



## NHS Healthchecks in Halton

### Patient Experience Survey

To be completed by the Health Care Professional carrying out the health check.

Health check venue:

Practice code or AWP code

Date of health check

CVD risk:

- 0 - 5%
- 5.1% - 10%
- 10.1% - 15%
- 15.1% - 20%
- >20%

We hope you were satisfied with your health check today. So that we can make improvements we would like to ask you a few questions about the health check. It will take less than 5 minutes. You do not have to give your name and your answers will be treated in the strictest confidence.

The first three questions are personal to you. You do not have to answer them but if you do so it will help us to understand the findings of this survey and ensure that the service is being targeted effectively. The details will not be used for any other purpose.

1. Are you:

- Male
- Female

2. What age group are you in?

- 39 and under
- 40 – 49
- 50 -65
- 66 – 74
- 75+

3. So that we can check whether we have health checks in the right place, please enter your postcode.

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**4. How did you find out about NHS health checks? Please tick all that apply**

- Letter from my GP practice
- Told by a relative, friend or colleague
- Told by my doctor
- Information from work
- Leaflet
- Halton's Health and Well Being Service
- Poster or advertisement on:
- Other, please state:

**5. What made you decide to have a health check? Tick all that apply**

- I was worried about my health
- I was encouraged by a family member or friend
- The staff told me about it when I came in
- I take care of my health and this was an opportunity to have it checked out
- Other, please state:

**6. How satisfied were you with today's health check? Please tick one only**

- Very satisfied
- Quite satisfied
- Neither satisfied nor dissatisfied
- Quite dissatisfied
- Very dissatisfied

If you answered quite or very dissatisfied, please indicate why in the box below.

**7. How likely are you to recommend health checks to other people? Please tick one only**

Very likely	Quite likely	Not sure	Not very likely	Not at all likely

**8. How likely are you to make changes to your lifestyle (e.g. diet, exercise, alcohol or tobacco intake) as a result of today's health check? Please tick one only**

Very likely	Quite likely	Not sure	Not very likely	Not at all likely