

About the CHAP form



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About this guide



This guide has information to help you understand the **CHAP** form.



CHAP is short for Comprehensive Health Assessment Program.



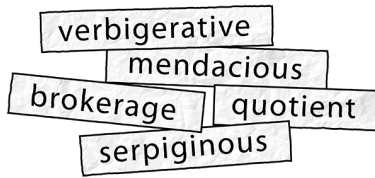
This guide was written by the Australian Department of Health and Aged Care.



This guide is written in Easy Read.



It is a good idea to read this guide with a support person.



Hard words are in **bold**.

We have written what they mean.



You can find the CHAP form at
<https://www.health.gov.au/resources/col-lections/comprehensive-health-assessment-program-chap-annual-health-assessment-for-people-with-intellectual-disability>

About Annual Health Assessments



The CHAP form helps your doctor check how healthy you are at your **Annual Health Assessment**.



An Annual Health Assessment is a yearly health check you have with your doctor.



It is important to have an Annual Health Assessment every year to

- Make sure your body is working properly
- Find any health problems before they get too big.



It is a good idea to take a support person with you to your Annual Health Assessment.



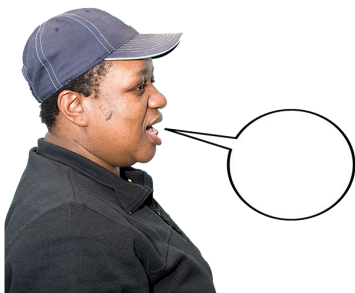
This could be a

- family member
- friend
- support worker.



Your support person can help you

- understand anything you are not sure about
- speak up for yourself at the doctors.



About the CHAP form



The CHAP form has 2 parts.



Part 1 is for you or your support person to fill in before your Annual Health Assessment.



Part 2 is for your doctor to fill in at your appointment.

At your Annual Health Assessment appointment your doctor will



- read your answers to Part 1 of the CHAP form
- ask you some more questions about your health



- fill in Part 2 of the CHAP form.



You will need to ask for a long appointment when you book your Annual Health Assessment.

This is because your doctor will need more time than usual to do the CHAP form.



Talking about your health can be stressful sometimes.



It is a good idea to take regular breaks when you fill in Part 1 of the CHAP form.

You do not have to do it all at once.



You can ask your support person for help if you want.

How to fill in Part 1 of the CHAP form

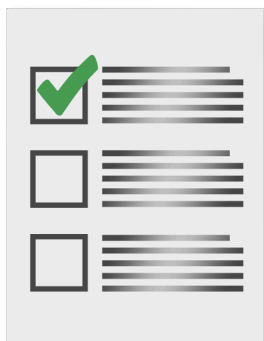


Part 1 of the CHAP form asks you questions about your health.



It is important to try and answer all the questions in Part 1.

This will help your doctor do a good job at checking how healthy you are.



Some questions have tick boxes.



Only tick 1 answer for each question.



Only tick Yes if it happened to you in the past year.

For example



If a question asks 'Do you have chest pain?'

You would only tick Yes if you have had chest pain in the past year.



If you had chest pain more than 1 year ago, you would tick No.



If you are unsure you can tick I don't know.



Some questions ask you to write your answer.

Try to write as much as you can.

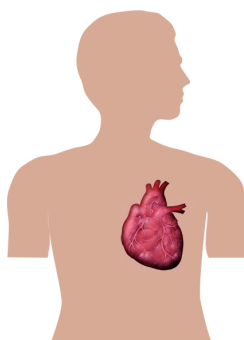


If you are unsure you can leave the answer blank.

The CHAP form asks questions about your



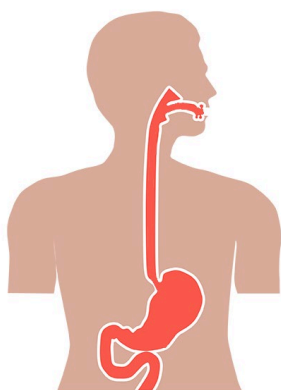
Breathing



Heart



Muscles and joints



Stomach and bowel

This is the parts of your body that help food go through your body, like your stomach and intestines.



Urinary system

This is the parts of your body that make urine (wee) and remove it from your body, like your kidneys and bladder.



Nervous system

This is the parts of your body that helps you move and feel things, like your spine and nerves.



Skin

This means any skin diseases or rashes.



Pain perception

This means how your body feels and when it feels hurt.

Medications

You should write down all the medications you take and how often you take them.



This includes

- medications you have a prescription for
- medicines you buy at the chemist or supermarket like Panadol or multivitamins.

Allergies

Write down any allergies you have and any medications you are allergic to.



Sleep

Epilepsy

Epilepsy is when someone has seizures or fits.

