



HUNMANBY SURGERY

COMMUNICATION QUESTIONNAIRE

We want to improve the way we communicate with our patients. We want to make sure we give you information that you can easily understand.

We would be grateful if you, or someone on your behalf, would complete the questionnaire below and give to reception. Please complete, even if you think we may already have this information.

| | |
|--|--|
| Patient name | |
| Date of birth | |
| Signed | |
| Print name (if you are not the patient) | |
| Date completed | |

| | | Please tick | Additional info/comments |
|----------------------------------|---------------------------------------|-------------|--------------------------|
| Difficulty or disability: | | | |
| 1 | Deafblind | | |
| 2 | Registered blind | | |
| 3 | Registered partially sighted | | |
| 4 | Have difficulty reading small writing | | |
| 5 | Registered deaf | | |
| 6 | Partial deafness | | |
| 7 | One-sided deafness | | |
| 8 | Bilateral deafness | | |
| 9 | On learning disability register | | |
| 10 | Autistic spectrum disorder | | |
| 11 | Dyslexia | | |
| 12 | Other | | |
| Support needed: | | | |
| Do you: | | | |
| 1 | Have a legal advocate? | | |
| 2 | Use a citizen advocate? | | |
| 3 | Use a hearing aid? | | |
| 4 | Use BSL? | | |
| 5 | Use Makaton? | | |
| 6 | Use lip-reading? | | |
| 7 | Use speech to text reporter? | | |

| | | | |
|---|---|--|--|
| 8 | Use lip speaker? | | |
| 9 | Use textphone? | | |
| 10 | Prefer only to be written to? If so, by email or post | | |
| 11 | Use a personal communication passport? | | |
| 12 | Use a deafblind intervener? | | |
| 13 | Need slow spoken communication? | | |
| 14 | Need loud spoken communication? | | |
| 15 | Need your medication labels in large font? | | |
| 16 | Other | | |
| Due to a communication difficulty/disability, how would you like us to contact you and how would you like to contact us? | | | |
| 1 | By telephone | | |
| 2 | By text message | | |
| 3 | By email | | |
| 4 | By written letter (post) | | |
| 5 | East read | | |
| 6 | Other | | |
| Due to a disability, would you require information in the following formats? | | | |
| 1 | Large font (28 point sans serif font) | | |
| 2 | East read | | |
| 3 | DVD | | |
| 4 | USB Storage Device | | |
| 5 | Electronic downloadable format | | |
| 6 | Audio cassette tape | | |
| 7 | Moon alphabet | | |
| 8 | Makaton | | |
| 9 | Braille (Grade 2) | | |
| 10 | Braille (Grade 1) | | |
| 11 | Other | | |
| Do you require a communication professional? | | | |
| 1 | Interpreter – British sign language | | |
| 2 | Interpreter – Makaton sign language | | |
| 3 | An advocate | | |
| 4 | Sign supported English interpreter | | |
| 5 | Deafblind communicator guide | | |
| 6 | Deafblind manual alphabet interpreter | | |
| 7 | Deafblind block alphabet interpreter | | |
| 8 | Deafblind haptic communication interpreter | | |
| 9 | Manual note taker | | |
| 10 | Lip speaker | | |
| 11 | Visual frame sign language interpreter | | |
| 12 | Hands-on signing interpreter | | |
| 13 | Speech to text reporter | | |
| 14 | Other | | |
| If you have no communication needs, please tick here <input type="checkbox"/> | | | |