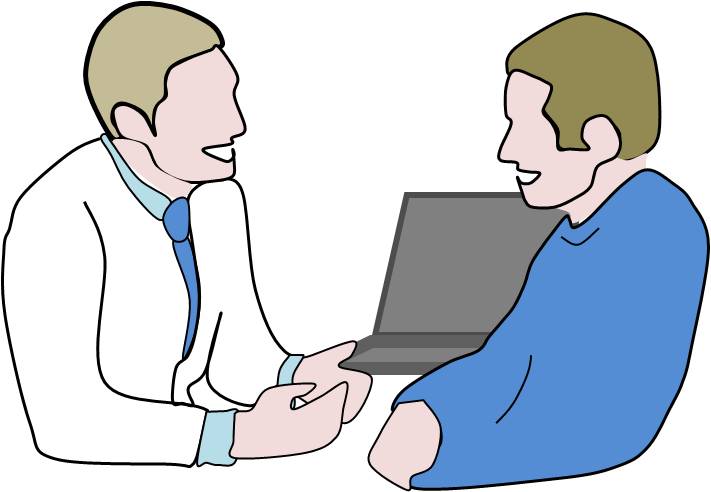
**Your views on Annual Health Checks for Adults with Learning disabilities**



Learning Disability Carers’ Community (LDCC) and Karen’s Page (KP) would like to collect your views on the annual health checks for adults with learning difficulties: Do you know about them? Does the person you care for go for them and are you pleased with them? Or don’t you agree with them?

Annual health checks for adults with a learning disability were introduced in 2008. They were designed to help improve the health and the access to healthcare of adults with learning disabilities. Adults with learning disabilities are known to have poorer health than other members of society and evidence suggests that this is partly because of barriers associated with identifying ill health and ensuring appropriate and timely access to healthcare services.

Health checks are seen as a reasonable adjustment and can be effective in improving health and health outcomes when carried out to an appropriate standard. However, uptake of the health checks is low and there is evidence to suggest that the quality of health checks varies widely.

To collect your views we have produced a survey which is completely anonymous.

If you care for a person with learning difficulties please complete the survey even if the person does not go for the annual heath checks because it gives you the opportunity of giving your reasons, which you may have not been able to before, and so that the reasons for non-attendance can be understood. Please complete the questionnaire to give your views. If you have any questions please contact LDCC: Susan Kellett [sue@ldcarerscommunity.org.uk](file:///C:\Documents%20and%20Settings\user\My%20Documents\Karen's%20page\Survey\sue@ldcarerscommunity.org.uk) or KP: Margaret Tyson [info@karentysonspage.org](file:///C:\Documents%20and%20Settings\user\My%20Documents\Karen's%20page\Survey\info@karentysonspage.org)

**[](http://www.ldcarerscommunity.org.uk/)**

**Annual Health Checks for Adults with Learning Difficulties**

*Data collected by Learning Disability Carers Community (www.ldcarerscommunity.org.uk)*

*and Karen's Page (www.karentysonspage.org)*

*The survey is completely anonymous so we will not see your name. Please complete the survey even if the person you care for doesn't go for annual health checks.*

*Please put a cross in the box next to your answer* 🗷

**BASIC INFORMATION**

**Are you?**

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Female |  |

**How old are you? Please write below….**

|  |
| --- |
|  |

**Which of the following best describes your ethnic background?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Asian/Asian British |  | Chinese/Chinese British |  | White |  |
| Black/Black British |  | Mixed |  | Would rather not say |  |

**Number of people in your household including you:**

|  |
| --- |
|  |

**Number of children in your household under 18:**

|  |
| --- |
|  |

**What is your postcode area - please give first 3 digits or first 2 digits if you prefer**

|  |
| --- |
|  |

**What education level did you achieve?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CSE/GCSE/O-level |  | A levels or equivalent |  | Degree/HND |  |
| Postgraduate/Masters/PhD or equivalent |  | No qualifications |  | Other, please specify |  |

**Q 1. What is your relationship to the person with learning difficulties?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family member |  | Husband/wife/partner |  | Friend |  |
| Paid carer |  | Other, please specify |  | | |

