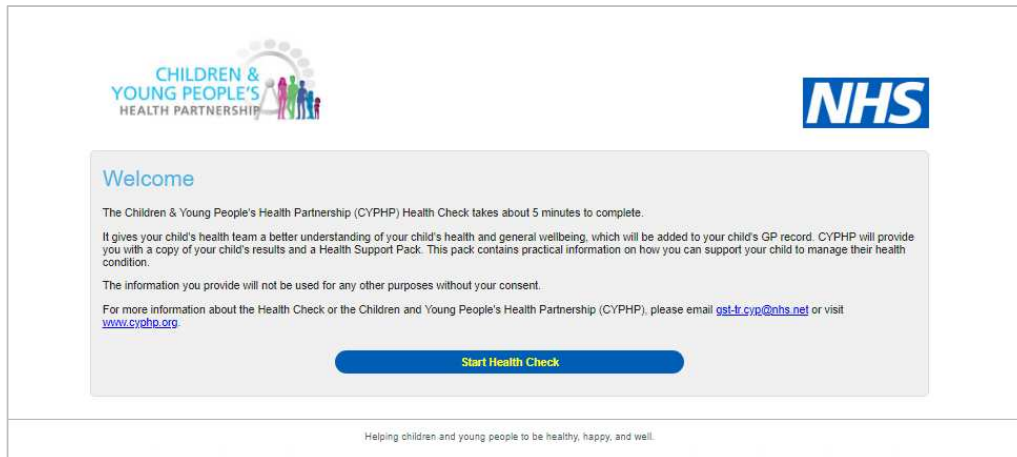


QUESTIONNAIRE - PATIENT FACING

The patient facing portal was located at <https://stage.ihtl.net/cyphp>.

Welcome Screen

The portal to the questionnaire. Click the button to begin answering questions



Child and Adult Details – CYPHPSC

All questions are permanently displayed and mandatory

CHILDREN & YOUNG PEOPLE'S HEALTH PARTNERSHIP

Welcome to the Children & Young People's Health Partnership

How did you hear about this Health Check?
Letter from GP

Your child's details:

First name
John

Family name
Jones

NHS Number (if known)
7777777777

Date of birth (dd/mm/yyyy) (must be less than 18 years old)
07/07/2017

Gender
 Male
 Female
 Other
 Prefer not to say

Address
7 Prince St, Anytown

Postcode
AN1 7PS

GP Practice name
Other

Other GP Practice name
High St Practice, Anytown

Parent/Carer details:

First name
Samantha

Family name
Jones

Relationship to child
Parent

Email
sjones@testing.com


Confirm Email
sjones@testing.com

Mobile
07777123456

Next >>

Asthma – CYPHPAS

Expands from one question displayed if first question answered 'Yes'

Patient: John Jones 


For Children with Asthma

Does your child have a diagnosis of asthma?

Yes

No

Rather not say

Patient: John Jones 

For Children with Asthma

Does your child have a diagnosis of asthma?

Yes

No

Rather not say

Please read each question below carefully and select the answer that best fits. You can complete these questions together with your child.

In the past 4 weeks, how much of the time did your child's asthma keep them from getting as much done at work, school or at home?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

Rather not say

Constipation – CYPHPCO

Expands from one question displayed if first question answered 'Yes'

Patient: John Jones CHILDREN & YOUNG PEOPLE'S HEALTH PARTNERSHIP

For Children with Constipation

Does your child have a diagnosis of constipation?

Yes
 No
 Rather not say

Please select one answer for each of the following questions about your child's symptoms of constipation. You can complete these questions together with your child.

Please use the Bristol Stool Chart to help identify your child's usual stool type.

Type 1 - Separate hard lumps, like nuts (hard to pass)
 Type 2 - Sausage-shaped, but lumpy
 Type 3 - Sausage-shaped, but with cracks on surface
 Type 4 - Sausage or snake like, smooth and soft
 Type 5 - Soft blobs with clear-cut edges (easy to pass)

Eczema – CYPHPEC

Expands from one question displayed if first question answered 'Yes'

Patient: John Jones CHILDREN & YOUNG PEOPLE'S HEALTH PARTNERSHIP

For Children with Eczema

Does your child have a diagnosis of eczema?

