



My Annual Health Check



Feedback for my GP Practice



If you want to tell us your name, you can write it in the box below.

A large rectangular box with a blue border, intended for writing a name. On the right side, there is an illustration of a hand holding a black pen, ready to write.



Please write the name and address of your GP Practice in the box below.

A large rectangular box with a blue border, intended for writing the name and address of the GP practice. On the right side, there is an illustration of a hand holding a black pen, ready to write.



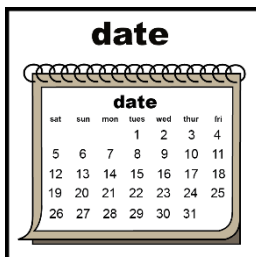
1. How did you find out about your annual health check appointment? Tick the box below.

Easy Read Letter

Letter

Telephone Call

Other (If other, please tell us how you found out about your appointment in the box below)

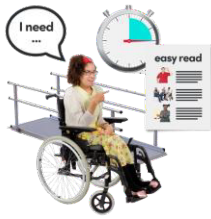


2. Did you have a choice with the appointment day or time?



or





3. Were any reasonable adjustments made to help you? For example, if you don't like crowded places, were you able to wait in a quiet area?

✓ or ✗



Please tell us if anything was done to make your Annual Health Check a good experience. Write it in the box below.



4. Did you go alone or with a family Carer or paid Carer? Please tick the box.

Alone

Family Carer

Paid Carer



5. Who did you see?

Tick one box below.

Just a Nurse

Just a Doctor

A Nurse and a Doctor



6. If you saw a Doctor, was it the one you usually see or someone different?

Usual Doctor

Different Doctor



7. If it was a different Doctor, did you ask to see your usual one? If so, what happened?



or





8. If you saw a Nurse and a Doctor, did you see them on the same day?

✓ or ✗



Understand

9. Did you understand everything that was said to you?

✓ or ✗



10. If there was something that you didn't understand, were you allowed to ask questions?

✓ or ✗



11. Were you given any information to read?

✓ or ✗



12. If yes, was the information in Easy Read?

✓ or ✗



13. Do you think you were listened to?

✓ or ✗



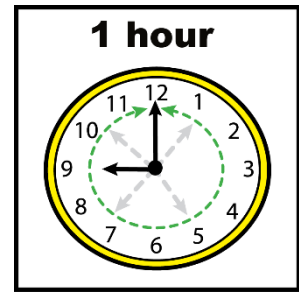
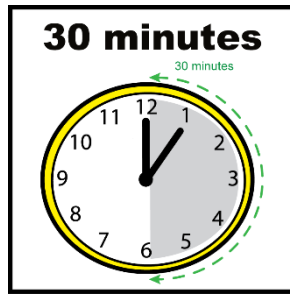
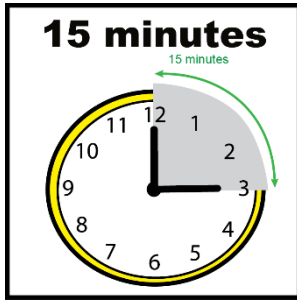
14. If you had someone with you, did the Doctor and/or Nurse speak to them or to you?

They spoke to me

They spoke to the person with me



15. How long did your Health Check take?



I can't remember



16. After your Annual Health Check, were you given a Health Action Plan?



✓ or ✗

17. Do you follow your Health Action Plan?



✓ or ✗

I don't have one



18. What was good about your Annual Health Check? Write in the box below

A large empty rectangular box with a blue border, intended for writing an answer to question 18. In the top right corner of the box, there is a small image of a hand holding a black pen, ready to write.

19. What would you like to change about your Annual Health Check? Write in the box below

A large empty rectangular box with a blue border, intended for writing an answer to question 19. In the top right corner of the box, there is a small image of a hand holding a black pen, ready to write.



20. If you had someone supporting you at your Annual Health Check and you would like them to comment on the experience, they can write in the box below

Please send your completed Annual Health Check Questionnaire by post to:



Gail Greer,
SpeakeasyNOW,
St. Richards House,
22 Victoria Square,
Droitwich
WR9 8DS



or email to:

g.greer@speakeasynow.org.uk