

Life-style Assessment Form

What we do and how we feel can sometimes affect our health. To help us assist you to reach and maintain a healthy and enjoyable lifestyle, please answer the following questions to the best of your ability.
Your answers will be kept in strict confidence.

PLEASE TICK THE ANSWER THAT IS NEAREST TO CORRECT FOR YOU

<p>How many cigarettes do you smoke on average a day?</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Less than 1 a day <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31 or more </p> <p>Do you ever feel the need to cut down or stop your smoking?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes </p>	<p>Is this something you would like the doctor or nurse to help you with?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes but not today <input type="checkbox"/> Yes </p>
<p>How often do you have a drink containing alcohol?</p> <p> <input type="checkbox"/> Never <input type="checkbox"/> Monthly or less <input type="checkbox"/> 2-4 times a month <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> 4 or more times a week </p> <p>Do you ever feel the need to cut down on your drinking?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes </p>	<p> <input type="checkbox"/> No <input type="checkbox"/> Yes but not today <input type="checkbox"/> Yes </p>
<p>Are you currently using any non-prescription substances such as marijuana?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes </p> <p>Do you ever feel the need to cut down on your other drug use?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes </p>	<p> <input type="checkbox"/> No <input type="checkbox"/> Yes but not today <input type="checkbox"/> Yes </p>
<p>How often do you engage in any form of gambling (such as playing the pokies or having a flutter on the horses)?</p> <p> <input type="checkbox"/> Never <input type="checkbox"/> Monthly or less <input type="checkbox"/> 2-4 times a month <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> 4 or more times a week </p> <p>Have you sometimes felt unhappy or worried after a session with the pokies or horses?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes </p>	<p> <input type="checkbox"/> No <input type="checkbox"/> Yes but not today <input type="checkbox"/> Yes </p>
<p>During the past month have you often been bothered by feeling down, depressed or hopeless?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes </p>	<p> <input type="checkbox"/> No <input type="checkbox"/> Yes but not today <input type="checkbox"/> Yes </p>

<p>During the past month have you often been bothered by having little interest or pleasure in doing things?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes</p>	<p>Is this something you would like the doctor or nurse to help you with?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes but not today <input type="checkbox"/> Yes</p>
<p>Have you been worrying a lot about everyday problems?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes</p> <p>What aspects of your life are causing you significant stress at the moment?</p> <p><input type="checkbox"/> None <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> Home life <input type="checkbox"/> Money <input type="checkbox"/> Health</p> <p><input type="checkbox"/> Relationship <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes but not today <input type="checkbox"/> Yes</p>
<p>Is there anyone in your life whom you are afraid of, who hurts you in any way or prevents you doing what you want?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes but not today <input type="checkbox"/> Yes</p>
<p>Is controlling your anger sometimes a problem for you?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes but not today <input type="checkbox"/> Yes</p>
<p>As a rule, do you do at least 30 minutes of moderate or vigorous exercise (such as walking or a sport) on 5 or more days of the week?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes but not today <input type="checkbox"/> Yes</p>
<p>Have you had any change in your weight in the past two months?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Are you happy with your current weight?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes but not today <input type="checkbox"/> Yes</p>

Finally, please could you give us some information about yourself:

Age _____ **Sex** M / F **Current job** _____

Which ethnic group do you belong to? Mark the box or boxes which apply to you.

- New Zealand European Māori Cook Island Māori Samoan Tongan Niuean Chinese
- Indian Other (such as Dutch, Japanese, Tokelauan) Please state _____

Many thanks for completing this form.

The Lifestyle Assessment Form

The Lifestyle Assessment Form is a tool currently being developed by Dr Felicity Goodyear-Smith, Assoc Prof Bruce Arroll; Ms Barbara Docherty; Dr Ngaire Kerse; Dr Sean Sullivan; Dr Raina Elley and Dr Tim Kenealy at the Department of General Practice and Primary Health Care, Faculty of Medical and Health Sciences, the University of Auckland. It uses brief screening questions for the detection of mental health problems and lifestyle practices that might negatively impact on health - specifically problem tobacco, alcohol and gambling use; depression, anxiety and stress; exposure to violence or abuse; anger control; physical inactivity and weight problems (one to two questions per item). Some of these are validated questions; future validation studies are planned for the others. Patient ethnicity and occupation is also collected on the form.

The tool has been piloted by 1000 Auckland GP adult patients (20 randomly selected GPs; 50 consecutive patients each). Patients who score positives on the screen who indicate they would like help can either have their problem dealt with during their consultation or a further visit scheduled. Feedback has been obtained from all 1000 patients on how they felt about the form and whether they had objections to any particular questions. The GPs have also provided feedback on their views of the form; whether their patients objected to any of the questions; whether they would use this resource either as a routine screen or opportunistically in their practices, and their preference regarding paper or electronic versions. These data are currently undergoing analysis.

A similar study is underway of 1000 Otago patients consulting 20 Otago practice nurses. These studies have ethics approval from the Auckland Ethics Committee.

For further information about this early lifestyle screening tool please contact

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