



Brighton & Hove
Learning Disability Partnership Board
www.brightpart.org

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 +



Post Code - circle one 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?



My House

Your own home



Residential home



Supported Living



With your family



Nursing home



Shared 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



I think I am healthy already

**Another reason?
Write here**

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 more:

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

What does your GP surgery do to help you?



Longer appointments



Always see same doctor or nurse



Use easy read info



No extra help

Another kind of help? Write here

I don't need extra help



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 who are under 18 years old only.

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

Don't Know	No	Yes
?	☹	☺

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

Don't Know	No	Yes
?	☹	☺



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:



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

