*Template*

# NHS Health Check London Patient Satisfaction Survey

**Public Health in (*add your LA*) are keen to know your views of your NHS Health Check  
We value your input and the information you provide will help us to further develop our services.  All the information provided by you will be treated anonymously and will be kept completely confidential.**

### **Date of NHS Health Check \***

|  |  |  |
| --- | --- | --- |
|  | DD/MM/YYYY |  |
|  | |  | | --- | |  | |  |

### **Gender assigned at birth \***

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Prefer not to say  What gender do you identify as? |  |
| Male |  |
| Female |  |
| Trans- gender  Non-binary  Prefer not to answer  Other |  |

### **To which age group do you belong? \***

|  |  |
| --- | --- |
|  | 40-44 |
|  | 45-49 |
|  | 50-54 |
|  | 55-59 |
|  | 60-64 |
|  | 65-69 |
|  | 70+ |

### **Where was your health check completed?**

(LA to add options or ask patient to specify)

|  |  |
| --- | --- |
|  |  |
|  | XXXX Centre |
|  | XXXX Centre |
|  | XXXX Centre |

 Please specify

|  |
| --- |
|  |

### **How easy was it to book your NHS health check appointment? \* (optional only add if required)**

|  |  |
| --- | --- |
|  | Very easy |
|  | Easy |
|  | Neither easy nor difficult |
|  | Difficult |
|  | Very difficult |

### **Please tick the most appropriate box for each of the following questions**

|  | Yes | No |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The NHS Health Check was explained clearly |  |  |  |  |  |  |
| I understood my body mass index (BMI) result |  |  |  |  |  |  |
| I understood my blood pressure (BP) result |  |  |  |  |  |  |
| I understood my Cholesterol result |  |  |  |  |  |  |
| I understood my alcohol drinking risk (AUDIT) |  |  |  |  |  |  |
| Lower risk alcohol drinking limits were explained to me |  |  |  |  |  |  |
| I understood the healthy diet information |  |  |  |  |  |  |
| The recommended amount of physical activity was explained to me clearly |  |  |  |  |  |  |
| The Health Care Practitioner explained the increased risk of smoking and provided information about stopping smoking (if you are a smoker) |  |  |  |  |  |  |
| I understood my risk of Cardiovascular disease (QRISK) |  |  |  |  |  |  |
| I understood my risk of Diabetes (QDiabetes) |  |  |  |  |  |  |
| I understood how I can keep my risk of Cardiovascular disease as low as possible |  |  |  |  |  |  |
| The NHS Health Check highlighted things in my life I can change to stay healthier for longer |  |  |  |  |  |  |
| The NHS Health Check has motivated me to make any changes needed |  |  |  |  |  |  |
| The length of appointment gave me sufficient time to understand and discuss all the results |  |  |  |  |  |  |

Were you offered a referral to any of the following services?

Tick all that apply.

• Stop Smoking support

|  |  |
| --- | --- |
|  | Yes |
|  | No |
| Not applicable |  |

• Weight management programme

|  |  |
| --- | --- |
|  | Yes |
|  | No |
| |  |  | | --- | --- | | Not applicable |  | |  |

• Physical activity

|  |  |
| --- | --- |
|  | Yes |
|  | No |
| Not applicable | |  |

• Diabetes prevention

|  |  |
| --- | --- |
|  | Yes |
|  | No |
| Not applicable | |  |

• Alcohol services

|  |  |
| --- | --- |
|  | Yes |
|  | No |
| Not applicable | |  |

• Other service (please specify)

|  |
| --- |
|  |

### **Would you recommend the NHS Health Check to your friends and family?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

### **Additional comments:**

|  |
| --- |
|  |