

Information for patients

Your doctor would like to record your smoking history and assess your current cigarette use. The aim is to determine what type of quit program or treatment will work best for you, to help you achieve a smoke-free lifestyle.

1. Do you smoke?

- Yes** ➔ How many cigarettes do you smoke a day now? _____
- No**, but I used to smoke ➔ When did you quit? (month) _____ (year) _____
- No**, never smoked

2. How keen are you to stop smoking?

Circle the number that best matches your current attitude, from 0 (not at all keen) to 7 (very keen)

not at all
keen to quit

0 1 2 3 4 5 6 7

very keen
to quitScore **3. If you decided to stop smoking right now, how confident of success would you be?**

Circle the number that best matches your current attitude, from 0 (not at all confident) to 7 (very confident)

not at all
confident

0 1 2 3 4 5 6 7

very
confidentScore **4. When you wake up each day, how soon do you smoke your first cigarette?**

Tick one box

- more than 60 minutes 0
- 31–60 minutes 1
- 5–30 minutes 2
- less than 5 minutes 3
- Score

5. How many cigarettes do you smoke on a typical day?

- 10 or less 0
- 11–20 1
- 21–30 2
- more than 30 3
- Score

Total

Scoring

Question 2. Interest in quitting

0–3 Ask: *What would need to happen to make you more keen to quit – say, to make you give an answer of 6 or 7 instead of 3?*

Help patient explore costs and benefits of smoking, offer help if wants to quit in future, recheck interest in quitting at next appointment. Give Quit book.

4–7 Ask: *Why do you want to quit? Why did you choose 6 or 7 and not 2 or 3?*

Confirm patient's interest in quitting, find out when plans to quit, set quit date. Offer prescription for smoking cessation. Give Quit book.

Question 3. Confidence in quitting

0–3 Ask: *What would be the hardest thing about quitting? What made it difficult to quit last time you tried? What would need to happen to increase your confidence to 6 or 7?*

Explore and tackle barriers (e.g. withdrawal, stress reduction, weight control). May need more intensive help and encouragement. Identify support e.g. partner. Refer to Quitline.

4–7 Encourage and warn about setbacks and how to cope with them. Advise about programs and services that help others quit. Refer to Quitline.

Questions 4–5 (combined score). Probability of nicotine addiction or dependence

0–3 Very low or low – advise good chance of success if attempt to quit. Assess psychological dependence.

4–6 Moderate to very high – recommend nicotine replacement therapy or prescribe bupropion.

- Encourage all to tackle addiction, habit and psychological aspects of smoking
- Assess mental health and medication. Monitor as required

Ex-smokers

- Affirm the person's decision and achievement
- Mark record to follow up: 12 months after quitting there is still a 20–30% chance of relapse

Current smokers

- Explore motivation to quit, barriers and confidence to quit, individual's strategies for coping and dealing with negative emotions
- Provide clear non-judgemental advice to quit: set a quit date (if ready), offer Quit book, refer to Quitline using fax referral
- Give practical help and advice:
 - Advise overcome habit by delaying cigarette or substituting with another action (drink water, try deep breathing, do something else)
 - Recommend nicotine replacement therapy or prescribe bupropion if dependent
- Make a follow-up appointment

See *Smoking cessation guidelines for Australian general practice* (www.quitnow.info.au).



Information for patients

Your doctor would like to assess your current eating patterns. The aim is to see whether there are any changes that could improve your health.

Please circle **one** option for each question.

Part 1

- | | | |
|---|-----|----|
| Are you pregnant or breastfeeding? | Yes | No |
| Have you lost weight recently without trying to? | Yes | No |
| Do you have diabetes and use insulin or take oral medication for your diabetes? | Yes | No |
| Do you have anaemia caused by iron deficiency? | Yes | No |
| Do you have osteoporosis? | Yes | No |
| Is it difficult for you to shop and cook for yourself? | Yes | No |

Part 2

- | | | |
|--|-----|----|
| Do you choose low-fat dairy products? | Yes | No |
| Do you eat vegetables every day (fresh, frozen or canned)? | Yes | No |
| Do you eat pies, pastries, fried foods or take-away meals more than once a week? | Yes | No |
| Do you drink soft drinks, cordials, sports drinks or fruit juice on most days of the week? | Yes | No |

Interpreting the questionnaire

Part 1

Yes to any question indicates that full dietary assessment and dietary counselling may be required. Arrange referral to an accredited practising dietitian.

Part 2

No to either of the first two questions or Yes to either of the last two questions indicates that the person may benefit from a prescription for healthy eating.

