

Profile: Health Behaviours

If question is irrelevant or information not known, write Not Applicable or NA

Record Agency Assigned Consumer Identifier (initial contact agency)

or affix label here

Smoking

- Never smoked
- Has quit smoking
- Currently smokes

If quit, record when _____

Consider referral if currently a smoker

Alcohol

How often do you have a drink containing alcohol?

- Never—*If never, proceed to next section*
- Monthly
- Once a week
- 2 to 4 times per week
- 5+ per week

How many standard drinks do you have on a typical day when you are drinking?

How often do you have more than 6 standard drinks on one occasion?

- Never
- Monthly
- Once a week
- 2 to 4 times per week
- 5+ per week

Consider referral if alcohol consumption is an issue

Breast Screen

- Yes
- No

If yes, record date or year _____

Pap Smear

- Yes
- No

If yes, record date or year _____

Nutritional Risk Screening Tool

These questions may not apply to all conditions or lifestyles. If a question has already been answered in a previous section, record a score based on the previous answer.

- Obvious underweight—frailty?
- Unintentional weight loss?
- Reduced appetite or reduced food and fluid intake?
- Mouth or teeth or swallowing problem?
- Follows a special diet?
- Unable to shop for food?
- Unable to prepare food?
- Unable to feed self?
- Obvious overweight affecting life quality?
- Unintentional weight gain?

OUTCOME:

YES to one or more questions means that nutritional risk exists.

Nutritional risk increases when the person is affected by an increasing number of general needs assessment factors. In particular, deterioration in health and loss of independence can result from undernutrition and perhaps malnutrition.

Physical Activity

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

- Yes
- No

Consider referral if 'no'.

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

Consider both activities of daily living and need for referral if response is 'light' or 'very light'.

Comments, including other relevant issues (eg, other substance use, safe sex practices):

Department of Human Services

1620402G

 Victoria The Place To Be

Office Use Only Summarise issues and arising action using the Summary and Referral Information form

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Name: _____ Designation/Agency: _____

Sign: _____ Date: _____ Contact number: _____

If information becomes superseded, indicate below and record updated information on a new form

The information on this form has been superseded

Date: _____ Name: _____ Sign: _____