



Your health & wellbeing check

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This booklet contains information about your health and wellbeing check, some pre-check questions to think about, and a personal plan template to use during or after the check.

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How to use this booklet

Please fill out this booklet and the accompanying forms, and bring them with you to your check. The healthcare worker who does your check will review them with you.

You do not have to use this booklet, but the more you fill in, the more you will get out of the check.

In your booklet, you will have a record of:

- what was done during the check
- the results
- your goals and the help you want to achieve them
- any follow up appointments
- any health information that might be useful to you
- information about Carers Link.

During the check:

Before your check starts, you will be invited to allow the healthcare worker, (who will conduct the check) to review your booklet. You do not have to allow this, but it will help the healthcare worker focus on issues that are important to you.

While this happens, you will be asked to fill in a form with some details about yourself and your caring role. This will take 5-10 minutes.

When the check starts...

The healthcare worker will ask you some questions about your health and they will discuss the meaning of the findings with you.

You may have a vascular check (see page 4) and you will have time to review healthy living issues. You will decide your priorities for action and what help you need to achieve them.

What is a vascular check and who is it for?

A vascular check is for anyone aged 40-74 who has not had one in the last 12 months, and who has not had a diagnosis of any of the following:

- a. Coronary Heart Disease/Heart Attack/Angina
- b. Diabetes
- c. Renal Disease/Kidney Disease
- d. Hypertension
- e. Stroke



If you are outside of these age limits, have had a check at a diabetes or other regular clinic (involving blood sample, blood pressure alongside other checks) in the last year or have any of the above diagnoses you do not need a vascular check and it will not help you.

A vascular check looks at blood cholesterol, blood sugar, blood pressure and other risk factors to establish your personal risk of developing the above conditions in the next ten years.

Consent

- This booklet is yours to keep. You may want to share the information in it with people that support you in your caring role (e.g. Carer Support Worker, Community Nurse, Social Worker).
- Information on health aspects will be recorded on your personal GP records. This is important to maintain a continuous record of your health.
- If you need a referral to Adult & Community Services you will be asked for your consent to share information from the check.
- All information is stored and shared in accordance with the Data Protection Act. It will be shared only with your consent and only for the purpose of supporting you to maximise your own health and wellbeing.

In order to share this information we need your consent. If you wish to withdraw your consent at any time, please contact the person who did your check. This is your record of the consent you gave during the health check.

I.....agree to the record of this check being shared with:

My GP practice record

Signature:

Social Care Record

Signature:

Name of healthcare worker

Safety and warmth at home

If you have worries about home safety, or warmth problems, you can have a free home safety check and up to 2 hours of free accredited handyman time to do agreed work. You, or the person you care for, must live in the Devon County Council area. If the person you care for does not live with you, and things about their home worry you, this could be at their home with their consent.



Fire safety

Yes / No

1. Do you have any open or gas fires?

2. Do you have floors in your home without smoke alarms?

3. Does anyone smoke in the house?

Security

Yes / No

4. Are you worried that your external doors are not secure?

5. Would you like us to arrange to have a door chain fitted so you can check callers?

Home safety and warmth

Yes / No

6. Do you have any problems keeping warm in winter?

7. Do you feel your house is cold or draughty?

8. Do you have any concerns about repairs to your house?

9. Do you or the person you care for have difficulties getting around and in and out of the house safely? (for example, do you need handrails for stairs or are you worried about tripping?)

Living and caring safely at home



Yes / No

10. Have you had, or are you currently having help and advice about caring safely in your home?

11. Do you have any worries that you and the person you care for are not safe using the bathroom and toilet?

12. Does your home (the home of the person you care for) need adapting to make it safe for you and the person you care for?

Yes / No

13. Do you think you might benefit from using some equipment that would make caring safer or give you more peace of mind?

14. Does your caring role involve you in moving or handling the person you care for or substantial equipment (for example furniture or wheelchairs)?

14a. If so, is there any pain associated with this?

14b. If there is, have you sought advice about it?

Your own health & healthcare



15. Are you currently receiving treatment, or should you be receiving treatment, for yourself?

Yes / No

16. Are you taking four or more medicines?
When did you last discuss your medication with your doctor or pharmacist?

17. Is there anything about your own health that worries you?

Yes / No

18. Does your caring role interfere with your sleep?

19. During the last month, have you often been bothered by feeling down, depressed or hopeless?

20. During the last month, have you often been bothered by having little interest or pleasure in doing things?

Some questions about check-ups, vaccinations and screening

Have you been able to take up the following check-ups, vaccinations and screenings that you need to keep you in good health?

Yes

No

N/A

21. Check-ups:

- Dentist
- Optician
- Audiology (only needed if you have a problem with your hearing)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Vaccinations:

- Flu
- Pneumovax

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Yes

No

N/A

23. Screening: All Adults:

- Bowel cancer (age 60 - 69) (every 2 years)

24. Screening: Women:

- Cervical cancer:
Age 25 - 49 (every 3 years)

- Age 50 - 64 (every 5 years)

- Age 65+ (only if missed or previous abnormal screen)

- Breast cancer: Age 50+ (every 3 years)

25. Screening: Young Adults:

- Chlamydia (one-off)

26. Screening: Men:

- Aortic aneurysm: Age 65 (one-off)

Some questions about alcohol

27. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- Two to four times a month
- Two to three times a week
- Four or more times a week

28. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

29. Have other people annoyed you by criticising your drinking?

Yes / No

30. Have you ever felt bad or guilty about your drinking?

31. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?



Yes / No

32. Does your caring role prevent you from pursuing work , education or leisure activities as you would wish to?

32a. If yes, what would help you to change this?

