### SMOKING STATUS AND INTERVENTION

1. **Do you SMOKE any tobacco products?**
   - Current (daily or occasional) □
   - Ex-Smoker (gave up 6 months+) □
   - Never □
   - Unknown / not asked □

   *If non-smoker/ex-smoker/unknown / not asked move to next section*

2. **ACTION IF PATIENT IS A SMOKER**
   (Tick ALL actions taken)
   - GIVEN brief advice / brief intervention □
   - DIRECTED or REFERRED to HSE cessation services / QUIT service □
   - PRESCRIBED/REFERRED for Pharmacotherapy □
   - Patient declined / not interested □
   - No service to refer to □

### ALCOHOL STATUS AND INTERVENTION

1. **How OFTEN do you have a drink containing ALCOHOL?**
   - Never □ SCORE 0
   - Monthly or less □ SCORE 1
   - 2-3 times a month □ SCORE 2
   - 2-3 times a week □ SCORE 3
   - 4 or more times a week □ SCORE 4

   *If NEVER – tick LOW RISK in Q4*

2. **How MANY drinks containing 10 grams of alcohol do you have on a typical day when drinking?**
   - 1-2 □ SCORE 0
   - 3-4 □ SCORE 1
   - 5-6 □ SCORE 2
   - 7-9 □ SCORE 3
   - 10 or more □ SCORE 4

3. **How OFTEN do you have 6 or more drinks (10 grams each) on one occasion?**
   - Never □ SCORE 0
   - Less than monthly □ SCORE 1
   - Monthly □ SCORE 2
   - Weekly □ SCORE 3
   - Daily or almost daily □ SCORE 4

   **Total ALCOHOL SCORE = □**
   (Add scores from Questions 1-3)

   *AUDIT C Tool*

4. **To assess ALCOHOL RISK to health**
   (Tick risk level based on total ALCOHOL Score)
   - Total SCORE 0-4 □ Low Risk Go to body weight
   - Total SCORE 5-7 □ INCREASED RISK Go to Q5
   - Total SCORE 8-12 □ HIGH RISK Go to Q6

5. **ACTION INCREASED RISK**
   (Tick ALL actions taken)
   - GIVEN brief advice / brief intervention □
   - RECOMMENDED that patient discuss with GP & complete FULL AUDIT assessment □
   - Patient declined / not interested □
   - No service to refer to □

6. **ACTION HIGH RISK**
   (Tick ALL actions taken)
   - Offered REFERRAL to health professional □
   - Patient declined / not interested □
   - No service to refer to □

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**A Standard drink contains 10g of pure alcohol,**
equivalent to:
- half pint lager or pub measure spirit or small glass wine

**Recommended Max Standard drinks per week is**
- 11 for women
- 17 for men
**BODY WEIGHT (BMI) STATUS AND NUTRITION INTERVENTION**

If the patient has had unplanned weight loss in the past 3-6 months or is unable to eat or drink. Providing weight loss advice is not appropriate at this time.

1. BMI Status

<table>
<thead>
<tr>
<th>BMI Status</th>
<th>Height</th>
<th>Weight</th>
<th>BMI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>________</td>
<td>________</td>
<td>________</td>
</tr>
</tbody>
</table>

2. BMI Categories

<table>
<thead>
<tr>
<th>BMI Categories</th>
<th>BMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal weight</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>&gt;30</td>
</tr>
<tr>
<td>BMI not done</td>
<td></td>
</tr>
</tbody>
</table>

3. ACTION BMI 18.5 – 24.9/ Normal Weight (Tick ALL actions taken)

- GIVEN brief advice/brief intervention to maintain healthy weight
- DIRECTED to national guidelines on healthy eating
- Patient declined/not interested

4. ACTION BMI 25 – 30 INCREASED RISK (Tick ALL actions taken)

- GIVEN brief advice/brief intervention on benefits of weight reduction
- DIRECTED to relevant resources
- REFERRED to Dietetic service if co-morbidities exist
- No dietetic service available to refer to
- Patient declined/not interested

5. ACTION BMI <18.5 HIGH RISK (complete MUST screening**)

- BMI >30 HIGH RISK

- REFERRED to Dietetic service
- No dietetic service available to refer to
- Informed of local weight loss programmes
- Patient declined/not interested

**PHYSICAL ACTIVITY STATUS & INTERVENTION**

1. In a typical week, how many days have you been physically active (PA) for total of 30 minutes or more?

<table>
<thead>
<tr>
<th>Days</th>
<th>Inadequate</th>
<th>Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No information available</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. If FOUR days or less, in a typical week have you been PA for either 150 minutes moderate or 75 minutes vigorous activity?

- Yes (Adequate)
- No (Inadequate)
- No information

**BLOOD PRESSURE STATUS AND INTERVENTION**

1. Have you been diagnosed with High Blood Pressure?

- Yes
- No
- Unknown

2. ACTION HIGH BLOOD PRESSURE (Tick ALL actions taken)

- GIVEN brief advice/brief intervention on benefits of salt, alcohol, weight reduction, & increasing PA
- Patient declined/not interested

**Notes:**
- Physical activity may include: walking or cycling for recreation or to get to and from places; gardening; and exercise or sport which lasts for at least 10 minutes.
- Recommended Physical Activity is at least 30 minutes of moderate intensity physical activity 5 days per week.

**Notes:**
- **The Malnutrition Universal Screening Tool (‘MUST’) has been designed to help identify adults who are underweight and at risk of malnutrition.**