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# Introduction



This Checklist has all the questions that the GP or nurse will ask you in your Annual Health Check appointment.



It also has a section of information that could be helpful to think about and could give your GP more information about your daily life and your health.



If you want to, you can use this checklist to get ready for your Annual Health Check appointment.

This can help make the appointment easier for you, and the GP or nurse.



You can write your information in this form and then take it with you to your appointment.

You can ask someone who knows you well to help you fill this in if you need to.



Answer as much information as you can.

If you do not know something, it is OK to leave it blank.

# Reasonable Adjustments



Is there anything that can make your appointment easier?

These things are sometimes called **reasonable adjustments**

Yes

☐

No

☐


You should tell the GP **before** you go to your Annual Health Check appointment about any Reasonable Adjustments that you need.

You can also write your reasonable adjustments here, if you want to.

\_\_\_\_\_.

\_\_\_\_\_.

## Any worries?



Do you get scared or worried about anything when you go to the doctor, dentist or hospital?

**Yes**

☐

**No**

☐

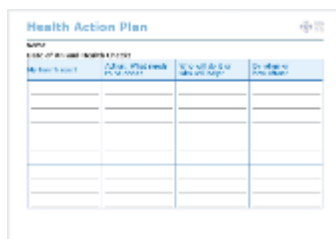
If yes, tell us what you get scared or worried about:

\_\_\_\_\_.



Tell us how we can help you feel less scared or worried when you come for your Annual Health Check:

## Things to bring with you



The image shows a 'Health Action Plan' form. It has a header with the title and a small logo. Below the header, there are several rows and columns for recording information, likely related to health goals and actions.

Do you have a **Health Action Plan** from your **last** Annual Health Check?

**Yes**

☐

**No**

☐

If you have a Health Action Plan, please fill it in and bring it you your appointment.



The image shows a 'Health Profile' form. It has a header with the title and a small logo. Below the header, there are several sections for recording information, including 'My health is', 'I like to be known as', 'My doctor's name', 'If an emergency please contact', 'My GP's name', and 'Date I have my next appointment'.

Do you have a **Health Profile**

**Yes**

☐

**No**

☐

If you have a Health Profile, please fill it in and bring it you your appointment.

# Basic checks and test

The GP or nurse may need to ask your name, date of birth and address, to make sure they have the right person.

The GP should ask if you agree to sharing the information from your annual health check with your family, carers or support staff.



This is called **consent to share**

Do you agree to share your information?

**Yes**

☐

**No**

☐

They will need to do some basic tests with everyone.

They will need to check



Blood pressure



Pulse



Weight



height



Blood sugar



They should check your wee sample



They should talk about your blood test results

# Health Check questions

## Alcohol



Do you drink Alcohol?

**Yes**

☐

**No**

☐

How much alcohol do you drink every week?

\_\_\_\_\_.

## Smoking



Do you smoke?

**Yes**

☐

**No**

☐

How much do you smoke every week?

\_\_\_\_\_.

## Vaping



Do you vape?

**Yes**

☐

**No**

☐

How much do you Vape?

\_\_\_\_\_.

## Breathing



Do you have **asthma**?

**Yes**

☐

**No**

☐


Do you have **emphysema** or **COPD**  
(Chronic Obstructive Pulmonary Disorder)

**Yes**

☐

**No**

☐


Have you had a cough for more than 3 weeks?

**Yes**

☐

**No**

☐



Have you had a lot of chest infections?

**Yes**

☐

**No**

☐


Do you get out of breath easily?

**Yes**

☐

**No**

☐


Do you have any other problems with your breathing?

**Yes**

☐

**No**

☐

If **yes**, tell us about any other problems with your breathing:

\_\_\_\_\_.

# Screening



Different people may need some tests depending on

how old they are

if they are a man or a woman.

These tests are called **screening**.



You may not need screening tests.

You may not need all the screening tests.

The GP should know which screening tests you might need.



