



CHOICE

Health Survey

This study is trying to find out about what factors lead people with chronic long term physical illnesses to access out of hours care and emergencies services. In addition to the physical severity of illness, we are interested in whether other factors affect peoples' choice of services when they require help during the night or at weekends. We are particularly interested in the degree of stress caused by physical illness and how this might impact upon people and their experience of care.

Rawnsley Building,
Manchester Royal Infirmary,
Oxford Road, Manchester M13 9WL
Tel: [REDACTED] Fax: [REDACTED]



Manchester Mental Health 
and Social Care Trust

If you have any questions or queries, please contact:

Senior Research Assistant Tel: [REDACTED]

Prof Else Guthrie Tel: [REDACTED]

or email [REDACTED]

The logo for Manchester 1824, with "MANCHESTER" in white and "1824" in yellow on a purple background.

The University
of Manchester

About you: Firstly, we would like to gather some background details:

A1 How old are you (please fill)

_____ **years**

A2 Are you (please tick)

Male Female

A3 Are you (please tick)

Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Married / cohabiting	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Separated	<input type="checkbox"/>		

A4 How would you describe your ethnicity? (please tick)

White British	<input type="checkbox"/>	Mixed – White and Black Caribbean	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Mixed – White and Black African	<input type="checkbox"/>
Other White Background (Please specify)	<input type="checkbox"/>	Mixed – White and Asian	<input type="checkbox"/>
		Other Mixed Background (Please specify)	<input type="checkbox"/>
Black or Black British - Caribbean	<input type="checkbox"/>	
Black or Black British - African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other Black Background (Please specify)	<input type="checkbox"/>	Other Ethnic Background (Please specify)	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Asian or Asian British - Pakistani	<input type="checkbox"/>		
Asian or Asian British - Bangladeshi	<input type="checkbox"/>		
Other Asian Background (Please specify)	<input type="checkbox"/>		

A5

What is your highest educational or training qualification (please tick)

- | | | |
|---|--------------------------|---|
| Post graduate qualification | <input type="checkbox"/> | 1 |
| University graduate | <input type="checkbox"/> | 2 |
| Educated to A levels / NVQ / BTEC / HND / OND | <input type="checkbox"/> | 3 |
| Left education during secondary school | <input type="checkbox"/> | 4 |
| Educated to O-levels or GCSEs | <input type="checkbox"/> | 5 |

A6

Please tell us your **current or most recent occupation**

Occupation _____

Industry / Type of business _____

A7

Are you (please tick only one)

- | | | | | | |
|-------------------------------|--------------------------|---|--|--------------------------|---|
| Working full time | <input type="checkbox"/> | 1 | Not working because of ill health/disability | <input type="checkbox"/> | 5 |
| Working part time | <input type="checkbox"/> | 2 | Student | <input type="checkbox"/> | 6 |
| Working full time in the home | <input type="checkbox"/> | 3 | Semi-retired | <input type="checkbox"/> | 7 |
| Unemployed but seeking work | <input type="checkbox"/> | 4 | Retired | <input type="checkbox"/> | 8 |

A8

If you are in a job at the moment, in the **past month**, have you been off work due to ill-health?

Yes

1

No

0

If yes, please tell us the total number of days off work:

- | | | |
|-------------|--------------------------|---|
| 0 – 3 days | <input type="checkbox"/> | 0 |
| 4 – 7 days | <input type="checkbox"/> | 1 |
| 8 – 14 days | <input type="checkbox"/> | 2 |
| 15 + days | <input type="checkbox"/> | 3 |

We would like to ask you a few questions about your physical health.

B1 Do you have any of the following conditions? yes no

If YES please tick one or more of the following boxes and continue

Heart disease	<input type="checkbox"/>	1	Cancer	<input type="checkbox"/>	5
Asthma	<input type="checkbox"/>	2	Stomach or bowel problem	<input type="checkbox"/>	6
Diabetes	<input type="checkbox"/>	3	High blood pressure	<input type="checkbox"/>	7
Chronic obstructive pulmonary disease	<input type="checkbox"/>	4	Arthritis or other joint problems	<input type="checkbox"/>	8

Other (please specify) _____

Please answer the following questions by circling the number which best corresponds to your views:

B2 How much does your physical ill health affect your life?

0 1 2 3 4 5 6 7 8 9 10

No effect at all

Severely affects my life

B3 How long do you think your physical health problems will continue?

