



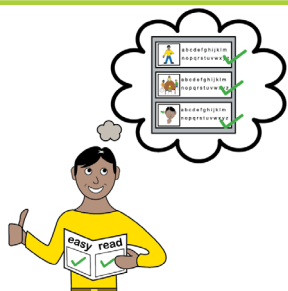
Get  
Checked  
Out

## Annual Health Check Quality Patient Survey

Age:

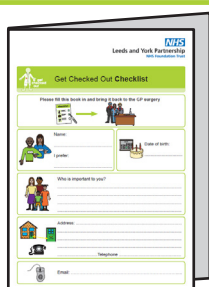
Gender:

Name of your GP Practice:



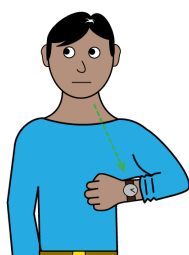
Did you receive an easy  
read invitation?

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

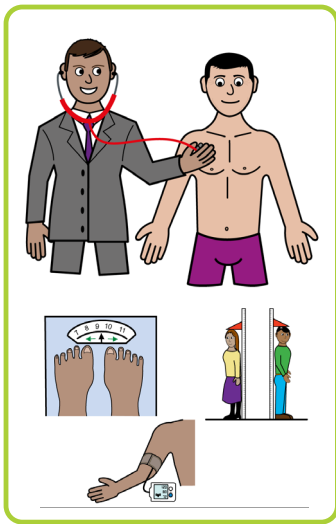


Did you receive the easy  
read checklist / booklet  
before your appointment?

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



How long was your  
appointment?



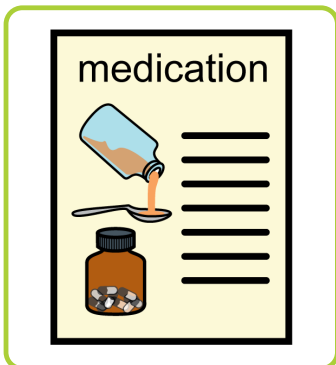
Did you have a full physical examination as well as height, weight, pulse and blood pressure measurement?

yes	no
<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



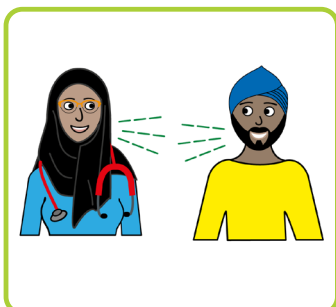
Did you have a sample of your urine checked and have any blood tests you might need?

yes	no
<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



Did you have a review of your medication?

yes	no
<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



Did the doctor or nurse talk to you about screening and vaccinations?

yes	no
<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



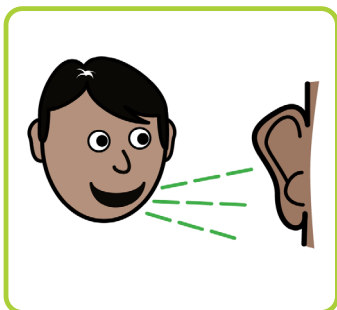
Did you receive a Health Action Plan?

yes	no
<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



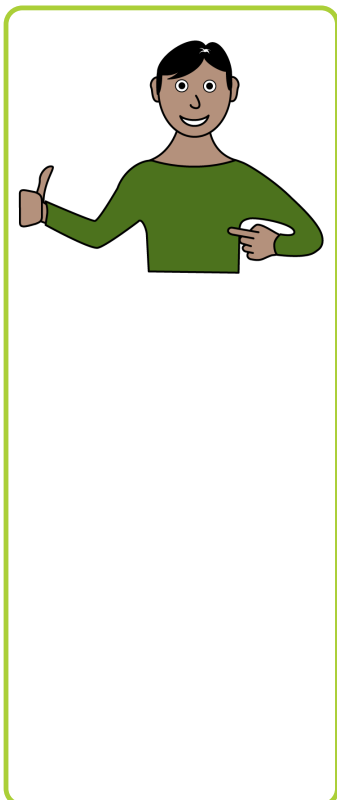
How was your experience?

good	alright	bad
<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Did you feel listened to?

yes	no
<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



Is there anything we can do to make your health check better?

Please return your survey to the **Health Facilitation Team** at [getcheckedout.LYPFT@nhs.net](mailto:getcheckedout.LYPFT@nhs.net) or by post to Health Facilitation Team, St Mary's Hospital, No.4 Woodlands Square, Greenhill Road, Leeds LS12 3QE Tel: 0113 8555176