**Q 2. What gender is the person with learning difficulties?**

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Female |  |

**Q 3. How old is the person with learning difficulties? Please write below….**

|  |
| --- |
|  |

**Q 4. What is the person with learning difficulties level of learning disability?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mild (IQ = 50-70) |  | Moderate (IQ = 35-50) |  | Severe (IQ = 20-35) |  |
| Profound (IQ = below 20) |  | I don't know |  | Would rather not say |  |
| Other, please specify or estimate |  | | | | |

**Q 5. If you are a family member what relation are you to the person with learning difficulties?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mother |  | Father |  | Sister |  |
| Brother |  | Grandmother |  | Grandfather |  |
| Other, please specify |  | | | | |

**Q 6. Are you a member of a carers’ group/association/blog?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Other, please specify |  |

**Q 7. Did you receive an appointment letter for the Annual Health Check?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Other, please specify |  |

**Q 8. Did your letter come with an easy read version?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | N/A |  |
| Other, please specify | | |  | | | |

**Q 9. What do you think of "Easy Read"?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I think it is essential |  | I think it is a good idea for some people but not for the person I care for |  | I don't like it |  |
| I don't think it is necessary |  | The person I care for understands it better than normal text |  | An irritating waste of money |  |
| I haven't heard of it |  | Other, please specify |  | | |

**Q 10. Does the person you care for go for the annual health checks?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | | N/A |  |
| Other, please specify | | | |  | | | |

**Q 11. If "Yes" who takes the person to the appointment?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Him or Herself |  | You |  | Paid carer |  |
| N/A |  | Other, please specify |  | | |

**Q 12. If "Yes" but you weren't able to take the person on the day of the appointment did you cancel it and make a new appointment?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | N/A |  |
| Other, please specify | | |  | | | |

**Q 13. If you got a reminder from the GP just before the appointment was it:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A phone call |  | A text |  | I didn't get a reminder |  |
| Another letter |  | Other, please specify |  | | |

**Q 14. If the answer to question 10 is "No" why doesn't the person you care for attend an annual health check?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| They refuse to go to the doctors |  | You didn't receive an appointment |  | You don't see the point |  |
| You think they are healthy enough without an annual health check |  | You have problems reading the appointment letter |  | You didn't know about the Annual Health Checks |  |
| Other, please specify |  | | | | |

**Q 15. If the answer is "Yes" to the person going for annual health checks please go to the next page of the survey. If the answer is "No" please add comments in the space below and go to the last page of the survey**

**Q 16. Did a doctor or nurse do the health check?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Doctor |  | Nurse |  | Other, please specify |  |

**Q 17. Are you happy with the way the person you care for was treated at the annual health check?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Other, please specify |  |

**Q 18. How satisfied were you with the way the person was treated at the annual health check?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very Dissatisfied | Dissatisfied | Neither Satisfied nor Dissatisfied | Satisfied | Very satisfied | Other | N/A | I didn't go into the examination room |
| The doctor or nurse's understanding of the person's needs |  |  |  |  |  |  |  |  |
| The way the doctor or nurse explained the examination to the person |  |  |  |  |  |  |  |  |
| The way the doctor or nurse explained the examination to you |  |  |  |  |  |  |  |  |
| The pace of the examination |  |  |  |  |  |  |  |  |
| The way the examination was done |  |  |  |  |  |  |  |  |
| The content of the examination |  |  |  |  |  |  |  |  |
| The thoroughness of the examination |  |  |  |  |  |  |  |  |
| The care/handling of the person after the examination |  |  |  |  |  |  |  |  |

**Q 17. At the health check did the doctor/nurse take:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | I didn't go into the examination room |
| A blood test |  |  |  |
| Weight measurement |  |  |  |
| Height measurement |  |  |  |
| Blood Pressure |  |  |  |
| A urine test |  |  |  |