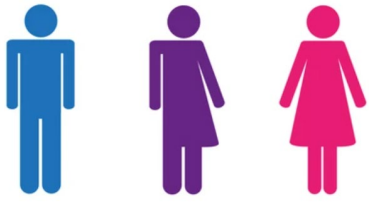
If you have epilepsy you should write down

- the type of seizures you have
- how many seizures you have had in the last year
- how long your seizures usually last for
- the name of the doctor you see about your epilepsy
- when your doctor last checked your epilepsy.



If you do not have epilepsy you can skip to the next question.

Gender and sexual orientation



This section asks you questions about

- what **gender** you are

For example



- male
- female
- **non-binary.**

Non-binary means you do not identify as male or female.



If you do not want to answer this question you can tick 'I do not want to answer'.



- what sex is on your birth certificate



- your **sexual orientation**

This means who you are attracted to.



Straight or heterosexual means you are attracted to people of the opposite sex.

For example a woman who is attracted to men.



Bisexual means you are attracted to both males and females.



Lesbian or gay means you are attracted to people who are the same sex as you.

For example a man who is attracted to men.



If you do not want to answer this question you can tick 'I do not want to answer'.

Relationships

This section asks you

- if you are **sexually active**



Sexually active means doing any of these things with another person:

- vaginal sex – a penis inside a vagina

- oral sex – a mouth on a penis or vagina
- anal sex – a penis in a bottom
- masturbation – using fingers in a vagina or on a penis.



You do not have to answer this question if you do not want to.

This section also asks if you have ever been:



- **sexually abused**

This is when another person makes you do sexual things that you do not want to do



- **physically abused**

This is when another person hurts your body, for example kicking or punching you



- **psychologically abused**

This is when someone makes you scared or feel bad about yourself by

- Bullying or calling you names
- Embarrassing you in front of other people
- Threatening to hurt you or people you care about
- Treating you badly because of something you cannot change, such as your race, disability, or religion.





You do not have to answer this question if you do not want to.



Health of women and people with a cervix

This section asks you questions about

- getting your period
- getting breast cancer checks.



If you are not a woman or do not have a cervix you can skip to the next question.



Health of men and people with a penis

This section asks you questions about your penis and testicles.



If you are not a man or do not have a penis, you can skip to the next question.



Behaviours of concern

These are things you do that hurt you, other people, or things.

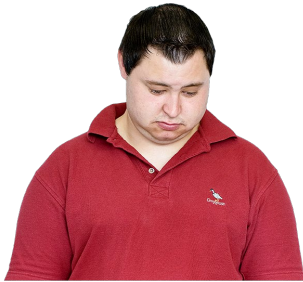
For example

- Hitting
- Shouting



- Breaking things.

You should write down any behaviours of concern you have and how often they happen.



Mental health

You should write down

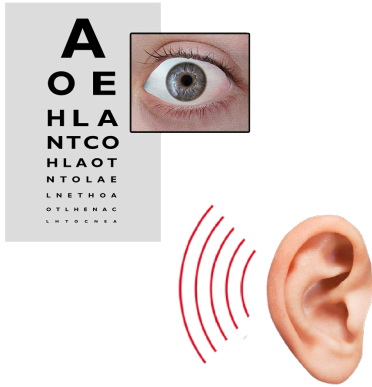


- any mental health problems you have

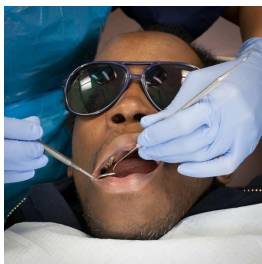
- any support you get to manage your mental health problem, for example seeing a psychologist



- any medications you take for your mental health problem.



Vision (eyes) and hearing



Health promotion and screening

This section asks you questions like



- When did you last go to the dentist?

- When did you last get your blood pressure checked?



- Do you drink alcohol or smoke cigarettes?



- Have you have been tested for diabetes?



Activity and lifestyle

This section asks you questions about what you eat and how much exercise you do.



Immunisations

This section asks you which vaccinations you have had and when you got them.



If you cannot remember which vaccinations you have had you can check on your MyGov account.

<https://www.servicesaustralia.gov.au/how-to-get-immunisation-history-statements>



Medical history

You should write down any important medical things about you that you have not already written down.



For example

If you have ever had any other medical problems or conditions



If you have ever had any operations

Write down

- what operations you had
- why you had them done
- when you had them done.



If you went to the Emergency
Department recently

Write down

- why you went to Emergency
- when you went
- any treatment or medications they gave you.



Family medical history

Tick the boxes if any of your **blood relatives** have had any of the health problems listed.



A blood relative is someone in your family who is related to you by birth.

For example your



- parents
- brothers and sisters
- grandparents.



Summary of health concerns

Write down any other worries or questions you have about your health.