

## Health Outcomes Measure for People with a Learning Disability in Wales



**Outcomes**

1	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>
2	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>
3	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>
4	<input checked="" type="checkbox"/>	9	<input checked="" type="checkbox"/>
5	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>

**How to fill in your Health Outcomes Measure**



This leaflet will help you understand how to fill in your Health Outcomes Measure.

## Important things to remember:

A light blue rectangular form. At the top left is a small icon of a woman holding a sign that says 'easy read'. To its right is the text 'Please fill in this easy read form'. Below this are three white rectangular input fields. The first field is labeled 'Your name' with a small icon of a person. The second field is labeled 'Address' with a small icon of a house. The third field is labeled 'Phone' with a small icon of a mobile phone.

This form is to help you tell other people about the support you need to be healthy.



This form has five sections.

Stop  
Hello Eat  
**Words**  
Person Day Open



Some parts ask you for words  
and others ask you to tick a box.



This booklet just gives you some  
ideas.

You don't have to comment on  
areas. There may be other  
things you feel are important and  
that is OK.







You can fill out the form yourself.



It is also OK to get some help if  
you need to.

## **Section 1: Where you live and what you do**

	<p><b>Answering the questions about where you live (page 5 on the form)</b></p> <p>You can think about the following:</p>
	<p><b>The people you live with</b></p> <p>Do you live on your own?</p> <p>Do you live with family, partner, or friends?</p> <p>Do you live in supported living?</p> <p>Are you living with the right people?</p>
	<p><b>Relationships</b></p> <p>Do you have family, partner, or friends?</p> <p>Do you spend time with family, partner, or friends?</p> <p>Are you supported with your sexuality?</p>
	<p><b>Where you live</b></p> <p>Are you happy with where you live?</p> <p>Are you getting the right support where you live?</p>

	<h2>A safe and clean home</h2> <p>Do you get the right support to clean your home?</p> <p>Is your home right for you?</p> <p>Do you have good neighbours?</p> <p>Do you have a garden?</p> <p>Is the area you live free from crime?</p>
	<h2>Communication</h2> <p>Do you have use of a telephone?</p> <p>Do you have use of the internet?</p> <p>Do you feel understood?</p>
	<h2>Support to do things</h2> <p>Do you need support to make choices?</p> <p>Are you given support to learn new skills like cooking or paying your own bills?</p>
	<h2>Transport</h2> <p>Do you have a car?</p> <p>Do you share a car?</p> <p>Do you use a bus or a train?</p> <p>Do you feel comfortable using public transport?</p>

	<p><b>Answering the questions about what you do (page 8 on the form)</b></p> <p>You can think about the following:</p>
	<p><b>Transport</b></p> <p>Are you able to get to where you need to go and to things you like to do?</p> <p>Do you have the right support to go to where you need to and do things you need to do?</p>
	<p><b>People you live with</b></p> <p>Do you do activities together?</p> <p>Do you enjoy doing activities with the people you live with?</p>
	<p><b>Out &amp; About</b></p> <p>Do you go to places like the gym, cafes, swimming pool, museums etc.?</p>

	<h2>Communication</h2> <p>Can you get information you understand about things to do in your area?</p>
	<h2>Daily Activities</h2> <p>Do you choose what activities you do?</p> <p>Do you work?</p>

## **Section 2: Your health**

	<p><b>Answering the questions about your health (page 10 on the form)</b></p> <p>You can think about the following:</p>
	<p><b>Making and going to appointments</b></p> <p>Do you get support to understand health information?</p> <p>Do you get support to make and go to appointments?</p>
	<p><b>Support with Medication</b></p> <p>Do you get support to order your medication?</p> <p>Do you get support to get your medication from the pharmacy?</p> <p>Do you get support to take medication?</p>





## Keeping Active

Are you able to be active, for example, go out for walks, go to the gym, or swimming?

Do you take part in regular exercise?



## Advocacy

Do you speak up for yourself, or do you have someone who can help you?

Do you have a group where you help each other to speak up?

## **Section 3: How you communicate**



### **Answering the questions about how you Communicate (page 13 on the form)**

You can think about the following:



### **Support to Communicate**

Do you get support to communicate your health needs?

Do you feel listened to?

Do you understand what people tell you about your health?

Are you given easy read information about your health?



### **Communicating Health Needs**

Can you tell people when you are unwell or in pain?

Do people understand and help you when you are unwell or in pain?

## Section 4: Things that keep you healthy



### **Answering the questions about things that keep you healthy (page 16 on the form)**

You can think about the following:



### **Washing & Dressing**

Do you get support with:

- Washing?
- taking a bath or shower?
- cleaning your teeth?
- choosing clothes?
- getting dressed?



### **Exercise**

Do you do any exercise?

Would you like to do more exercise?



## Healthy Eating

Do you do your own food shopping?

Do you make your own choices about your food?

Do you get support to prepare your own food?

Do you eat lots of different healthy foods?

Do you get support to make sure your food is healthy?



## Weight

Do you know your weight?

Do you check your weight often?

Do you need help to regularly check your weight?



## Lifestyle Choices

Do you smoke cigarettes?

Do you drink alcohol?

Do you take drugs?

Do you have a sexual relationship?

Do you know how to keep yourself safe?

## Section 5: Support to keep you healthy



## **Answering the questions about support to keep you healthy (page 19 on the form)**

You can think about the following:



## **Support to make choices**

Are you supported to make your own choices about your health?

Do you feel able to manage your own health needs?



## **Health Appointments**

Do you get the support you need to see healthcare professionals (for example, doctors, nurses, dentists) when you need to?

Do you feel listened to and supported by healthcare professionals when you see them?

Do you get support you need to go to the hospital when you need to?

## **Person Centred Care**

Are health services easy for you to use?



Do they change how they do things to meet your needs?



## Health Profile

This document gives you information that will help you to provide healthcare for me. Please read it carefully and use the information it contains.

My name is:  
**Sarah Louise Bellum**

I like to be known as:  
**Sarah**

My date of birth is:  
**1 December 1959**

In an emergency please contact:  
**Bryn Bellum, Brother**  
**01970 633333**

Date this form was completed:  
**01/12/2020**



## Health Monitoring

Have you had your annual health check?

Do you have a health action plan?

Do you have a Health Profile?