

Health Checks Survey 2016

Questionnaire

Background

Having a Health Check involves a consultation in private with a healthcare professional who will undertake some checks on your health, including your Body Mass Index, your blood pressure and cholesterol. It gives an indication of your risk of developing preventable diseases such as:

- Type 2 Diabetes
- Heart disease
- High blood pressure

Health Checks are currently delivered in Cheshire West and Chester by GP practices, and are offered to individuals aged 40 - 74 years old who do not already have an identified pre-existing condition. The Health Check normally takes less than half an hour. Results are discussed with you, including advice on lifestyle changes and onward referrals for treatment if necessary.

Further information about what a Health Check involves can be found on the NHS link on the consultation web-site.

What we are consulting on

We are consulting on what locations and venues people who are eligible for a Health Check (age 40-74 years old and living in Cheshire West and Chester) would find most convenient to have a Health Check, and whether offering choices in venues would encourage people to take up an offer of a Health Check.

We want to know what you think about our ideas for a variety of locations where Health Checks could be undertaken.

What my views will be used for

Your feedback will be used to help inform possible future changes to the way that Health Checks are delivered.



Cheshire West
and Chester

How I share my views

This consultation runs for 8 weeks and closes on 17 June 2016.

There are a range of ways to express your views:

- Complete this survey either on paper or online
- Email: Commissioningandcontracts@cheshirewestandchester.gov.uk
- Telephone on: 01244 976792
- Write to us at: Health Checks Consultation, The Research Team, Cheshire West and Chester Council, Civic Way, Ellesmere Port, CH65 OBE

Helpful hints for completing this questionnaire

- Please use a black or blue pen
- In most cases you will only have to cross (X) one box but please read the questions carefully as sometimes you may need to cross (X) more than one box
- Answer the next question unless asked otherwise
- If there are any questions that you do not wish to answer, please feel free to leave them blank

Completing the questionnaire is voluntary and all the information you provide will be treated in the strictest of confidence. No information will be released that could identify an individual or organisation.

Accessing Cheshire West and Chester Council information and services

Council information is also available in audio, Braille, large print or other formats. If you would like a copy in a different format, in another language or require a BSL interpreter, please email us at equalities@cheshirewestandchester.gov.uk

Tel: 0300 123 8 123

Textphone: 18001 01606 867670

Views about the Health Checks

Q1. Were you already aware that Health Checks, as described in the background information, are available to people aged 40-74 years old, who are not already seeing their GP for a pre-existing medical condition?

Please cross (X) one box only.

Yes ₁ (go to Q2) No ₂ (go to Q4)

Q2. Have you been invited by your GP practice to attend for a Health Check in the last 5 years?

Please cross (X) one box only.

Yes ₁ (go to Q3a) No ₂ (go to Q4) Can't remember ₃ (go to Q4)



Q3a. If you answered 'yes' to Question 2 did you attend your GP practice for your Health Check?

Please cross (X) one box only.

Yes ₁ (go to Q4) No ₂ (go to Q3b) Can't remember ₃ (go to Q4)



Q3b. If you answered 'no' to Question 3a please tell us your reasons for not attending for the Health Check.

Please cross (X) all that apply.

I was too busy ₁

I didn't think I would benefit from it ₂

I was too anxious about it ₃

It wasn't a convenient venue ₄

It wasn't a convenient time ₅

Other - (please explain below) ₆

Q4.

Please choose any of the following that would encourage you to have a Health Check.

Please cross (X) all that apply.

More information about the benefits of having one

 1

Choice of venues

 2

Choice of appointment times on weekday evenings

 3

Choice of appointment times on weekends

 4

Other (please write your suggestions in the box below)

 5

Q5.

To what extent do you agree or disagree with the following statement?

Having a range of venues where you could receive a Health Check would make people more likely to attend?

Please cross (X) one box only.

Strongly agree

 1

Agree

 2

Neither agree nor disagree

 3

Disagree

 4

Strongly disagree

 5

Don't know

 6

Q6.

Which venues do you think would be most convenient for you to attend for a Health Check?

(please note that wherever a Health Check is undertaken it will always be in private and with a healthcare professional)

Please cross (X) your top THREE choices

Your GP Practice

 1

A town centre venue

 4

Your workplace

 2

A leisure or sports venue

 5

A pharmacy (chemist)

 3

Other community venue

 6

(If you chose 'other community venue' please tell us your preferences in the box below)

Q7. Are there any other comments or suggestions you would like to make about Health Checks?

Please write in the box below.