0 1 2 3 4 5 6 7 8 9 10

A very short time

Forever

B4 How much control do you feel you have over your physical health problems ?

0 1 2 3 4 5 6 7 8 9 10

Absolutely no control

Extreme amount of control

B5 How much do you think your treatment can help your overall physical health ?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely helpful

Please answer the following questions by circling the number which best corresponds to your views:

B6 How much do you experience symptoms from your physical health problems?

0 1 2 3 4 5 6 7 8 9 10

No
symptoms
at all

Many severe
symptoms

B7 How concerned are you about your physical ill health?

0 1 2 3 4 5 6 7 8 9 10

Not
concerned
at all

Extremely
concerned

B8 How well do you feel you understand your physical ill health ?

0 1 2 3 4 5 6 7 8 9 10

Don't
understand
at all

Understand
very clearly

B9 How much does your physical ill health affect you emotionally? (e.g. does it make you irritable, scared, upset, low, stressed etc?)

0 1 2 3 4 5 6 7 8 9 10

Not at all
affected
emotionally

Extremely
affected
emotionally

B10 Please list in rank-order the three most important factors that you believe caused your physical health problems. The most important causes for me:-

1. _____
2. _____
3. _____

We would like to gather some background details about your GP and hospital care over the last 3 months:

C1

In the last 3 months, how often have you visited your GP for a non-emergency appointment ?

By this we mean an appointment you have booked at least one day before being seen.

--	--

No of times

No of times

C2

In the last 3 months, how often have you asked for an emergency visit at home from your GP or GP out of hours service?

--	--

No of times

C3

Do you see a health professional who regularly monitors your physical health problems? (please tick)

GP

--

1

Practice nurse

--

2

Specialist nurse
e.g. diabetes nurse

--

3

Clinic Doctor
(hospital based)
Clinic Nurse
(hospital based)

--

4

--

5

C4

In the last 3 months, how often have you attended a hospital out-patient appointment?

--	--

No of times

C5

In the last 3 months, how often have you had to dial 999 and call an ambulance?

--	--

No of times

C6

In the last 3 months, how often have you attended an emergency department/casualty because of an emergency health problem?

--	--

No of times

C7

In the last 3 months, how often have you attended some other department or agency for an emergency health problem (e.g. walk in centre) ?

--	--

No of times

Please tell us what kind of emergency department or service you used.

We would like to gather some background details about your use of GP and Hospital Care over the last 12 months (this will include the 3 month period we have already asked about)

C8 In the last 12 months, how often have you visited your GP for a non-emergency appointment ?

By this we mean an appointment you have booked at least one day before being seen.

No of times

C9 In the last 12 months, how often have you asked for an emergency visit at home from your GP or GP out of hours service?

No of times

C10 In the last 12 months, how often have you attended a hospital out-patient appointment?

No of times

C11 In the last 12 months, how often have you had to dial 999 and call an ambulance?

No of times

C12 In the last 12 months, how often have you attended an emergency department/casualty because of an emergency health problem?

No of times

C13 In the last 12 months, how often have you attended some other department or agency for an emergency health problem (e.g. walk in centre) ?

No of times

^Please tell us what kind of emergency department or service you used.

Please indicate the degree to which you agree with these statements about the reasons you may have for using services like 999 ambulance or casualty or an emergency GP. Place tick one box on each line.

		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
D1	I think they are the right services for the health problem I have.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D2	The care I get at my general practice is poor.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D3	It is sometimes difficult to get to see a GP when I need to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D4	It is sometimes difficult to get a hospital appointment when I need to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D5	I have to push to get the help I need.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D6	It is easier for me to contact one of these services than go to my GP.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D7	No one takes responsibility and sorts out my problems.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D8	I sometimes need a second opinion after I've seen a GP.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D9	Relapses in my condition are unpredictable.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D10	I get help quickly when I need it.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Please indicate the degree to which you agree with these statements about the reasons you may have for using services like 999 ambulance or casualty or an emergency GP. Place tick one box on each line.