**The GP should ask if you have had the screening tests that you need.**

**The GP should ask questions about screening.**



Examples of the different types of screening are on the next page.

If you are reading this online, you can click on each picture for more easy read information.



Abdominal Aortic Aneurysm  
AAA screening



Bowel screening



Lung screening



Diabetic eye screening



Cervical screening



Breast screening



Pregnancy screening



Blood screening for babies



Hearing Screening for babies

For more screening information visit the  
[NHS Wales Screening Website](https://www.nhs.uk/screening)

## Vaccines



Have you had your vaccinations,  
like flu injection (flu jab) or nose spray?

**Yes**

☐

**No**

☐

What vaccines did you have?

\_\_\_\_\_.

\_\_\_\_\_.

When did you last have a vaccine?

\_\_\_\_\_.

## Heart



Have you ever had a heart attack?

**Yes**

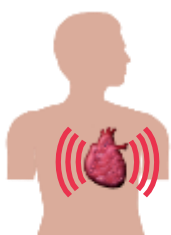
☐

**No**

☐

When did you have a heart attack?

\_\_\_\_\_.



Do you sometimes feel like your heart is beating too fast, even when you have not done any exercise?

**Yes**

☐

**No**

☐


Do you get any pain in your chest?

**Yes**

☐

**No**

☐


Do you get swelling in your feet, ankles or anywhere else on your body?

**Yes**

☐

**No**

☐

## Poo



Do you have any problems going for a poo?

For example,  
finding it hard to poo, called **constipation**  
or doing runny poos, called **diarrhoea**

**Yes**

☐

**No**

☐

If yes, tell us about any problems you have  
with going for a poo.

\_\_\_\_\_.



Do you ever have blood in your poo?

**Yes**

☐

**No**

☐

## Wee



Do you have any problems going for a wee?

For example  
needing to go a lot or  
finding it difficult to start weeing:

**Yes**

☐

**No**

☐

If yes, tell us about any problems you have  
with going for a wee.

\_\_\_\_\_.



Do you ever have blood in your wee?

**Yes**

☐

**No**

☐


Do you use incontinence pads?

**Yes**

☐

**No**

☐


Do you see a continence nurse?

**Yes**

☐

**No**

☐

## Periods



Do you have periods?

**Yes**

☐

**No**

☐


If yes,  
tell us about any problems with your periods:

\_\_\_\_\_.

## Menopause



The menopause usually starts with women  
between 45 and 55 years.  
Sometimes it can start earlier.



Are you going through the menopause?  
Or do you think you might be starting the  
menopause?

**Yes**

☐

**No**

☐

If yes, tell us about any problems you are  
having with the menopause

\_\_\_\_\_.

## Breasts (boobs)



Do you check your breasts (boobs) for lumps or any changes?

**Yes**

☐

**No**

☐


Do you have any lumps or pain in your breasts (boobs)?

**Yes**

☐

**No**

☐

## Testicles (balls)



Do you check your testicles (balls) for lumps or any changes?

**Yes**

☐

**No**

☐


Do you have any lumps or pain in your testicles (balls)?

## Sex and contraception



Do you have sex?

**Yes**

☐

**No**

☐


Do you use contraception?

**Contraception** is things like  
**condoms** or **the pill**

**Yes**

☐

**No**

☐

What contraception do you use?

\_\_\_\_\_.

## Fainting



Have you ever had a stroke?

**Yes**

☐

**No**

☐

When did you have a stroke?

\_\_\_\_\_.



Do you faint or have blackouts?

**Yes**

☐

**No**

☐

## Epilepsy



Do you have epilepsy?

**Yes**

☐

**No**

☐

If yes, tell us what type of epilepsy you have

\_\_\_\_\_.



How many seizures (fits) do you have in a month?

\_\_\_\_\_.



What medicines or tablets do you take for your epilepsy?

\_\_\_\_\_.

Do you see a special doctor or consultant about your epilepsy?