About you - all questions are voluntary and treated in the strictest confidence

The answers you give in this section will only be used to ensure that we obtain responses from a broad range of areas and types of people. Please feel free to leave blank any questions that you do not wish to answer, we will use the comments you have given us so far. No information will be released that would allow identification of you as an individual or of your household.

Q8. Which of the following best describes you?

Please cross (X) all that apply.

- | | |
|---|--|
| <input type="checkbox"/> ₁ A local resident | <input type="checkbox"/> ₂ A local business |
| <input type="checkbox"/> ₃ An employee of Cheshire West and Chester Council | <input type="checkbox"/> ₄ A GP or an employee of a GP practice |
| <input type="checkbox"/> ₅ An NHS Healthcare professional | <input type="checkbox"/> ₆ An elected Member of Cheshire West and Chester Council |
| <input type="checkbox"/> ₇ An elected town or parish councillor in Cheshire West and Chester | <input type="checkbox"/> ₈ Member of a voluntary or community organisation |
| <input type="checkbox"/> ₉ Other (please specify in the box below) | |

Q9. If you are responding on behalf of a group, organisation or club please state the name and postcode in the box below (you do not need to complete the rest of the 'About you' section).

Please write in the box below.

Q10. Please tell us your postcode; this is so that we can be sure we have obtained a range of views from across the borough.

Please write in the box below.

Postcode:

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Q11a. Are you...?

Please cross (X) one box only.

- ₁ Male ₂ Female ₃ Prefer not to say

Q11b. Is this the gender you were born into?

Please cross (X) one box only

- ₁ Yes ₂ No ₃ Prefer not to say

Q12. Which age group do you belong to?

Please cross (X) one box only.

- | | |
|--|---|
| <input type="checkbox"/> ₁ 16 to 34 | <input type="checkbox"/> ₂ 35 to 39 |
| <input type="checkbox"/> ₃ 40 to 54 | <input type="checkbox"/> ₄ 55 to 64 |
| <input type="checkbox"/> ₅ 65 to 74 | <input type="checkbox"/> ₆ 75 and over |
| | <input type="checkbox"/> ₇ Prefer not to say |

Q13a. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? This includes problems related to old age.

Please cross (X) one box only.

- ₁ Yes ₂ No ₃ Prefer not to say

Q13b. If you answered yes to the question above, which of the following best describes your disability or illness?

Please cross (X) all that apply

- ₁ Physical impairment that causes mobility issues (for example wheelchair users)
- ₂ Visual impairment ₃ Hearing impairment
- ₄ Learning disability or difficulty ₅ Mental health issue
- ₆ Long standing illness or health condition
- ₇ Other (please specify in the box below)

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Q14a. Do you have a caring responsibility?

Please cross (X) one box only

- ₁ Yes ₂ No ₃ Prefer not to say

Q14b. If you answered yes to the question above, which of the following best describes your caring responsibility

Please cross (X) all that apply

- ₁ A child/children aged under 18 ₂ A disabled child/children
- ₃ A disabled adult (aged 18 or over) ₄ A person aged 50 or more
- ₅ Other (please specify in the box below)

Q15. Which of the following best describes your religious belief/ faith?

Please cross (X) one box only.

- ₁ Buddhist ₂ Christian ₃ Hindu ₄ Jewish
- ₅ Muslim ₆ Sikh ₇ None ₈ Prefer not to say
- ₉ Other, please specify

Q16. Which of the following terms best describes your sexual orientation?

Please cross (X) one box only.

- ₁ Heterosexual (straight) ₂ Bisexual
- ₃ Gay/Lesbian ₄ Prefer not to say
- ₅ Other, please specify

Q17. Which of the following terms best describes your ethnic origin?

Please cross (X) one box only.

White

English/Welsh/Scottish/
Northern Irish/British 11

Irish 12

Any other White background 13

(X and write in below)

Asian or Asian British

Indian 31

Pakistani 32

Bangladeshi 33

Chinese 34

Any other Asian background 35

(X and write in below)

Other ethnic group

Arab 51

Other ethnic group 52

(X and write in below)

Black or Black British

Caribbean 21

African 22

Any other Black background 23

(X and write in below)

Mixed

White and Black Caribbean 41

White and Black African 42

White and Asian 43

Any other Mixed background 44

(X and write in below)

Travelling Community

Gypsy/Roma 61

Traveller of Irish descent 62

Other member of the
travelling community 63

Thank you very much for taking part in this survey

Please return this form to: Health Checks Consultation, The Research Team,
Cheshire West and Chester Council, Civic Way, Ellesmere Port, CH65 0BE

Closing date is 17 June 2016