Strongly agree Agree Not sure Disagree Strongly disagree

D11 Services do not seem to talk to each other. ₀ ₁ ₂ ₃ ₄

D12 My concerns are taken seriously by health staff at my GPs or hospital clinic. ₀ ₁ ₂ ₃ ₄

D13 I am made to feel I am wasting everyone's time at my GPs or hospital clinic. ₀ ₁ ₂ ₃ ₄

D14 The system does not work well. ₀ ₁ ₂ ₃ ₄

D15 I prefer to have as little routine contact with doctors/health staff as possible. ₀ ₁ ₂ ₃ ₄

D16 I feel let down by health services. ₀ ₁ ₂ ₃ ₄

D17 Overall, how would you rate the health care you receive from your GP practice?

₁ ₂ ₃ ₄ ₅ ₆

Excellent Very good Good Fair Poor Very poor

D18 Overall, how would you rate the health care you receive from emergency services (please leave blank if you have not used emergency services in the last year)?

₁ ₂ ₃ ₄ ₅ ₆

Excellent Very good Good Fair Poor Very poor

Please answer the next questions if you have sought help for an emergency health problem in the last 3 months (by this we mean had to call a 999 ambulance, use casualty or a walk-in centre or call an emergency GP out to see you). Please think about the most recent time that help was needed.

E1

Thinking about the most recent time help was needed emergencyly, how many weeks ago was that?

--	--

No of weeks

E2

Again thinking about the most recent time, how long after thinking this health problem was emergency was help sought?

Immediately

Less than 2 hours

Between 2 and 12 hours

Between 12 and 24 hours

More than 24 hours

	1
	2
	3
	4
	5

E3

What type of health problem was it?

Please tick one

Exacerbation of one or more of the following illnesses (either diabetes, heart disease, asthma or lung disease)

Exacerbation of a different illness to the above

Injury or other reason

	1
	2
	3

E4

Still thinking about the most recent health problem, please tick the services that were involved in giving help or advice. Include all those you tried to contact, even if this was not successful.

GP from my usual practice

Someone at my GPs but not a GP

GP out of hours/emergency GP

Minor Injuries Unit

Walk-in centre

Hospital A&E department

Hospital clinic or day ward

Admission to A&E overnight

999 emergency ambulance

Mental health crisis team

Admission to hospital overnight

Admission to hospital for more than 24 hours

If you accessed some other service that is not listed above, please write them below:

These questions ask you for your views about your health , how you feel, and how well you are able to do your usual activities.

Please answer every question by ticking one box. If you are unsure about how to answer, please give the best answer you can.

F1 In general would you say your health is:

 1

Excellent

 2

Very good

 3

Good

 4

Fair

 5

Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Yes, limited a lot

Yes, limited a little

No, not limited at all

F2 **Moderate activities** such as moving a table, pushing a vacuum cleaner, bowling or playing golf

 1 2 3

F3 Climbing **several** flights of stairs

 1 2 3

During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health?

F4 Accomplished less than you would like

Yes 1 No 0

F5 Were limited in the **kind** of work or other activity

Yes 1 No 0

During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

F6 Accomplished less than you would like

Yes 1 No 0

F7 Didn't do work or other activities as **carefully** as usual

Yes 1 No 0

F8

During the past 4 weeks, how much did pain interfere with your normal work (including both outside the home and housework)?

 1

Not at all

 2

A little bit

 3

Moderately

 4

Quite a bit

 5

Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please indicate the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks:

F9

Have you felt calm and peaceful?

 1

All of the time

 2

Most of the time

 3

A good bit of the time

 4

Some of the time

 5

A little of the time

 6

None of the time

F10

Did you have a lot of energy?

 1

All of the time

 2

Most of the time

 3

A good bit of the time

 4

Some of the time

 5

A little of the time

 6

None of the time

F11

Have you felt downhearted and low?

 1

All of the time

 2

Most of the time

 3

A good bit of the time

 4

Some of the time

 5

A little of the time

 6

None of the time

F12

During the past 4 weeks, how much of your physical health or emotional problems interfered with your social activities (like visiting friends, relatives etc)?

 1

All of the time

 2

Most of the time

 3

A good bit of the time

 4

Some of the time

 5

A little of the time

 6

None of the time

You have just answered questions regarding the last 4 weeks, we would now like to ask you some questions about today.

Please place a tick in at least one box in each group below, please indicate which statements best describe your own health state today.

