




## Expression of Interest Form

### What makes health checks work well for people with a learning disability and for autistic people

Version 1 10.11.25

	<p>Fill out this form after reading the information sheet</p>
	<p>Please use this form to tell us if you would like to take part in this study</p> <p>Completing this form does not mean that you have to take part – you can still choose not to</p> <p>You might not be able to take part in this study even if you would like to</p>
	<p><b>Who can take part in this study?</b></p> <ul style="list-style-type: none"><li>• People with a learning disability</li><li>• Autistic people (who have an autism diagnosis)</li><li>• Autistic people with a learning disability</li><li>• People who are aged 16 years or older</li></ul>



- People who have been to a health check in the past year these are sometimes called annual health check or annual check.

### **What is a health check?**

- A health check is when a doctor or nurse asks you to make an appointment to check how you are and ask you about your general health and wellbeing.
- This research is for people who were invited to go to see their doctor or nurse for a health check. A health check is different to asking for an appointment with your doctor because you feel unwell.
- A health check is also different to being invited to see your doctor or nurse to talk about a specific health condition, like diabetes or epilepsy.

### **What to do if you are not sure if you have had a health check**

- If you want to join the study but are not sure if you can take part, you can ask for help.
- You might not remember if you have been for a health check. A friend, family member or carer might help you think about this.
- You can also talk to the research team to help you think about whether you have had a health check. You can contact them by email or phone. They will be happy to help with your questions.



**Please tick the box which best describes your lived experience**

- I'm autistic
  - I have a learning disability
  - I am autistic and I have a learning disability
  - Other (please tell us below)
- 



**What is your name?**

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**What is your age group?**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> 16 -18      | <input type="checkbox"/> 19 - 24           |
| <input type="checkbox"/> 25 - 34     | <input type="checkbox"/> 35 - 44           |
| <input type="checkbox"/> 45 - 54     | <input type="checkbox"/> 55 - 64           |
| <input type="checkbox"/> 65 or older | <input type="checkbox"/> Prefer not to say |



**Did you receive support to complete this form?**

Yes

No



**What gender do you identify as?**

Man

Woman

Non-binary

Other

Prefer not to say



**What is your ethnic group?**

White

Mixed or multiple ethnic groups

Asian or British Asian

Black, black British, Carribean or African

Arab

Other ethnic group

Prefer not to say

**Which region of the UK do you currently live in?**



- South East England
- South West England
- Greater London
- East of England
- West Midlands
- East Midlands
- Yorkshire and the Humber
- North West England
- North East England
- Wales
- Scotland
- Northern Ireland
- Other
- Prefer not to say



**Have you attended a health check in the last 12 months?**

Yes

No



**If YES, about how long ago did you last attend a health check?**

Less than 3 months ago

3 – 6 months ago

More than 6 months ago



**How would you like the research team to contact you?**

Email



Letter/ post

Telephone



Text message/ Whatsapp





**Would you like someone from the research team to answer questions that you have about the research?**

Yes

No



**If you decide to take part in the study, how would you prefer to do this?**



Face to face focus group

Online focus group

Face to face interview

Online interview



Answer questions by email, text message or Whatsapp



**Would you like a supporter to attend the focus group or interview with you?**

(e.g. friend, family member or paid carer)

Yes

No





Please use the space below to tell us if there is anything else we can do to make it easier for you to take part in this research



Would you be happy for the research team at Newcastle University to contact you directly about other parts of this study in the future?

Yes

No



Thank you for completing this form. Please return it to us by sending email to [Effie.Pearson@autistica.org.uk](mailto:Effie.Pearson@autistica.org.uk) and include your completed form.

Someone from our team will contact you in the next two weeks.