All patients

- Provide advice or written information on healthy eating options
- Refer patients to further information:
The Dietitians Association of Australia (www.daa.asn.au)
Find an Accredited Practising Dietitian 1800 812 942
Nutrition Australia (www.nutritionaustralia.org)

Patients who may benefit from a prescription for healthy eating

Ask whether the patient would like more nutrition advice. If yes:

- Offer a prescription for healthy eating
- Offer referral to an accredited practising dietitian

Patients who cannot shop and cook for themselves may need referral to other support services, where available.

Information for patients

Your doctor would like to assess how the amount of alcohol you drink may be affecting your health and well-being. The aim of this survey is find out how your use of alcohol compares with the recommended low-risk levels.

| | | | | |
|--|---|---|---|---|
|  Light beer 2.7% alc/vol Large glass 425 mL (schooner/pint) |  Full-strength beer 4.9% alc/vol Medium glass 285 mL (middy/pot) |  Wine 12% alc/vol Glass 100 mL |  Spirits 40% alc/vol Nip 30 mL |  Port/sherry 20% alc/vol Glass 60 mL |
|--|---|---|---|---|

- 1 standard drink
- = 1 middy/pot of full strength beer (285 mL)
 - = 1 small glass of wine (100 mL)
 - = 1 glass of port/sherry (60 mL)
 - = 1 single nip of spirits (30 mL)
 - = 1 schooner/pint of light beer (425 mL)

Please circle **one** option for each question.

1. How often do you have a drink containing alcohol?

| | | | | |
|--------------|------------------------|-----------------------------|----------------------------|-------------------------------|
| Never (0) | Monthly or less (1) | 2 to 4 times a month (2) | 2 to 3 times a week (3) | 4 or more times a week (4) |
|--------------|------------------------|-----------------------------|----------------------------|-------------------------------|

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

| | | | | |
|---------------|---------------|---------------|---------------|-------------------|
| 1 or 2 (0) | 3 or 4 (1) | 5 or 6 (2) | 7 to 9 (3) | 10 or more (4) |
|---------------|---------------|---------------|---------------|-------------------|

3. How often do you have 6 or more drinks on one occasion?

| | | | | |
|--------------|--------------------------|----------------|---------------|------------------------------|
| Never (0) | Less than monthly (1) | Monthly (2) | Weekly (3) | Daily or almost daily (4) |
|--------------|--------------------------|----------------|---------------|------------------------------|

AUDIT-C adapted from Bush K, et al. *Arch Intern Med* 1998; 158: 1789–1795.

Scoring and interpreting AUDIT-C

Add the scores (shown in brackets) for each of the three questions for a total score out of 12.

| Women | | Men | |
|-------|--------------------------------|-----|--------------------------------|
| 0–3 | Low-risk drinking | 0–3 | Low-risk drinking |
| 4–5 | Risk depends on other factors* | 4–6 | Risk depends on other factors* |
| ≥ 6 | Risky or high-risk drinking | ≥ 7 | Risky or high-risk drinking |

* May indicate risky drinking if other risk factors present (chronic medical conditions, heart disease, medications that interact with alcohol, mental health problems, over 65 years).

All patients

- Explain risk level associated with current alcohol consumption
- Provide written information

Low-risk drinking

- Reinforce health benefits and advise the patient to continue limiting his or her drinking to this low-risk level

Risky or high-risk drinking

- Perform complete AUDIT (refer to treatment guidelines, below)
- Discuss potential effects of current drinking levels, including health concerns
- Ask the patient how he or she feels about cutting down. If yes to cutting down:
 - ask how confident he or she is about succeeding
 - ask if he or she would like some assistance

If you suspect alcohol dependency

- Offer treatment or referral (see Useful resources, below)

Useful resources

National Health and Research Medical Council. *Australian alcohol guidelines. Health risks and benefits*. Canberra; NHMRC, 2003. (Available at www.alcoholguidelines.gov.au/resources.htm)

Shand F, Gates J. *Treating alcohol problems. Guidelines for general practitioners*. Canberra; Commonwealth Department of Health and Ageing, 2003. (Available at www.health.gov.au)



Information for patients

Your doctor would like to assess how active you are. The aim is to find out how many times per week you normally do moderate-intensity physical activity for 30 minutes, or vigorous physical activity for 20 minutes.

- Three 10-minute sessions (or two 15-minute sessions) count as one 30-minute session.

Please circle **one** option for each question.

1. How many times a week do you usually do 20 minutes or more of vigorous-intensity physical activity that makes you sweat or puff and pant? (e.g. heavy lifting, digging, jogging, aerobics or fast bicycling)

0 1 2 3 4 5 6 7+ **Score**

2. How many times a week do you usually do 30 minutes or more of walking? (e.g. walking from place to place for exercise or recreation)

0 1 2 3 4 5 6 7+ **Score**

3. How many times a week do you usually do 30 minutes or more of other moderate-intensity physical activity that increases your heart rate or makes you breathe harder than normal? (e.g. carrying light loads, bicycling at a regular pace or doubles tennis)

0 1 2 3 4 5 6 7+ **Score**

Total

Total score

The number circled is the score for each question (7+ is counted as a score of 7).

| Score | Interpretation |
|-------|---|
| 0 – 1 | Low physical activity |
| 2 – 4 | Nearly there – almost enough for health benefits |
| > 5 | Active – sufficient physical activity for health benefits, as recommended in the National Physical Activity Guidelines (at least 2.5 hours of moderate-intensity activity per week) |

Note

Check for contraindications to moderate-intensity exercise: unstable angina, chest discomfort or shortness of breath on low-intensity activity, uncontrolled heart failure, severe aortic stenosis, uncontrolled hypertension, acute infection or fever, resting tachycardia (>100 beats per minute), recent complicated acute myocardial infarction (<3 months), uncontrolled diabetes.

This scoring system provides one quick and simple method for assessing physical activity. Your own knowledge of the patient will also be valuable in assessing physical activity levels and giving advice.

All patients

- Explain health benefits of recommended physical activity levels (even 10 minute bouts accumulated throughout the day can be beneficial)
- Provide written information

Low physical activity

- Assess factors that are preventing the person from doing more activity
- Ask if the patient is interested in increasing physical activity levels. If yes:
 - help the person think of ways of becoming more active that suit his or her lifestyle, preferences and routines
 - help set realistic goals (even 10-minute bouts can be beneficial) and increase incrementally
 - consider writing an individualised prescription for physical activity

Nearly there

- Assess factors that are preventing the person from doing more activity
- Assess the person's willingness to increase activity, and give practical suggestions on how to increase the number or duration of activities

Active

- Encourage the patient to keep up healthy levels of activity

Information for patients

The aim of this questionnaire is to assess whether your health and well-being might benefit from a prescription for healthy weight.

Please circle the options that apply to you.

| | | |
|------------------------------------|-----|----|
| Are you pregnant or breastfeeding? | Yes | No |
|------------------------------------|-----|----|

| | | |
|---|-----|----|
| Do you have diabetes and use insulin or oral medication for diabetes? | Yes | No |
|---|-----|----|

| | | |
|--|-----|----|
| 1. Are you currently gaining weight without trying to? | Yes | No |
|--|-----|----|

| | | |
|--|-----|----|
| 2. Have you gained more than 10 kg weight since your late teens or early twenties? | Yes | No |
|--|-----|----|

3. How many times have you tried to lose weight since you were in your late teens or early twenties?

- A. Never
- B. 1–3 times
- C. 4 times or more
- D. I am always trying to lose weight

4. How interested are you in managing your weight in the long term?

- A. Not interested
- B. Quite interested
- C. Very interested

5. Medical conditions

Your doctor may ask about other medical conditions like high blood pressure, high cholesterol, diabetes or a pre-diabetes condition.

Interpreting the questionnaire

Note:

All responses need to be considered with respect to other risk factors for chronic disease and comorbidities.

Consider referral to an accredited practising dietitian for patients who are pregnant, breastfeeding or have diabetes treated with insulin or oral hypoglycaemic medications.

Questions 1–2

Yes to either question indicates that the person is suitable for a prescription for healthy weight.

Question 3

Options C or D indicate that the person may need individualised assessment and counselling by an accredited practising dietitian (see Additional strategies, below).

Question 4

Options *Quite interested* or *Very interested* indicate that the person is suitable for a prescription for healthy weight. (See Additional strategies, below).

All patients

Explain the benefits of weight management and preventing further weight gain

- Assess other relevant risk factors (e.g. blood pressure, lipids) and mental health
- Provide written information
- Review progress and risk factors every 2–6 weeks
- Consider additional strategies if sufficient weight loss has not been achieved after 3–6 months

Patients who need more help

- Offer brochures, healthy meal plans and recipes
- Refer to other services e.g. community-based weight management or exercise groups, individualised nutrition and weight consultation by an accredited practising dietitian, assessment by physiotherapist or clinical psychologist.

Additional strategies

- Consider eligibility for incentives such as Enhanced Primary Care items
- Specialist referral
- Medication or specialist assessment for other interventions (e.g. gastric banding surgery)