

Methods of Communication Questionnaire

General Info – All patients to complete

Name	Date of Birth
Do you communicate in English?	Y / N
If No, what language do you use
Do you need a language interpreter to understand and communicate with a Doctor or Nurse?	Y / N

For patients with specific communication needs – Patient/carer to complete

Do you have any problems with any of the following:	
1. Hearing?	Y / N
Do you require a British Sign Language interpreter?	Y / N
Would you prefer information to be given in writing?	Y / N
2. Sight?	Y / N
Do you require letters / leaflets in large print if possible?	Y / N
Would you prefer information to be given verbally?	Y / N
If possible would you like information / leaflets in Braille?	Uncontracted /Contracted
3. Speech?	Y / N
Would you prefer to use written communication?	Y / N
4. Reading?	Y / N
Would you prefer information to be given verbally?	Y / N
5. Writing?	Y / N
Would you prefer information to be given verbally?	Y / N
6. Memory?	Y / N
Would you prefer information to be given in writing?	Y / N
7. Understanding information?	Y / N
Please give details of learning difficulty
Would you prefer information in easyread format?	Y / N
8. Do you have a regular carer?	Y / N
If you would like us to hold details on file of your carer please complete a carer registration form.	