**Q 18. At the health check did the doctor/nurse ask the person if he/she:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | N/A | I didn't go into the examination room |
| Smokes |  |  |  |  |
| Takes alcohol |  |  |  |  |
| Eats healthily |  |  |  |  |
| Takes exercise (if applicable) |  |  |  |  |
| Has had vaccinations |  |  |  |  |
| Has had a smear test if female |  |  |  |  |
| Has had a mammogram if female and eligible |  |  |  |  |
| Has a chronic illness |  |  |  |  |
| Has chest/breathing problems |  |  |  |  |
| Has chest pain |  |  |  |  |
| Has abdominal problems e.g. constipation, diarrhoea, bleeding etc. |  |  |  |  |
| Has fainted recently |  |  |  |  |
| Has urinary problems |  |  |  |  |
| Has period problems if female |  |  |  |  |
| Has fits |  |  |  |  |
| Has behavioural problems |  |  |  |  |

**Q 19. Did the doctor or nurse give the person lifestyle advice (e.g. regarding diet, exercise, smoking cessation etc.)?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | I’m not sure |  |
| Other, please specify |  | | | | |

**Q 20. When the doctor/nurse did the physical examination did he/she examine the person's:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | I didn't go into the examination room |
| Pulse |  |  |  |
| Sound his/her chest |  |  |  |
| Ankles |  |  |  |
| Breasts |  |  |  |
| Eyes |  |  |  |
| Ears |  |  |  |
| Testicles (if male) |  |  |  |

**Q 21. Did the doctor/nurse ask questions about the person's disability concerning:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | N/A | I didn't go into the examination room |
| How well the person communicates |  |  |  |  |
| How mobile the person is |  |  |  |  |
| The cause of the disability |  |  |  |  |
| Genetic testing |  |  |  |  |
| If Down Syndrome is the cause whether thyroid tests are done |  |  |  |  |

**Q 22. If the person was given an Annual Health Check by the doctor or nurse was it syndrome specific? for example was it specific for:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Down’s Syndrome |  | Fragile X Syndrome |  | Rett’s Syndrome |  |
| Williams Syndrome |  | N/A |  | Other, please specify |  |

**Q 23. "Doctors give their patients with learning disabilities a Health Action Plan when they have had their Annual Health Check" - a quote from a Health and Wellbeing Board. Was the person given a Health Action Plan by the doctor or nurse at the health check?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes | |  | No |  | I've never heard of it |  |
| Other, please specify |  | | | | | |

**Q 24. If the person was given a Health Action Plan by the doctor or nurse was it syndrome specific? for example was it specific for:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Down’s Syndrome |  | Fragile X Syndrome |  | Rett’s Syndrome |  |
| Williams Syndrome |  | N/A |  | Other, please specify |  |

**Q 25. Now you know the possible health checks that could have been done how satisfied are you now with the way the person was treated at the annual health check?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very Dissatisfied | Dissatisfied | Neither Satisfied nor Dissatisfied | Satisfied | Very satisfied | Other | N/A | I didn't go into the examination room |
| The doctor or nurse's understanding of the person's needs |  |  |  |  |  |  |  |  |
| The way the doctor or nurse explained the examination to the person |  |  |  |  |  |  |  |  |
| The way the doctor or nurse explained the examination to you |  |  |  |  |  |  |  |  |
| The pace of the examination |  |  |  |  |  |  |  |  |
| The way the examination was done |  |  |  |  |  |  |  |  |
| The content of the examination |  |  |  |  |  |  |  |  |
| The thoroughness of the examination |  |  |  |  |  |  |  |  |
| The care/handling of the person after the examination |  |  |  |  |  |  |  |  |

***Please answer the following questions by writing in the boxes below:***

**How do you think Annual Health Checks for Adults with Learning Disabilities can be improved?**

**The Annual Health Checks are to be extended to young people aged 14-17, to support transition to adulthood and to introduce health action planning. How do you feel about this? These changes are due to happen in April 2014**.

**What is your opinion about the person with learning disabilities being given a Health Action Plan when they have had their Annual Health Check?**

**What do you think the best way would be to make sure more adults with learning disabilities go for the Annual Health Checks?**

**Any other comments about the Annual Health Checks?**

**Please leave comments about the survey - how do you think it could be improved?**

**Thank you for taking part in our survey it's much appreciated!**

