

Brighton & Hove Big Health Service Check 2012

Please tell us what you think about health services. You don't have to answer all the questions. You can just answer the ones that you know about. Please make sure you only fill this form in once. This form is for adults with a learning disability, and young people with a learning disability making their transition to adult services.

About You

Please tell us a bit about you so we know we are working with all types of people. We will keep all information safe and confidential. You do not have to answer these questions if you do not want to.

Circle or write your answers. **We do not need your name.**

How old are you? 14 - 17 18 – 35 36 – 60 61 – 80 81 +

Your Post Code BN1 BN2 BN3 BN41

Which ethnic group do you or your family come from?

White Black Asian Chinese

Mixed Race (Your parents are each from different ethnic groups)

Another ethnic group? Which one? Write here:

Where do you live?

Your own Residential Supported With your Nursing Shared
home home Living family home Lives

Another kind of home? Write here:

Questions about the GP Surgery

Which GP surgery do you go to?

Do you have enough time with the doctor or nurse when you go to your GP surgery?

Don't Know

No

Yes

Tell us more:

Do you have a health check and health action plan every year at your GP surgery?

Don't Know

No

Yes

Tell us more:

If you do not have a health check every year at your GP surgery, please tell us why:

Circle your answer –

I choose not to
have one

I didn't know I could
have one

Another reason – tell us why:

Are you given a copy of your health action plan after the health check from the GP surgery?

Don't Know

No

Yes

Tell us more:

Do you understand what is written in your health action plan?

Don't Know

No

Yes

Tell us more:

Do you know who to ask for help if you don't understand what is written in your health action plan?

Don't Know

No

Yes

Tell us who:

What does your GP surgery do to help you?

Circle your answers – you can pick more than one if you want to.

Longer
appointments

Always see
same doctor
or nurse

Use easy
read info

No extra
help

I don't need
extra help

Another kind of help? Write here:

Questions about the hospital

Have you been to the hospital in the last year?

Don't Know

No

Yes

Tell us which one:

Was the hospital good at helping people with a learning disability?

Don't Know

No

Sometimes

Yes

Tell us more about the hospital you went to:

Have you had help from the hospital liaison nurses for people with a learning disability?

Don't Know

No

Yes

Tell us more:

Are the hospital liaison nurses good at helping people with a learning disability?

Don't Know

No

Sometimes

Yes

Tell us more:

The questions in this box are for young people under the age of 18 years only.

Have people talked to you about what help you need to keep healthy in the future?

Don't Know

No

Yes

Tell us more:

Do you have information about the health services you can use when you become an adult?

Don't Know

No

Yes

Tell us more:

What health services that you use are good at helping people with a learning disability?

What health services that you use could be better at helping people with a learning disability?

What else would you like to tell us about local health services?

Thank you for filling in this form. Please send your questionnaire to **Natalie Winterton, Health Facilitator, CLDT, 86 Denmark Villas, Hove, BN3 3TY** or ring 01273 295550 to find out about other ways to send it to us. Please send it back by **22nd June 2012**.

The results of the questionnaire will be available on the Brightpart web site when they are ready. The web site link is: www.brightpart.org/healthy.php