

✓  or ✗



Do you use contraception?

✓  or ✗

## Bowels

Screen 2

60 - 74

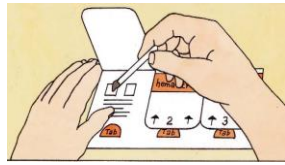
Are you between 60 and 74 years old?

✓  or ✗

If Yes ✓

Have you been offered bowel screening?

✓  or ✗



Do you have problems going to the toilet?

✓  or ✗

If yes,  
do you have problems going for a wee?

✓  or ✗

Do you have problems going for a poo?

✓  or ✗

Screen 1

## For women

Screen 2



Have you had breast screening?

✓  or ✗



Have you had cervical screening (Smear Test)?

✓  or ✗



Have there been changes in your menstrual cycle (period)?

✓  or ✗

## For men

Screen 2



Have you had your testicles (balls) checked?

✓  or ✗

Are you between 65 and 74 years old?

65 - 74

✓  or ✗



Have you had AAA screening? (Abdominal Aortic Aneurysm) – to check there's a bulge or swelling in the main blood vessel that runs from your heart down through your tummy.

✓  or ✗