

Profile: Health Behaviours

To assist workers/practitioners to screen for harmful health behaviours.

Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

Nutritional Risk

Screening Tool

- Obvious underweight – frailty?
- Unintentional weight loss?
- Reduced appetite or reduced food and fluid intake?
- Mouth or teeth or swallowing problem?
- Follows a special diet?
- Needs assistance to shop for food?
- Needs assistance to prepare food?
- Needs assistance to feed self?
- Obvious overweight affecting life quality?
- Unintentional weight gain?
- No risk identified

OUTCOME:

YES to one or more questions means that nutritional risk exists and a referral should be discussed.

General Health Assessment

Have you had a general health assessment in the last 2 to 5 years?

- Yes No

If yes, when?

If no, discuss referral to a General Practitioner.

Smoking

- Never smoked
- Has quit smoking
- Currently smokes

If quit, record when

Discuss referral if currently a smoker

Oral Health

Have you had a dental check-up in the last 3 years?

- Yes No

Estimated date of last check-up?

If no, discuss referral to a Dental Clinician.

Alcohol

When was the last time you had more than (if female) 4 drinks OR (if male) 6 drinks, in one day?

If response is any time in the past 3 months consider further screening on alcohol and/or referral.

Gambling

Have you ever had an issue with your gambling?

- Yes No

If yes, consider referring to local Gambler's Help provider.

Physical Activity

Would you accumulate 30 minutes or more of moderate intensity physical activity on most days of the week?

- Yes No

If no, discuss referral

Physical Fitness

During the past 4 weeks, what was the hardest physical activity you could do for at least 2 minutes?

- Very heavy (eg run, fast pace; carry a heavy load upstairs or uphill of 25lbs/10kg)
- Heavy (eg jog, slow pace; climb stairs or a hill at moderate pace)
- Moderate (eg walk, medium pace; carry a heavy load on level ground 25lbs, 10kg)
- Light (eg walk, medium pace; carry a light load on level ground (10lbs, 5kg)
- Very light (eg walk, slow pace; wash dishes)

Consider capacity to undertake activities of daily living and discuss referral if response is 'light' or 'very light'.

Comments, including other relevant issues:

Referral Recommended To: