



**On the Day of having a Pulse check
and / or Blood Pressure check
and / or Cholesterol (point of care) check -
Patient Experience Survey**

**CVD Central Project. Detection of
High Risk Conditions (A,B,C)**

Options for Using this Survey – for people checking A,B or C

KSS AHSN will directly receive all the responses of non-identifiable patient data submitted through the patient surveys, the aggregated data will be shared with the British Heart Foundation (BHF) who will **‘for free’** analyse the data and present the findings in a quarterly report for you at regional, ICB, PCN / Event levels.

To help us report on the experience of the session and obtain non-patient identifiable feedback from people that attended the check, please encourage the person to complete the survey using any of the different options below

1. Print the QR code page (page 2 of this document) and display this at the venue. The QR code is also on the back of the results cards. Upon completion of their appointment, please ask patients to scan the QR code to access the survey on their phone and encourage them to take 5 mins to complete it.
2. Print some paper copies of the questionnaire (pages 3-10 of this document) for those who are less digitally enabled to complete at the end of their appointment. Completed paper questionnaires can be collected and returned to the following address for inclusion in the summary report:

KSS AHSN
c/o Office 7
The Beehive
City Place
Beehive Ring Road
Gatwick
RH6 0PA

3. If you prefer to do so, please send an SMS to those who attended the session with the following link to access the survey. The draft SMS below could be used:
<https://www.surveymonkey.co.uk/r/696SYQW>

Example SMS message:

Thank you for attending for a pulse / blood pressure / cholesterol check.
To help us evaluate and develop the service we would appreciate it if you could complete this short survey to tell us about your experience:
<https://www.surveymonkey.co.uk/r/696SYQW>

SCAN ME



Thank you for attending for a blood pressure (BP) and / or pulse check and / or cholesterol check.

To help us evaluate and develop the service we would appreciate it if you could complete this short anonymous survey by scanning the QR code. Thank you

On Day Patient Survey: This survey is also available through QR code or a link to the online SurveyMonkey

Thank you for taking the time to complete this short survey about your experience of receiving either a blood pressure (BP) and / or pulse check and / or cholesterol check today. The survey shouldn't take you long to complete as they are all tick box answers to 20 questions. The first few questions ask you to tell us a bit about yourself and the next few questions ask you about your experience having a check and the information you received.

All the information collected through the survey is **completely anonymous** and will be used to evaluate and develop services. The non-patient identifiable survey data will be received directly by Kent Surrey Sussex Academic Health Science Network (KSS AHSN) who will share the surveys received regularly with The British Heart Foundation to analyse the data and create a summary report, which will be made publicly available.

You may also be sent a further survey to complete in one month to help us understand more about your experience and the care you have received since the check.

1. How do you self-identify:

- a. Female
- b. Male
- c. Non-binary
- d. Prefer not to say

2. Please specify your age range:

- a. Under 18 years of age
- b. 18 to 44 years
- c. 45 to 64 years
- d. 65 to 79 years
- e. 80 years or over

3. Please specify your ethnic group:

Asian or Asian British

- a. Indian

- b. Pakistani
- c. Bangladeshi
- d. Chinese
- e. Any other Asian background

Black, Black British, Caribbean or African

- f. Caribbean
- g. African
- h. Any other Black, Black British or Caribbean background

Mixed or Multiple Ethnic Groups

- i. White and Black Caribbean
- j. White and Black African
- k. White and Asian
- l. Any other mixed or multiple ethnic background

White

- m. English, Welsh, Scottish, Northern Irish or British
- n. Irish
- o. Gypsy or Irish Traveller
- p. Roma
- q. Any other White background

Other Ethnic Group

- r. Arab
- s. Any other ethnic group
- t. Prefer not to say

4. Which, if any, of the following options best describe your current employment status?

- a. Working full time
- b. Working part time
- c. Temporarily unemployed (i.e. between jobs)
- d. Retired
- e. Permanently disabled
- f. Taking care of home or family
- g. Student
- h. Unemployed
- i. Prefer not to say
- j. Other, please specify

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5. Please provide the **first** part (3 or 4 digits) of your **home** postcode?

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6. What checks did you receive today (tick all that apply)?

- a. Blood Pressure check
- b. Pulse check
- c. after Pulse check had KardiaMobile Device for detecting Atrial Fibrillation (AF) - results in 30 seconds
- d. Cholesterol check – finger prick blood test with while you wait results in approx.15 mins
- e. Other (please specify)

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7. Who did the check of your BP, Pulse or Cholesterol for you?