Yes
 No
 Rather not say

Please select one response for each of the seven questions below about your child's eczema. You can complete these questions together with your child.


Over the last week, on how many days has your child's skin been itchy because of their eczema? No days 1-2 days 3-4 days 5-6 days Every day Rather not say

Over the last week, on how many nights has your child's sleep been disturbed because of their eczema? No days 1-2 days 3-4 days 5-6 days Every day Rather not say

Over the last week, on how many days has your child's skin been bleeding No days Rather not say

Emotional Wellbeing - CYPHPW1

All questions permanently displayed and mandatory

Patient: John Jones 


Emotional Wellbeing (Please complete only if your child is 4-15 years old)

For each question, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Considerate of other people's feelings	<input type="checkbox"/> Not true	<input checked="" type="checkbox"/> Somewhat true	<input type="checkbox"/> Certainly true	<input type="checkbox"/> Rather not say
Restless, overactive, cannot stay still for long	<input type="checkbox"/> Not true	<input checked="" type="checkbox"/> Somewhat true	<input type="checkbox"/> Certainly true	<input type="checkbox"/> Rather not say
Often complains of headaches, stomach-aches or sickness	<input checked="" type="checkbox"/> Not true	<input type="checkbox"/> Somewhat true	<input type="checkbox"/> Certainly true	<input type="checkbox"/> Rather not say
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> Not true	<input type="checkbox"/> Somewhat true	<input checked="" type="checkbox"/> Certainly true	<input type="checkbox"/> Rather not say
	<input type="checkbox"/> Not true	<input checked="" type="checkbox"/> Somewhat true	<input type="checkbox"/> Certainly true	<input type="checkbox"/> Rather not say

Wellbeing, Part 2 - CYPHPW2

Expands from one question displayed if first question answered 'Yes ...'

Patient: John Jones 

Emotional Wellbeing

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No

Yes - minor difficulties

Yes - definite difficulties

Yes - severe difficulties

Rather not say

Please answer the following questions about these difficulties.

How long have these difficulties been present?

Less than a month

1-5 months


6-12 months

Over a year

Rather not say

Background Information - CYPHPBI

All questions permanently displayed and mandatory

Patient: John Jones 

Background Information

Answering these will help us direct you to free community resources that could support you in caring for your family.

Do you have concerns about your housing situation?


Yes
 No
 Rather not say

Do you always have enough food for your family?

Yes
 No
 Rather not say

Do you ever struggle to pay your household bills?

Yes
 No

Patient: John Jones 

Please select your child's ethnic group or background.

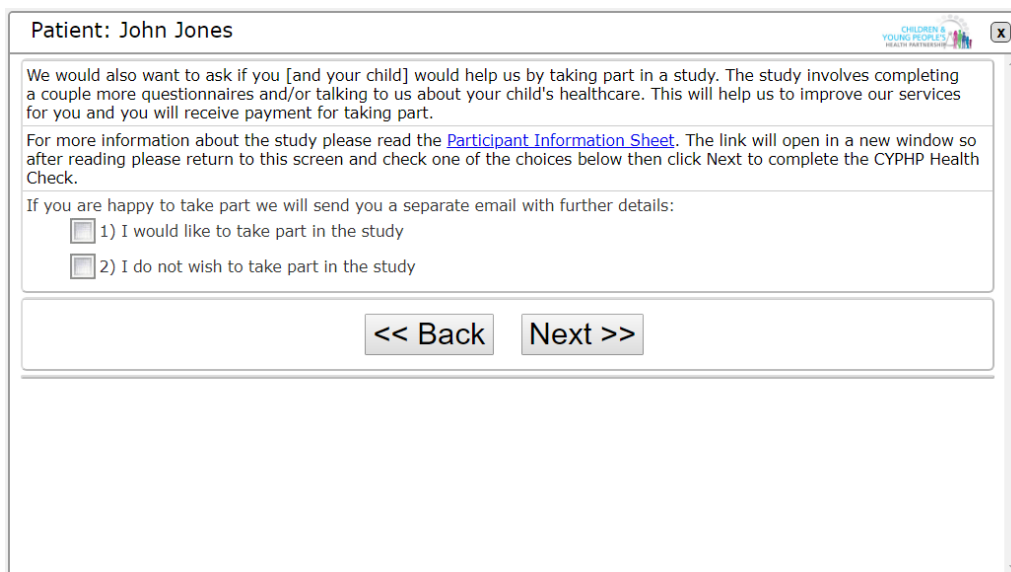
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- Asian or Asian British**
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- Black or Black British**
- Caribbean
- African
- Any other Black background
- Other Ethnic Groups**
- Chinese
- Any other ethnic group
- Any other ethnic group