G1

Mobility

I have no problem in walking about

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

I have some problem in walking about

I am confined to bed

G2

Self-care

I have no problem with self-care

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

I have some problem with washing or dressing myself

I am unable to wash or dress myself

G3

Usual activities (e.g. work, study, housework, family, or leisure activities)

I have no problem with performing my usual activities

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

I have some problem with performing my usual activities

I am unable to perform my usual activities

G4

Pain/Discomfort

I have no pain or discomfort

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

I have moderate pain or discomfort

I am in extreme pain or discomfort

G5

Anxiety/Depression

I am not anxious or depressed

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

I am moderately anxious or depressed

I am extremely anxious or depressed

G6

Compared with my general level of health over the past 12 months, my health state today is:

Better

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

Much the same

Worse

G7

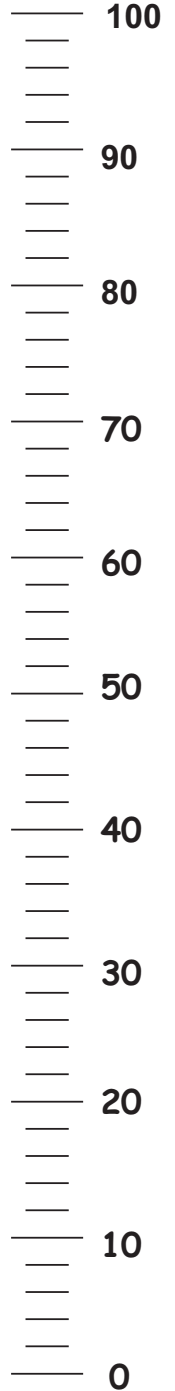
To help people say how good or bad their health is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked by 100 and the worst state is marked by 0.

We would like you to indicate on this scale how good or bad your own health is **today**, in your opinion.

Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is.

**Your own health
state today**

**Best possible
health**



**Worst possible
health**

This section is concerned with feelings and emotions.

Read each item and place a tick in the box opposite the reply which comes closest to how you have been feeling in the past week:

H1	I feel tense or 'wound up':	Most of the time	<input type="checkbox"/>	3
		A lot of the time	<input type="checkbox"/>	2
		Time to time, occasionally	<input type="checkbox"/>	1
		Not at all	<input type="checkbox"/>	0
H2	I still enjoy the things I used to enjoy:	Definitely as much	<input type="checkbox"/>	0
		Not quite so much	<input type="checkbox"/>	1
		Only a little	<input type="checkbox"/>	2
		Hardly at all	<input type="checkbox"/>	3
H3	I get a sort of frightened feeling as if something awful is about to happen:	Very definitely and quite badly	<input type="checkbox"/>	3
		Yes, but not too badly	<input type="checkbox"/>	2
		A little, but it doesn't worry me	<input type="checkbox"/>	1
		Not at all	<input type="checkbox"/>	0
H4	I can laugh and see the funny side of things:	As much as I always could	<input type="checkbox"/>	0
		Not quite so much now	<input type="checkbox"/>	1
		Definitely not so much now	<input type="checkbox"/>	2
		Not at all	<input type="checkbox"/>	3
H5	Worrying thoughts go through my mind:	A great deal of the time	<input type="checkbox"/>	3
		A lot of the time	<input type="checkbox"/>	2
		From time to time but not too often	<input type="checkbox"/>	1
		Only occasionally	<input type="checkbox"/>	0

H6	I feel cheerful:	Not at all	<input type="checkbox"/>	3
		Not often	<input type="checkbox"/>	2
		Sometimes	<input type="checkbox"/>	1
		Most of the time	<input type="checkbox"/>	0

H7	I can sit at ease and feel relaxed:	Definitely	<input type="checkbox"/>	0
		Usually	<input type="checkbox"/>	1
		Not often	<input type="checkbox"/>	2
		Not at all	<input type="checkbox"/>	3

H8	I feel as if I am slowed down:	Nearly all the time	<input type="checkbox"/>	3
		Very often	<input type="checkbox"/>	2
		Sometimes	<input type="checkbox"/>	1
		Not at all	<input type="checkbox"/>	0

H9	I get a sort of frightened feeling like 'butterflies' in the stomach:	Not at all	<input type="checkbox"/>	0
		Occasionally	<input type="checkbox"/>	1
		Quite often	<input type="checkbox"/>	2
		Very often	<input type="checkbox"/>	3

H10	I have lost interest in my appearance:	Definitely	<input type="checkbox"/>	3
		I don't take so much care as I should	<input type="checkbox"/>	2
		I may not take quite as much care	<input type="checkbox"/>	1
		I take just as much care as ever	<input type="checkbox"/>	0