- a. Health Care Professional (e.g Nurse, Doctor, Health Care Assistant, Pharmacist etc)
- b. Volunteer / Voluntary organisation (e.g St Johns Ambulance, Student, Volunteer from local charity etc)
- c. Don't know / Not sure
- d. Other (please specify if you know)

8. Please state, which area (town/city/village) you were in when the check for your blood pressure / pulse and / or cholesterol took place:
(e.g Brighton, Lewes, Hailsham, Guildford, Dartford etc)

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9 Please state, which venue/location the BP and / or Pulse check and / or Cholesterol check took place:
(e.g: clinic, pharmacy, community setting such as a supermarket, community centre etc)

- e. GP Practice Clinic
- f. Hospital Clinic
- g. Pharmacy
- h. Own Home
- i. Vaccination Centre
- j. Community Setting (Eg: Supermarket, Community Centre, Gym, Barber shop etc)
- k. Other (please specify)

10 To help us encourage more people to attend a blood pressure or pulse check or cholesterol check, please tell us what motivated you to attend (tick all that apply)?

- a. Spur of the moment as the check was there & offered
- b. Concerned about future health
- c. Concerned or wanted reassurance of current health
- d. My age
- e. Family History/Illness
- f. Invitation
- g. Just for a check up
- h. Other (please specify)

11 Do you have any long-term physical or mental health conditions, disabilities or illnesses? (If No skip to question 13)

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to say

12 Which, if any, of the following long-term conditions do you have? (tick all that apply)

- a. I do not have any long-term conditions
- b. Alzheimer's disease or other cause of dementia
- c. Arthritis or ongoing problem with back or joints
- d. Autism or autism spectrum condition
- e. Blindness or partial sight
- f. A breathing condition, such as asthma or COPD
- g. Cancer (diagnosis or treatment in the last 5 years)
- h. Deafness or hearing loss
- i. Diabetes
- j. A heart condition, such as angina or atrial fibrillation
- k. Heart Failure
- l. High blood pressure
- m. Kidney or liver disease
- n. A learning disability
- o. A mental health condition
- p. A neurological condition, such as epilepsy
- q. A stroke (which affects your day-to-day life)
- r. Another long-term condition or disability (please state).....

13 Did you receive any of the following when you had your blood pressure and/or pulse check and / or cholesterol check (tick all that apply)?

- a. Information and advice on lifestyle / behaviour changes / healthy living
- b. Information on how to refer yourself to local wellbeing services (e.g. *stop smoking, weight management, physical activity*)
- c. Information about how to check your pulse and / or about atrial fibrillation (AF)
- d. Information about blood pressure (BP)
- e. Information about cholesterol / familial hypercholesterolaemia (FH)

14 Were your results explained to you? (*Receiving an explanation of your results is likely to improve your understanding of the potential risks associated with readings that are not within the normal range*)

- a. Yes
- b. No
- c. Not sure

15 Were you given your results on a card/printout to take away after you had received the check? (*for example the readings for the checks you may have had on Blood Pressure or Pulse Rate or Cholesterol results*)

- a. Yes
- b. No
- c. Not sure

16 Were you advised to monitor your blood pressure at home or offered a 24hr blood pressure monitor?

If no, skip to question 17.

If yes, what type of information, guidance or instructions were you given (tick all that apply)?

- a. I was given written instructions to explain how to use the monitor and how it works
- b. I was given a home blood pressure monitoring diary (*eg on paper or a link to access online*)

- c. A face-to-face demonstration on using the monitor was given to me
- d. I was given guidance over the phone
- e. I was given an online video that explained how to use the monitor
- f. I was not given any guidance or instructions
- g. Other (please state).....

17 There may be changes you could make to help control your blood pressure, reduce your cholesterol levels and/or improve your health and wellbeing. As a result of your check are you considering making any behaviour changes?

- a. No
- b. Yes

If yes, please briefly state what these might be

18 There are several services that can support you to achieve behaviour changes. Have you been referred to any other services or are you planning to refer yourself as a result of the check (tick all that apply)?

- a. No
- b. Weight management
- c. Healthy Eating
- d. Physical activity
- e. Stop smoking
- f. Alcohol support
- g. Diabetes prevention
- h. Other (please specify)

19 How would you rate the overall experience of the check that you received?

a. Excellent

b. Good

c. Average

d. Poor

20 We value all feedback and would like to hear any other comments or suggestions you have to improve future services.

If you would like to make any other comments, please do so here:

Thank you for taking the time to complete this survey.