**Yes**

☐

**No**

☐

If yes, tell us when you last saw your epilepsy doctor or consultant:

\_\_\_\_\_.



Tell us about anything that causes or triggers your seizures (fits).  
For example lights, temperature, being tired or stressed:

\_\_\_\_\_.

## Behaviour



Have there been any big changes in your life recently? For example:

Change in job or day service.  
Changes with your family or friends

**Yes**

☐

**No**

☐

If yes, tell us about any big changes in your life, and how you feel about the changes.

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Do you feel sad or upset most of the time?

**Yes**

☐

**No**

☐


Do you get angry a lot?

**Yes**

☐

**No**

☐



Are there any changes to the way you behave?

**Yes**

☐

**No**

☐


Is anything you do a risk to yourself or to other people?

**Yes**

☐

**No**

☐

You can tell us more here

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Do you ever hurt yourself?



**Yes**

☐

**No**

☐

Do you ever think about hurting yourself?

**Yes**

☐

**No**

☐

You can tell us more here

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Do you see anyone about  
the emotions you feel,  
the things you think about,  
or the way you behave?

**Yes**

☐

**No**

☐

Who do you see ?

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## Tummy



The GP should check your tummy to see if it is healthy



Have you had any pain or swelling in your tummy?

**Yes**

☐

**No**

☐

If yes, please tell us more

\_\_\_\_\_.

## Skin



Do you have any problems with your skin, hair or nails?

**Yes**

☐

**No**

☐

If yes, tell us about any problems with your skin, hair or nails:

\_\_\_\_\_.

## Eyes and seeing



Can you see well?

**Yes**

☐

**No**

☐


Do you wear glasses or contact lenses?

**Yes**

☐

**No**

☐


When did you last go to the optician for an eye test?

\_\_\_\_\_.

Tell us about any problems with your eyes:

\_\_\_\_\_.

## Ears and hearing



Can you hear well

**Yes**

☐

**No**

☐


Do you wear a hearing aid?

**Yes**

☐

**No**

☐


Do you go to an **audiologist**,  
someone who checks your ears?

**Yes**

☐

**No**

☐

If yes, when did you last go to the audiologist

\_\_\_\_\_.



Tell us about any problems with your ears

\_\_\_\_\_.

## Communication



How do you normally communicate?

\_\_\_\_\_.



What language do you speak or understand the best?

\_\_\_\_\_.



Tell us about any help you need to communicate or understand information.

This may be in easy read  
Communication aids  
or more time to understand.

\_\_\_\_\_.

\_\_\_\_\_.



Do you see a speech and language therapist?

**Yes**

☐

**No**

☐

## Mobility, moving around



Can you move around easily on your own?

**Yes**

☐

**No**

☐


Do you use anything to help move around?  
For example a wheelchair, walking frame or walking stick?

**Yes**

☐

**No**

☐

If yes, tell us what you use to help you move around:

\_\_\_\_\_.



Do you see a physiotherapist or occupational therapist?

**Yes**

☐

**No**

☐

If yes, tell us why you see the physiotherapist or occupational therapist:

\_\_\_\_\_.

## Syndrome Checks



The GP should ask you about any conditions you have.

This could be something like Down's Syndrome.



People with different conditions may have different health needs or health problems,

for example, people who have Down's Syndrome need to check their heart health.



Would you like to say anything about any conditions you have?

**Yes**

☐

**No**

☐

Tell us here

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## Medication checks



The GP should talk about any medication you take.

You could take list of your medication, or a prescription list from your pharmacy or GP.

You could tell us about your medication here.

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Do you take any medication that the GP did not tell you to take, like painkillers or vitamins?

**Yes**

☐

**No**

☐

What other medication do you use?

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## Teeth



Do you go to see a dentist?

**Yes**

☐

**No**

☐


If yes, tell us the last time you saw the dentist

\_\_\_\_\_.



Do you have any problems with your teeth

\_\_\_\_\_.

