**PARKSIDE 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  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  lipspeaker?   |    |    |
| 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   | Easy  Read   |    |    |
| 6   | Other   |    |    |
| **Due  to  a  disability,  would  you  require  information  in  the  following  formats?**   |
| 1   | Large  font    (28  point  sans  serif  font)   |    |    |
| 2   | Easy  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   | Lipspeaker   |    |    |
| 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     |