Patient Initials		Date of Birth	Day Month Year	Patient ID	Centre No	Trial No

HEALTHY LIVING INTERVENTIONS ASSESSMENT

Patient Name:	
DOB	**NHS Number**
Patient tel. No.	**Ward**

SMOKING STATUS

Does the patient smoke?	Yes ☐	No ☐	
Does Patient want to quit?	Yes ☐ (Refer to smoking services)	No ☐	referred ☐

WEIGHT STATUS

Weight = ...kg **BMI =** ..... weight in kg

Height = ...metres height in metres ²

If BMI >30kg/m^2 please **refer to Weight Management Services**.

Is patient agreeable to help and support? Yes ☐ No ☐

ALCOHOL HEALTH ADVICE

Validated Alcohol Assessment Tool (AUDIT-C)

Instructions: Ask **ALL** three questions below:

Questions	Scores					Score
	0	**1**	**2**	**3**	**4**	
How often do you have a drink containing alcohol?	Never	Less than monthly	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink in a typical day when you are drinking?	1 – 2	3 – 4	5 – 6	7 – 9	10 +	
How often do you have six or more units of alcohol on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					Total Score:	

A score of less than 5 – no further action required
A score of 5 or more – offer referral to Alcohol liaison nurse
Referral made? Yes ☐ No ☐
Is the patient agreeable to help and support? Yes ☐ No ☐

Referral to healthy living service	**Fax No.**	**Information Given (verbal/leaflets)**	**1st Choice Please tick**	**Onward referral**	
				2nd Choice	3rd Choice
Smoking Services		☐	☐	☐	☐
Weight Management		☐	☐	☐	☐
Alcohol liaison nurse		☐	☐	☐	☐

Health professional name:	
Health professional signature:	Date
Patient signature	Date

This study is funded by the National Institute for Health Research (NIHR)
This study is being undertaken as part of the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Leeds York and Bradford