

**RATE MY HEALTHCHECK**

We are always looking to make sure that our services are the best that they can be

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| http://cdn.shopify.com/s/files/1/0606/1553/products/BPman2_1024x1024.png?v=1417848709 | We would like your help to make sure your Annual Health check meets your needs.  You can help us by answering a few questions | |
| 1  **Did you get easy read information letting you know about your appointment – Please tick if you received any of these** | | |
| **Easy read letter about your appointment – it could look like this**  cid:image014.png@01D10742.B89E67C0 | | **YES** |

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| 1  **Continued** |  |
| **Easy read fact sheet about your annual health check –**  cid:image015.png@01D10742.B89E67C0 | **YES** |
| **Any other easy read information**  cid:image010.png@01D10742.B89E67C0 | **YES** |

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| http://cdn.shopify.com/s/files/1/0606/1553/products/Watch_Point_1024x1024.png?v=1417858388  2 | **About how long did your health check take? –Please tick** | |
| **C:\Users\Sheila\Pictures\Timer - 15 minutes.png**  **15 MINUTES** | | **YES** |
| C:\Users\Sheila\Pictures\Timer - 30 minutes.png  **30 MINUTES** | | **YES** |
| C:\Users\Sheila\Pictures\Timer-45 minutes.png  **LONGER THAN**  **30 MINUTES** | | **YES** |

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| **Were you given information to take away? - Please tick**  3 | |
| **An easy read fact sheet – there are a number of factsheets – they look like this**  cid:image005.png@01D10742.B89E67C0 | **YES** |
| **Health Action Plan**  cid:image012.png@01D10742.B89E67C0 | **YES** |
| **I didn’t need any other information**  C:\Users\Sheila\Pictures\Good.png | **YES** |

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| 4  **Were you referred to another service?** | |
| **Here are some of the services you could be referred to**      Any Other Services | **YES** |

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| 5 | **Did you receive any information or support to go for any screening services? - Please tick** | |
| **Breast Screening** - If you are a woman and aged between 47 and 73 you should be offered a mammogram | | **YES** |
| **Cervical Screening –** If you are a woman and aged between 25 years 64 you should be offered a smear test. | | **YES** |
| **Bowel Screening –** If you are aged between 60 and 74 you should be offered bowel screening | | **YES** |

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| **If you received any information or support did you find it helpful?**  6  **NO**  **YES** |
| Would you like to tell us more: |

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| http://cdn.shopify.com/s/files/1/0606/1553/products/Think_bubble2_1024x1024.png?v=1417848643  7 | **How was your experience?**  **Please tick** | |
| C:\Users\Sheila\Pictures\Good.png  **GOOD** | | **YES** |
| C:\Users\Sheila\Pictures\Bad.png  **BAD** | | **YES** |
| C:\Users\Sheila\Pictures\Dont_know.png  **OK** | | **YES** |



THANK YOU FOR COMPLETING OUR QUESTIONNAIRE