

Annual Health Check | Your Checklist

Please fill this book in and bring it to your appointment



My name is



My main carer is



Tick the things that matter to you

- My friends
- My Family
- Sports
- Hobbies
- My pets

Health



How many hours do you sleep each night?



Do you have any problems when you poo?

- Yes
- No
- I Don't Know



Do you have any problems when you wee?

- Yes
- No
- I Don't Know



Has your weight changed in the last 6 months?

- ↑ Gone Up
- ↓ Gone Down



Do you have your eyes tested?

- Yes
- No
- I Don't Know



Do you get your teeth checked?

- Yes
- No
- I Don't Know



Top Tip:
Brush Your Teeth Everyday



Have you had your hearing tested?

- Yes
- No
- I Don't Know



Do you smoke?

- Yes
- No
- I Don't Know



Do you drink alcohol?

Alcohol means drinks like beer or wine

- Yes
- No
- I Don't Know

What exercise do you do each week?



- Walking
- Swimming
- Dancing e.g. Zumba
- Singing in a Choir
- Team Sports
- Other



Top Tip:
You can ask for help to get more active at your GP Surgery

It's good to do 30 minutes activity every day

Flu Vaccination



Have you had a flu jab this Winter?

- Yes
- No
- I Don't Know



Top Tip:
If you haven't had one ask your GP or Nurse during your Health Check

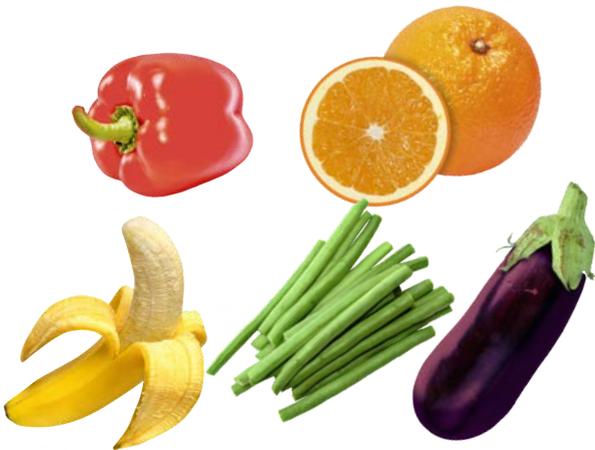
Eating



How much fruit do you eat each day?



How many vegetables do you eat each day?



Top Tip:

To make sure you eat five pieces of fruit and vegetables each day, try to eat the rainbow!



Top Tip:

Potatoes do not count as one of your five a day

Drinking



How much water do you drink each day?



Top Tip:

You should drink 10 glasses of water a day



Top Tip:

Fizzy drinks do not count towards your 10 glasses of water



Top Tip:

Hot drinks do not count towards your 10 glasses of water

Health Screening - Female



A smear test is a check to make sure your cervix is healthy.

Your cervix is in your vagina.

Have you had a smear test?

- Yes
- No
- I Don't Know



Do you check your own boobs?

- Yes
- No
- I Don't Know



Have you had any changes in your period?

- Yes
- No
- I Don't Know

Health Screening - Male



Testicles

Do you check your own testicles?

- Yes
- No
- I Don't Know

Sexual Health



Do you have sex with a partner?

- Yes
- No
- I Don't Know



Do you use condoms?

- Yes
- No
- I Don't Know



Top Tip:

Mencap have lots of information about sex and relationships

Social Prescribing



Social prescribing is about helping people to stay healthy by getting involved in their local community.

Social prescribing Link Workers support people to do this.

How have you been feeling over the last week?



Very Happy



Happy



Neutral



Sad



Really Sad

Have you been worried over the last week?



Not
Worried



A bit
Worried



Fairly
Worried



Worried a
lot



Worried all
the time



Would you like help to find new friends?

- Yes
- No
- I Don't Know



Do you want help finding a hobby or a job?

- Yes
- No
- I Don't Know



Do you and your carer understand what help you should be getting?

- Yes
- No
- I Don't Know



Top Tip:

Link workers are based at GP Practice. Ask your GP or Nurse during your Health Check to be referred.

Health Action Plan



Have you got a Health Action Plan?

- Yes
- No
- I Don't Know



Can we share your plan with other staff?

- Yes
- No
- I Don't Know



Top Tip:

If you don't have one, ask your GP or Nurse during your Health Check

Questions for Carers and Supporters

Please answer these questions to make sure the doctor or nurse knows as much as they can about the person you care for.

(or, if you are able to, fill these in for yourself)

What reasonable adjustments should be made for the person you care for?

- They would prefer a nasal spray e.g. for flu vaccination
- They have a high or low pain threshold
- They do not like needles
- They do not like the manual Blood Pressure Cuff
- They do not like the digital Blood Pressure Cuff

Are there other reasonable adjustments that could be made?

e.g. flexible appointment times, quiet waiting room, specific communication needs

Please tell the GP or Nurse the medications the person you care for takes and if there have been any changes.

What has changed since the last Health Check?

e.g. mobility, family member passed away, behaviour, sleep routine

Are you a paid or unpaid carer?

Are you registered as a carer with the GP? Yes / No

Have you had a carers review? Yes / No

Is there anything you are worried about or would like to ask? It could be about you or the person you care for.

If you have any questions about this checklist, please contact Healthwatch South Gloucestershire:

Call or text: 07944 373 235

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