Please describe your ethnicity:

Please check one of the options below to indicate if you are happy for CYPHP to use the email address you provided to send you a copy of your child's results and a Health Support Pack.

Yes - send results and support pack to the email address provided
 No - do not send to the email address provided

Evaluation



Patient: John Jones

CHILDREN & YOUNG PEOPLE'S HEALTH PARTNERSHIP

We would also want to ask if you [and your child] would help us by taking part in a study. The study involves completing a couple more questionnaires and/or talking to us about your child's healthcare. This will help us to improve our services for you and you will receive payment for taking part.

For more information about the study please read the [Participant Information Sheet](#). The link will open in a new window so after reading please return to this screen and check one of the choices below then click Next to complete the CYPHP Health Check.

If you are happy to take part we will send you a separate email with further details:

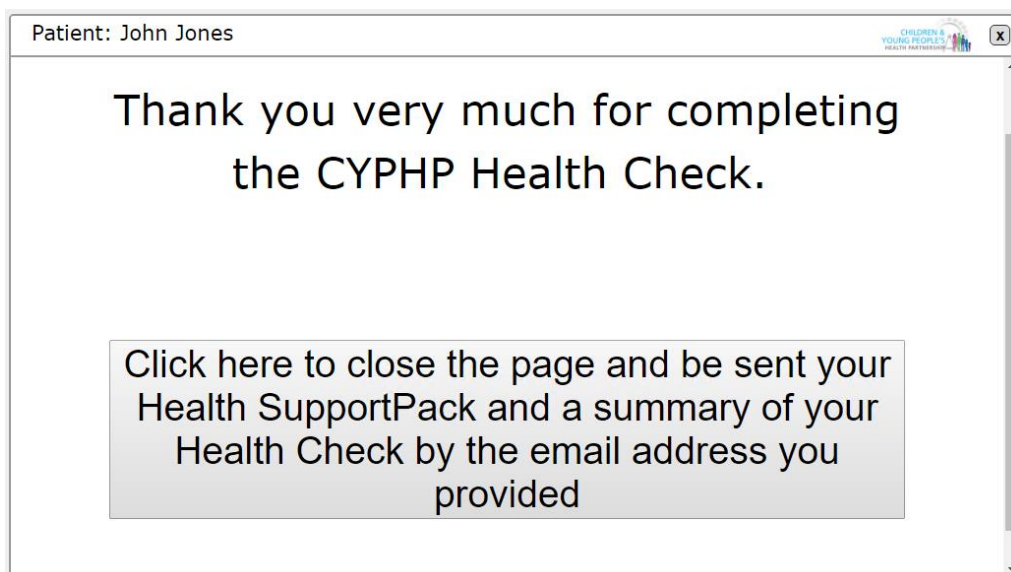
1) I would like to take part in the study

2) I do not wish to take part in the study

<< Back Next >>

Complete

Chose to receive results and health pack by email on the Background Information screen:



Patient: John Jones

CHILDREN & YOUNG PEOPLE'S HEALTH PARTNERSHIP

Thank you very much for completing the CYPHP Health Check.

Click here to close the page and be sent your Health SupportPack and a summary of your Health Check by the email address you provided

Chose **not** to receive results and health pack by email on the Background Information screen:

