

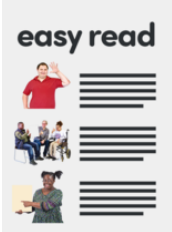



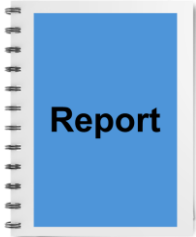
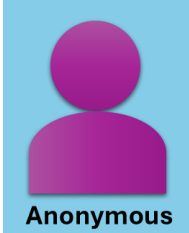
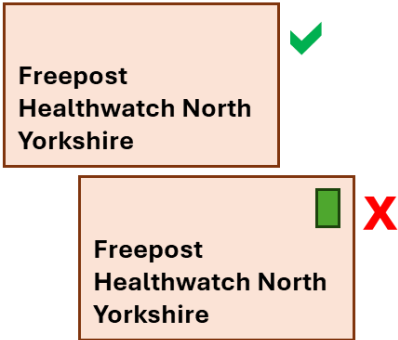










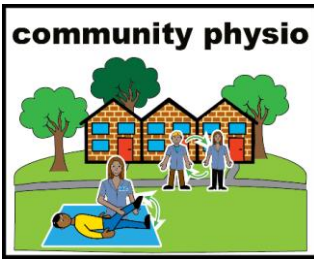











Access to Healthcare Appointments : Have Your Say Easy Read Survey






	<p>Healthwatch North Yorkshire would like you to tell them about a recent health appointment you have had at the doctor, dentist or hospital</p>
	<p>They would like to know if you were given any reasonable adjustments</p> <p>Reasonable adjustments are things that make it easier for you to access the care you need</p>
	<p>For example:</p> <p>appointment letters in easy read</p>
	<p>More time for your appointment</p>
	<p>A quiet area to wait</p>
	<p>A ramp if you need to use a wheelchair or mobility walker</p>


	<p>Healthwatch will use your answers to write a report to help improve health and care services.</p>
	<p>Your name will not be used</p> <p>No-one will know your answers are from you</p>
<p>N/A</p>	<p>There may be some questions that do not apply to you</p> <p>Just answer Not applicable to those</p>
	<p>Please send your survey to:</p> <p>Freepost HEALTHWATCH NORTH YORKSHIRE</p> <p>You do not need to put a stamp on the envelope</p>
 <p>I agree <input data-bbox="576 1585 671 1682" type="checkbox"/></p>  <p>I do not agree <input data-bbox="576 1787 671 1883" type="checkbox"/></p>	<p>Consent</p> <p>If you are happy to take part in this survey please tick I agree</p> <p>This is so we know you have read the information above and agree to Healthwatch using your answers</p>






	<p>The Questions</p>
	<p>Where was your most recent appointment?</p> <p>Please tick  one below:</p>
	<p><input type="checkbox"/> At a GP surgery</p>
	<p><input type="checkbox"/> At a hospital appointment (outpatient clinic)</p>
	<p><input type="checkbox"/> Did you stay overnight in hospital for treatment (inpatient stay)</p>
	<p><input type="checkbox"/> At Accident & Emergency (A&E) or Urgent Care Centre</p>









<p>dentist</p> 	<input type="checkbox"/> At a dentist
<p>community physio</p> 	<input type="checkbox"/> At a community health service, for example physiotherapy or podiatry (for your feet)
<p>mental health</p> 	<input type="checkbox"/> At a mental health service, for example a therapy session
<p>pharmacist</p> 	<input type="checkbox"/> At a pharmacy, for example a flu jab or blood pressure check
	<input type="checkbox"/> Other? Please tell us: <hr/>
<p>If you can please tell us the name of the service you went to?</p> <p>(GP / hospital / dentist / other)</p>	<hr/> <hr/>


	<h2>Before Your Appointment</h2>
	<p>Before your appointment, were you asked if you needed any reasonable adjustments?</p> <p>Please tick  one below:</p>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
<p>N/A</p>	<input type="checkbox"/> Not applicable
	<input type="checkbox"/> Not sure






	<p>Before your appointment, were you asked if your reasonable adjustments could be put on the computer system?</p> <p>This is called a Digital Flag</p> <p>Please tick  one below:</p>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
<p>N/A</p>	<input type="checkbox"/> Not applicable
	<input type="checkbox"/> Not sure






<div data-bbox="277 255 708 689" data-label="Image"> <p>patient transport</p> </div>	<p>Before your appointment, were you offered help with getting there, for example patient transport to hospital?</p> <p>Please tick  one below:</p>
<div data-bbox="418 712 598 978" data-label="Image"> </div>	<div data-bbox="810 792 908 889" data-label="Form"> <input type="checkbox"/> </div> <p>Yes</p>
<div data-bbox="413 983 601 1198" data-label="Image"> </div>	<div data-bbox="810 1043 908 1140" data-label="Form"> <input type="checkbox"/> </div> <p>No</p>
<div data-bbox="386 1258 606 1359" data-label="Text"> <p>N/A</p> </div>	<div data-bbox="810 1258 908 1355" data-label="Form"> <input type="checkbox"/> </div> <p>Not applicable</p>
<div data-bbox="365 1435 671 1704" data-label="Image"> </div>	<div data-bbox="810 1520 908 1617" data-label="Form"> <input type="checkbox"/> </div> <p>Not sure</p>


	<p>Before your appointment, were you offered a walk round of the building or shown a video of where you were going?</p> <p>Please tick  one below:</p>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
<p>N/A</p>	<input type="checkbox"/> Not applicable
	<input type="checkbox"/> Not sure
<p>Please tell us what worked well</p> <p>And...</p> <p>If you think anything could have been done better, here:</p>	<hr/> <hr/> <hr/>

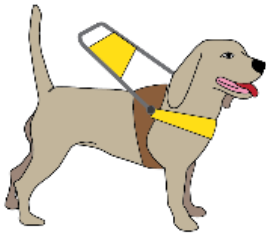




		<h2>At Your Appointment</h2>
		<p>At your appointment, did the staff know about your reasonable adjustments?</p> <p>Please tick  one below:</p>
		<input data-bbox="812 904 908 999" type="checkbox"/> Yes
		<input data-bbox="812 1149 908 1243" type="checkbox"/> No
		<input data-bbox="812 1375 908 1469" type="checkbox"/> Not applicable
		<input data-bbox="812 1644 908 1738" type="checkbox"/> Not sure






	<p>At your appointment, did the staff understand your needs?</p> <p>Please tick  one below:</p>
	<p><input type="checkbox"/> Yes</p>
	<p><input type="checkbox"/> No</p>
<p>N/A</p>	<p><input type="checkbox"/> Not applicable</p>
	<p><input type="checkbox"/> Not sure</p>






	<p>At your appointment, were you given more time for your appointment if you needed it?</p> <p>Please tick  one below:</p>
	<p><input type="checkbox"/> Yes</p>
	<p><input type="checkbox"/> No</p>
<p>N/A</p>	<p><input type="checkbox"/> Not applicable / did not need it</p>
	<p><input type="checkbox"/> Not sure</p>






<p>wheelchair ramp</p> 	<p>At your appointment, was there a ramp to use if you needed it?</p> <p>Please tick  one below:</p>
	<input data-bbox="812 678 908 775" type="checkbox"/> Yes
	<input data-bbox="812 931 908 1028" type="checkbox"/> No
<p>N/A</p>	<input data-bbox="812 1144 908 1240" type="checkbox"/> Not applicable / did not need it
	<input data-bbox="812 1417 908 1514" type="checkbox"/> Not sure






<div data-bbox="316 257 705 571" data-label="Image"> <p>disabled parking</p> </div>	<p>At your appointment, was there disabled parking if you needed it?</p> <p>Please tick  one below:</p>
<div data-bbox="418 602 593 855" data-label="Image"> </div>	<div data-bbox="810 674 908 770" data-label="Form"> <input type="checkbox"/> </div> <p>Yes</p>
<div data-bbox="413 862 601 1077" data-label="Image"> </div>	<div data-bbox="810 922 908 1019" data-label="Form"> <input type="checkbox"/> </div> <p>No</p>
<div data-bbox="386 1137 606 1240" data-label="Text"> <p>N/A</p> </div>	<div data-bbox="810 1133 908 1229" data-label="Form"> <input type="checkbox"/> </div> <p>Not applicable / did not need it</p>
<div data-bbox="370 1337 678 1603" data-label="Image"> </div>	<div data-bbox="810 1422 908 1518" data-label="Form"> <input type="checkbox"/> </div> <p>Not sure</p>






<p>guide dog</p> 	<p>At your appointment, were you able to take a guide dog if you needed to?</p> <p>Please tick  one below:</p>
	<p><input type="checkbox"/> Yes</p>
	<p><input type="checkbox"/> No</p>
<p>N/A</p>	<p><input type="checkbox"/> Not applicable / did not need it</p>
	<p><input type="checkbox"/> Not sure</p>





<p>quiet lounge</p> 	<p>At your appointment, were you offered a quiet room to wait in?</p> <p>Please tick  one below:</p>
	<input data-bbox="810 712 906 808" type="checkbox"/> Yes
	<input data-bbox="810 967 906 1064" type="checkbox"/> No
<p>N/A</p>	<input data-bbox="810 1178 906 1274" type="checkbox"/> Not applicable – did not need it
	<input data-bbox="810 1462 906 1559" type="checkbox"/> Not sure




<p>disabled toilet</p> 	<p>At your appointment, was there a disabled toilet?</p> <p>Please tick  one below:</p>
	<p><input type="checkbox"/> Yes</p>
	<p><input type="checkbox"/> No</p>
<p>N/A</p>	<p><input type="checkbox"/> Not applicable / did not need to use it</p>
	<p><input type="checkbox"/> Not sure</p>

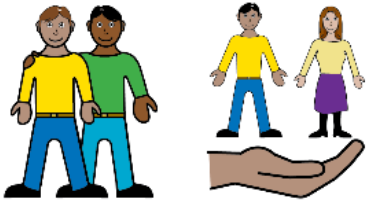




	<p>At your appointment, were there clear signs to help you find your way around?</p> <p>Please tick  one below:</p>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
<p>N/A</p>	<input type="checkbox"/> Not applicable
	<input type="checkbox"/> Not sure

 <p>hearing loop</p>	<p>At your appointment, were you offered hearing support, for example a hearing loop or sign live?</p> <p>Please tick  one below:</p>
	<input data-bbox="810 745 906 842" type="checkbox"/> Yes
	<input data-bbox="810 1003 906 1099" type="checkbox"/> No
<p>N/A</p>	<input data-bbox="810 1214 906 1310" type="checkbox"/> Not applicable / did not need it
	<input data-bbox="810 1503 906 1599" type="checkbox"/> Not sure

 <p>easy read</p>	<p>Before or at your appointment, were you given accessible information, for example easy read or large print?</p> <p>Please tick  one below:</p>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
<p>N/A</p>	<input type="checkbox"/> Not applicable / did not need it
	<input type="checkbox"/> Not sure


<div data-bbox="269 271 724 633" data-label="Image"> </div>	<p>At your appointment, were you offered an interpreter, for example, another language or British Sign Language?</p> <p>Please tick  one below:</p>
	<input data-bbox="812 768 908 864" type="checkbox"/> Yes
	<input data-bbox="812 1019 908 1115" type="checkbox"/> No
<p>N/A</p>	<input data-bbox="812 1232 908 1328" type="checkbox"/> Not applicable / did not need it
	<input data-bbox="812 1507 908 1603" type="checkbox"/> Not sure

 <div data-bbox="375 376 630 580" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>plain english</p> <p>use easy words</p> </div>	<p>At your appointment, did the staff talk in Plain English without jargon?</p> <p>Please tick  one below:</p>
	<div data-bbox="810 678 908 775" style="display: inline-block; border: 1px solid black; width: 40px; height: 40px; vertical-align: middle;"></div> Yes

<p>friend or carer</p> 	<p>At your appointment, were you able to take someone to support you with discussions?</p> <p>Please tick  one below:</p>
	<p><input type="checkbox"/> Yes</p>
	<p><input type="checkbox"/> No</p>
<p>N/A</p>	<p><input type="checkbox"/> Not applicable</p>
	<p><input type="checkbox"/> Not sure</p>


here

[illegible]


