

Checks the GP may want to do



Other Health Checks



Pre Health Check Questionnaire



My Name



Jabs that keep you healthy

Screen 1

Have you had a flu jab in the last 12 months?



or



Have you ever had a jab for pneumonia and bronchitis?



or



Do you have a fear of jabs?



or





Allergies

Screen 1

Do you suffer from any allergies?



or



Other



Communication

How should we keep in touch with you?



Do you use easy read words and pictures?



or



How do you tell someone you are in pain?

Walking

Screen 1

Do you use any of these?



Mental Health

Screen 4

Have there been any big changes in your life?
Example, moving house, a death.



or



Do you self-harm?



or



Have there been any other changes?



or



Dementia

Screen 4

Do you think you have forgotten more things?



or



Have you started to have mood swings?



or



Muscle and Skeletal

Screen 3



Do you find it hard to bend?



or



Do you find it hard to hold things?



or



Do you find it hard to walk?



or



Feet

Screen 3



Have you had your feet checked?



or



When was your last appointment ?

Skin

Screen 3



Have you noticed any unusual bruises or sores?



or



Have you noticed changes in any moles?



or



Body and Lifestyle

Screen 2



How tall are you?



What do you weigh?

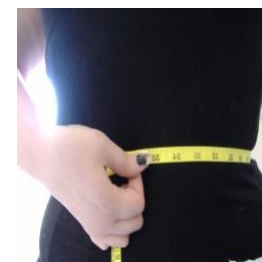
Has your weight changed?



or



What is your waist measurement?



Do you know your blood pressure?





Can you choose what you eat?

Screen 1



or



What food do you eat?

Screen 1



Do you exercise?



or



What exercise do you do?

Screen 1



Do you have epilepsy?

Screen 3



or



If yes how many seizures do you have a month?



Who is your epilepsy doctor or nurse?



Do you have diabetes?

Screen 3



or



Who is your diabetes doctor or nurse?



Do you go to the optician?

Screen 2

✓ or ✗
When was your last appointment?



Do you go to the dentist?

Screen 2

✓ or ✗
When was your last appointment?



Have you had your hearing checked?

Screen 2

✓ or ✗
When was your last appointment?



Do you have heart or lung problems?

Screen 3

✓ or ✗
Do you have pains in the chest or get puffed out easily?
✓ or ✗

Unhealthy habits

Screen 1



Do you smoke?

✓ or ✗



Do you drink alcohol?



✓ or ✗
Do you want any information about smoking or drinking?



Do you take street drugs or smoke cannabis?

✓ or ✗

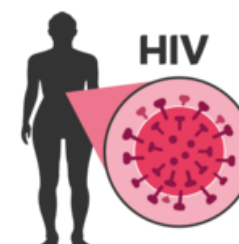
Sexual activity

Screen 2



Are you in a relationship?

✓ or ✗



Have you had a sexual health check?

✓ or ✗



Do you use contraception?

✓ or ✗

60 - 74

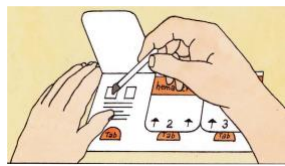
Bowels

Screen 2

Are you between 60 and 74 years old?

✓ or ✗

If Yes



Have you been offered bowel screening?

✓ or ✗



Do you have problems going to the toilet?

✓ or ✗

If yes,
do you have problems going for a wee?

✓ or ✗

Do you have problems going for a poo?

✓ or ✗

Screen 1

For women

Screen 2



Have you had breast screening?

✓ or ✗



Have you had cervical screening (Smear Test)?

✓ or ✗



Have there been changes in your menstrual cycle (period)?

✓ or ✗



For men

Screen 2



Have you had your testicles (balls) checked?

✓ or ✗



Are you between 65 and 74 years old?

65 - 74

✓ or ✗

Have you had AAA screening? (Abdominal Aortic Aneurysm) – to check there's a bulge or swelling in the main blood vessel that runs from your heart down through your tummy.

✓ or ✗

