
















## SURVEY:





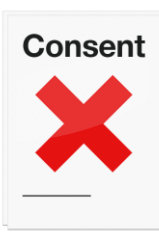
### Cervical screening pathway assessment

	<h2>ABOUT OUR SURVEY</h2>
	<p>The survey will take approximately 5-10 minutes to complete.</p>
<p>BATTERSEA HEALTHCARE</p>	<p>The Wandsworth GP federation (BHCIC) want to hear about your experience of cervical screening.</p>
<p>generate your life your support</p>	<p>Generate made this survey to gather your feedback.</p>
	<p>This information will help us better understand your experience.</p>








	<p>We will ask you questions about:</p>
 	<ul style="list-style-type: none"> <li>• Communication with the surgery</li> </ul>
	<ul style="list-style-type: none"> <li>• The appointment at your surgery</li> </ul>
	<ul style="list-style-type: none"> <li>• The tests result</li> </ul>
	<ul style="list-style-type: none"> <li>• The follow up</li> </ul>
	<p>We want to know what they do well.</p>









	<p>We also want to know what could be improved.</p>
	<p>Thank you.</p>









	<h2>We need your consent</h2>
	<p>Generate will share the results from this survey in a report.</p> <p>The report will be shared with the BHCIC and Wandsworth GP surgeries.</p>
	<p>Our goal is to reduce health inequalities and improve services for people with learning disabilities in Wandsworth.</p>
	<p>We will not share your name or contact details with anyone.</p>







	<p>We will only use and keep what you tell us for this report and nothing else.</p>	
	<p>Information is held in accordance with Generate's Privacy Policy.</p>	
	<p>Please tick one of the boxes below to tell us if we can or cannot share the information you give us.</p> <p>Please tick the grey box that describes you best.</p>	
	<p>Yes. I give my consent.</p>	<input type="checkbox"/>
	<p>No I do not consent.</p> <p>[If you do not consent, then this questionnaire stops here].</p>	<input type="checkbox"/>

## Question 1









	Did you receive an invite in a format you understand?	
	Yes	
	No	
	Was the format easy to understand?	
	Yes	
	No	
	What format was it in?	
	Letter (easy read, large prints, standard)	









	Call	
	Email	
	Other: .....	
	Did you need help to book your appointment?	
	Yes	
	No	
	Did someone help you?	
	Yes	


	No	
	Did someone explain what your cervical screening appointment was for?	
	Yes	
	No	
	Did they explain to you what happens during the test?	
	Yes	
	No	
	Who gave you the information? (family, carer, day center, GP, nurse, LD nurse, ...)	

	<p>Carer</p>	
	<p>Day Center</p>	
	<p>GP</p>	
	<p>nurse</p>	
	<p>other</p>	
	<p>Were you offered a chaperone for your cervical screening appointment?</p> <p>A Chaperone is a person who goes with you and supports you.</p>	

















	Yes	
	No	
	Did someone explain the benefits and risks of screening to you?	
	Yes	
	No	
	Did you understand what could happen after this test? <b>For example</b> , that there could be different types of results, leading to further tests and treatment.	
	Yes	
	No	


	<p>Did they explain what happens to the screening records?</p>	
	<p>Yes</p>	
	<p>No</p>	
	<p>Were you told who will do the test?</p>	
	<p>Yes</p>	
	<p>No</p>	
	<p>Were you told what you can bring or what you need to wear?</p>	
	<p>Yes</p>	

	No	
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## Question 2: Transports/ travel









	Were you told how to get there?	
	Yes	
	No	
	Did you need support to access appointments?	
	Yes	
	No	







	Did you get the right support?	
	Yes	
	No	
	Was the location easily to get to by transport?	
	Yes	
	No	
	Did you have issues logging on to the test site?	
	Yes	

	No	
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### Question 3: the appointment









	Did you get the HPV vaccine?	
	Yes	
	No	
	Why?	
	Give your answer in the box below:	
	.....	
	Did you have enough time to complete the screening? (get undressed, ...)	
	Yes	

	No	
	Did you feel comfortable during the appointment?	
	Yes	
	No	
	Were you given the choice to have the screening done by a male or female sampler?	
	Yes	
	No	
	Were you asked for your consent to have the screening?	

	Yes	
	No	
	Did the sampler make you feel comfortable?	
	Yes	
	No	
	What did the sampler do that made you feel comfortable/ uncomfortable?	
	Give your answer in the box below:	
	.....	







#### Question 4: post-appointment



	Did you receive the results?
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	Yes	
	No	
	Did you need help to understand the results?	
	Yes	
	No	
	Did you receive the help you needed to understand the results?	
	Yes	
	No	







## Question 4






	<p>What is your age?</p> <p>Tick the answer that apply:</p>	
	<p>Under 17</p>	
	<p>18 - 24</p>	
	<p>25 – 49</p>	
	<p>50 – 64</p>	
	<p>65 – 79</p>	

	80 and above	
	I'd prefer not to say	







### Question 37

	Do you consider yourself to have a disability?	
	Yes	
	No	
	I'd prefer not to say	








### Question 39

	<p>What is your gender?</p>	
	<p>Male</p>	
	<p>Female</p>	
	<p>Non-binary</p>	
	<p>I'd prefer not to say</p>	

## Question 40


	What is your sexual orientation?	
	<p>Asexual</p> <p>Asexual is when you have no sexual feelings or desires, or you are not sexually attracted to anyone.</p>	
	<p>Bisexual</p> <p>It is attraction to people regardless of their gender.</p>	
	<p>Homosexual/Gay/ Lesbian</p> <p>It is when you feel attracted by people of the same sex or gender.</p>	
	<p>Heterosexual/straight</p> <p>It is when you feel attracted by people of the opposite sex or gender.</p>	
	<p>I'd prefer not to say</p>	





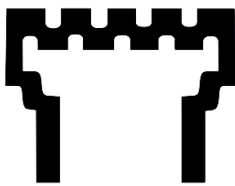

## Question 42




	<p>What is your ethnic group?</p>	
	<p>Arab</p>	
	<p>Asian / Asian British background</p>	
	<p>Black / Black British background</p>	
	<p>Gypsy, Roma or Traveller</p>	
	<p>White: British / English / Welsh / Irish / Scottish</p>	
	<p>White: Any other background</p>	

	Mixed / Multiple ethnic groups: Black and White	
	Mixed / Multiple ethnic groups: Asian African and White	
	Mixed / Multiple ethnic groups: Any other mixed background	
	Another ethnic group	
	I'd prefer not to say	



### Question 43

	<p>Do you follow a particular faith/ religion, belief or philosophy of life?</p> <p>If yes, which of the following best describes this?</p>
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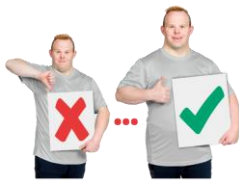




	Atheist	
	Buddhist	
	Christian	
	Hindu	
	Jehovah Witness	
	Jewish	

	Muslim	
	Sikh	
	Other: .....	
	I'd prefer not to say	

## EMAIL ADDRESS & CONSENT

<b>44 -</b>		
	If you want to receive the report of this survey, we need your email address.	
	We will never share your email address with anyone.	



	<p>We make sure NHS leaders and other decision makers hear your voice.</p>
	<p>We will use your feedback to improve care.</p>
	<p>We will only use your email address to share the results of this survey.</p>
	<p>We will only share information relevant to this project with the BHCIC team, the southwest London NHS and Generate staff.</p>
	<p>Full name:</p> <p>.....</p>
	<p>Email Address:</p> <p>.....</p>