Benefits entitlement advice

Planned respite opportunities

Telecare (electronic monitoring gadgets such as alarms or sensors to help give you peace of mind)

Access to training courses

Access to help to get me back to work

Healthy lifestyle

At your check, you will either be offered a full vascular check (see page 4), which involves a pin-prick blood test, or if that is not appropriate, some simple measurements will be taken, and some further questions asked. Here are the measurements and questions:



33. What is your height?

34. What is your weight?

35. What is your waist measurement?

36. How often do you eat 5 portions of fruit or vegetables in a day?

- Every day
- Most days
- Not often
- Never

37. How often do you manage thirty minutes of brisk exercise in a day?

- Five times a week or more
- 3-4 times a week
- Once or twice a week
- Never

Yes / No

38. Are you a smoker?

39. Are you an ex-smoker?

40. Have you never smoked? (Answer yes if you have never smoked)

41. Would you like advice or help on giving up smoking?

42. What would help you improve your own health and wellbeing?

I'm happy with my current state of health and wellbeing

Assisted life-style advice

Time for myself

A planned break from caring

Help to recover my confidence

Meeting others

Caring role and tasks

43. Are there any caring tasks that you are currently undertaking that:

You would prefer not to be?

You would like help to develop more skills / confidence in?

44. Do you require help with:

Moving and handling

Use of equipment and adaptations

Nursing skills

Continence care



45. Would you like more help in your caring role in any of the following:

- Obtaining specific information
- Accessing the services you need
- Someone to talk to
- Support from other carers
- Benefits entitlement check
- Other

Yes / No

46. Would you like help to think about alternative care arrangements in the event of an emergency?

47. Are there any other issues you would like to discuss in relation to your caring role or how we can help you?

My Personal Plan

Setting SMART goals... Decide what you want to change and make it SMART! By making things Specific, Measurable, Achievable, Realistic and Timely they are more likely to happen.

Specific

For example, to increase exercise by **walking further every day** – not just to increase exercise every day.

Measurable

For example, to walk further every day for **five minutes**, not just to walk further.

Achievable

Are you **confident** that you can **achieve** this? If you are not confident, perhaps you should set another goal.

Realistic

Can you **really** fit this into your lifestyle? Are you going to be able to get the help you need and want?

Timely

Now plan it – **when?** Monday morning? Tuesday afternoon?



1. Things I want to achieve:



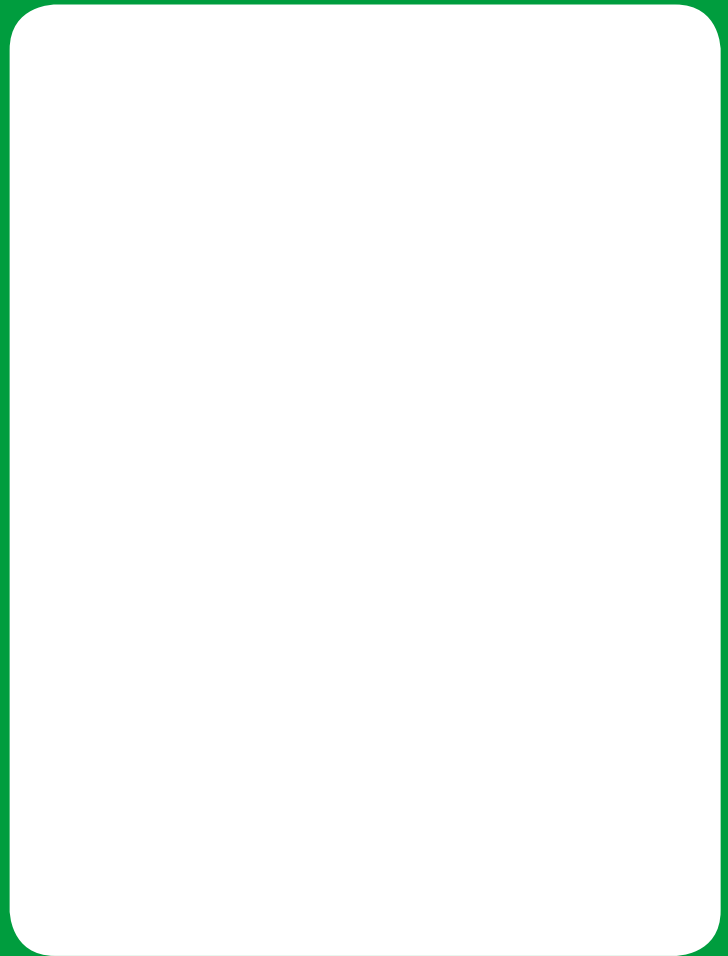
2. Help that I need:



3. Appointments needed/booked:



4. Other referrals needed/booked:



5. Membership of Carers Link (access to free carers services and emergency card scheme)



6. Home Safety Check – referral



7. Referral to Care Direct Plus (e.g. for help for the person you care for, adaptations and equipment, help with income maximisation)



Additional Notes

Name of healthcare worker:

Phone number:

Date of check:

Useful numbers



Tel. 0845 6431341

Email: carersplus@westbankfriends.org

Dial 0845 4647

Whenever you need health
advice and information



Care Direct

Health & Social Care for Adults

0845 1551 007

Information and help for older people,
vulnerable adults and their carers

www.devon.gov.uk/socialcare

Opening hours:

8am - 8pm Weekdays

9am - 1pm Saturdays

Textphone (minicom) **0845 1551 020**

Mobile phone text messaging: **07773 333 231**

Fax: **0845 1551 003**

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