If you would like
to talk to us in
more detail
please write your
contact details
here 




<div data-bbox="306 568 663 922" data-label="Image"> </div>	<p>About You</p> <p>The questions below will help us to know how many different people are doing this survey</p> <p>But if you do not want to share, tick 'Prefer not to say' for questions you do not want to answer</p>
<div data-bbox="306 1005 663 1359" data-label="Image"> </div>	<p>Are you filling this in for:</p> <p><input type="checkbox"/> Yourself</p> <p><input type="checkbox"/> Someone you care for or support</p> <p><input type="checkbox"/> Prefer not to say</p>
<p>If you are filling this in for someone you care for or support, please answer the questions below based on the person you are supporting and not yourself.</p>	

	<p>Which of the below apply to you?</p>
<input data-bbox="673 495 769 586" type="checkbox"/>	<p>Physical disability</p>
<input data-bbox="673 620 769 712" type="checkbox"/>	<p>Sight or hearing loss</p>
<input data-bbox="673 745 769 837" type="checkbox"/>	<p>Mental health condition</p>
<input data-bbox="673 871 769 963" type="checkbox"/>	<p>Learning disability</p>
<input data-bbox="673 996 769 1088" type="checkbox"/>	<p>Neurodivergent (Autistic / ADHD)</p>
<input data-bbox="673 1122 769 1214" type="checkbox"/>	<p>Long-term health condition</p>
<input data-bbox="673 1247 769 1339" type="checkbox"/>	<p>English not your first language</p>
<input data-bbox="673 1373 769 1464" type="checkbox"/>	<p>None of the above</p>
<input data-bbox="673 1498 769 1590" type="checkbox"/>	<p>Prefer not to say</p>
<input data-bbox="673 1624 769 1715" type="checkbox"/>	<p>Other</p>

	<p>Where in North Yorkshire do you live?</p>
<input data-bbox="675 483 770 577" type="checkbox"/>	<p>Harrogate</p>
<input data-bbox="675 609 770 703" type="checkbox"/>	<p>Selby</p>
<input data-bbox="675 734 770 828" type="checkbox"/>	<p>Scarborough</p>
<input data-bbox="675 860 770 954" type="checkbox"/>	<p>Ryedale</p>
<input data-bbox="675 985 770 1079" type="checkbox"/>	<p>Hambleton</p>
<input data-bbox="675 1111 770 1205" type="checkbox"/>	<p>Richmondshire</p>
<input data-bbox="675 1236 770 1330" type="checkbox"/>	<p>Craven</p>
<input data-bbox="675 1361 770 1456" type="checkbox"/>	<p>Other</p>

	<p>What is your age?</p>
<input data-bbox="667 483 762 577" type="checkbox"/>	<p>Under 18</p>
<input data-bbox="667 609 762 703" type="checkbox"/>	<p>18 to 24</p>
<input data-bbox="667 734 762 828" type="checkbox"/>	<p>25 to 34</p>
<input data-bbox="667 860 762 954" type="checkbox"/>	<p>35 to 44</p>
<input data-bbox="667 985 762 1079" type="checkbox"/>	<p>45 to 54</p>
<input data-bbox="667 1111 762 1205" type="checkbox"/>	<p>55 to 64</p>
<input data-bbox="667 1236 762 1330" type="checkbox"/>	<p>65 to 74</p>
<input data-bbox="667 1361 762 1456" type="checkbox"/>	<p>Over 75</p>
<input data-bbox="667 1487 762 1581" type="checkbox"/>	<p>Prefer not to say</p>

	What is your gender?
<input data-bbox="678 483 774 577" type="checkbox"/>	Female
<input data-bbox="678 609 774 703" type="checkbox"/>	Male
<input data-bbox="678 736 774 831" type="checkbox"/>	Non-binary
<input data-bbox="678 862 774 956" type="checkbox"/>	Prefer not to say
<input data-bbox="678 990 774 1084" type="checkbox"/>	Prefer to self-describe

Thank you for completing this survey 😊