H11	I feel restless as if I have to be on the move:	Very much indeed	<input type="checkbox"/>	3
		Quite a lot	<input type="checkbox"/>	2
		Not very much	<input type="checkbox"/>	1
		Not at all	<input type="checkbox"/>	0

H12

I look forward with enjoyment to things:

As much as I ever did

Rather less than I used to

Definitely less than I used to

Hardly at all

<input type="checkbox"/>	0
<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

H13

I get sudden feelings of panic:

Very often indeed

Quite often

Not very often

Not at all

<input type="checkbox"/>	3
<input type="checkbox"/>	2
<input type="checkbox"/>	1
<input type="checkbox"/>	0

H14

I can enjoy a good book or radio or TV programme:

Often

Sometimes

Not often

Very seldom

<input type="checkbox"/>	0
<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

Below is a list of questions about your health. For each one, please tick the box indicating how much this is true for you:

	Not at all	A little bit	Moderately	Quite a bit	A great deal
I1 Do you worry a lot about your health?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I2 Do you worry about your health more than most people?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I3 Is it hard for you to forget about yourself and think about all sorts of other things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

The following questions ask about recent events in your life:

We would like to ask you some questions about personal situations that you may have encountered during the last six months. Although some of these things are personal and of a sensitive nature, it would help a great deal if you could answer all of them.

Please answer all questions by ticking the box you think most closely applies:

All answers will be kept strictly confidential

During the last 6 months, have you experienced any of the following:

J1	Serious illness or injury to yourself?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	0
J2	Serious illness or injury to a close relative?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	0
J3	The death of a first-degree relative, including child or spouse?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	0
J4	The death of a close family friend or second degree relative?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	0
J5	Separation due to marital difficulties?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	0
J6	Broken off a steady relationship?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	0
J7	A serious problem with a close friend, neighbour or relative?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	0
J8	Been unemployed/seeking work for more than one month?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	0
J9	Been sacked from your job?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	0
J10	A major financial crisis?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	0
J11	Problems with the Police or a Court appearance?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	0
J12	Had something valuable lost or stolen?	Yes <input type="checkbox"/>	1	No <input type="checkbox"/>	0

Please circle a number on the scale that most closely applies to you:

L1

Please rate the following relationship styles according to the extent to which you think each description corresponds to your general relationship style:

Style A:

It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.

1 2 3 4 5 6 7

Not at all like me

Somewhat like me

Very much like me

Style B:

I am uncomfortable getting close to others. I want emotional close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

1 2 3 4 5 6 7

Not at all like me

Somewhat like me

Very much like me

Style C:

I want to be completely intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.

1 2 3 4 5 6 7

Not at all like me

Somewhat like me

Very much like me

Style D:

I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

1 2 3 4 5 6 7

Not at all like me

Somewhat like me

Very much like me

L2

After reading each of the relationship styles described (Styles A through D), please circle the letter corresponding to the style **that best describes you**:

Style **A** ₀ **B** ₁ **C** ₂ **D** ₃

(Please circle one letter)

We would like to interview a small number of people about their experiences of using emergency care services. If you agree to be contacted, one of the researchers from the study may contact you and explain to you in more detail what this would involve. You are still free to withdraw from the study at any time. Please tell us, by ticking the appropriate box.

Yes, I am happy to be contacted

Home:

My telephone number is:

Work:

No, I do not wish to be contacted

As part of the study we would like to record your contacts with health services over the last year and for the next 12 months. This will help us understand how people use services. Please tell us, by ticking the appropriate box, if you would be happy for us to have access to your records.

Yes, I give permission for my medical records to be examined

No, I do not wish for my medical records to be examined

I understand that my participation in this Health Survey is **voluntary** and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected (please tick):

Signature: _____

Date: _____

Please now fill in the second copy of this consent form, on page 31, for your own records.

Rawnsley Building,
Manchester Royal Infirmary,
Oxford Road, Manchester M13 9WL

Tel: [REDACTED] Fax: [REDACTED]

Please check carefully that you have completed ALL the relevant sections of the questionnaire.

Thank you very much for helping us with this Health Survey.

Please return the questionnaire in the pre-paid envelope provided.

Rawnsley Building,
Manchester Royal Infirmary,
Oxford Road, Manchester M13 9WL