## Feet



Do you go to see a **podiatrist**,  
someone who helps keep your feet healthy?

**Yes**

☐

**No**

☐


If yes, tell us the last time you saw them.

\_\_\_\_\_.



Do you have any problems with your feet?

\_\_\_\_\_.

# Other information that may be helpful

## Pain



Do you have any pain?

**Yes**

☐

**No**

☐

If yes, tell us about any pain you have. For example:

- where the pain is
- what medicine you take for the pain
- what makes the pain better or worse.

How would someone know that you were in pain?

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## Drugs



Do you take any illegal drugs?  
For example cannabis or cocaine.

**Yes**

☐

**No**

☐

If yes, tell us what drugs you take:

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Is there anything else you would like to tell us  
about illegal drugs?




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---

Is there anything else you do that might not be  
good for you?

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## Daily life



Do you have a job?  
Or do you do any voluntary work?

**Yes**

☐

**No**

☐

If yes, tell us about your job  
or voluntary work:

\_\_\_\_\_.

## Tell us about where you live:



|                          |                                           |
|--------------------------|-------------------------------------------|
| <input type="checkbox"/> | I live alone                              |
| <input type="checkbox"/> | I live with my partner                    |
| <input type="checkbox"/> | I live with a friend                      |
| <input type="checkbox"/> | I live with my parents/family             |
| <input type="checkbox"/> | I live with a Shared Lives carer          |
| <input type="checkbox"/> | I live in a residential school or college |
| <input type="checkbox"/> | I live in supported living                |
| <input type="checkbox"/> | I live in a care home                     |
| <input type="checkbox"/> | I live in a residential home              |

## Are you a carer?

Are you a carer for someone else?



For example,  
do you have children that you look after?  
do you look after someone in your family  
who is ill or disabled?

**Yes**

☐

**No**

☐

If yes, tell us who you look after:

\_\_\_\_\_.

## Allergies



Are you allergic to anything?  
For example medicines, food or bee stings.

**Yes**

☐

**No**

☐

If yes, tell us what you are allergic to:

\_\_\_\_\_.

## Anything else



The GP may need to talk to you about something else, there may be something from your blood test, or your wee sample, or the things you talk about.

They should explain what they are doing before they do anything.



If there is something you or your carer want to talk about that is not on this list, you should have a chance to speak about this too.

Is there something else you want to talk about?

**Yes**

☐

**No**

☐

Tell us here

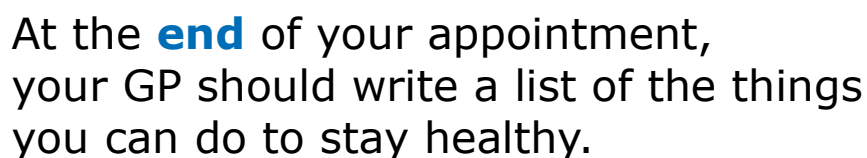
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The GP should ask if they can share your health action plan with your family, carer or other health workers.



The screenshot shows a digital form titled "Health Action Plan" with a date field set to "10/1/2021". Below the title is a table with four columns: "What is your goal?", "What are the steps you will take?", "What resources do you need?", and "How will you know you are successful?". The table has five rows for data entry.

| What is your goal? | What are the steps you will take? | What resources do you need? | How will you know you are successful? |
|--------------------|-----------------------------------|-----------------------------|---------------------------------------|
|                    |                                   |                             |                                       |
|                    |                                   |                             |                                       |
|                    |                                   |                             |                                       |
|                    |                                   |                             |                                       |
|                    |                                   |                             |                                       |

Are you happy for your GP  
to share your health action plan?



**Myndir Eftir Ágripsskildunni**  
**Images After the Summary**  
 Ólafur Elíasson

**To see a blank Health Action Plan read  
Going to your Annual Helth Check  
Appointment**



Lluniau © Photosymbols



GIG  
CYMRU  
NHS  
WALES

Perfformiad  
a Gwellu  
Performance  
and Improvement