

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

HEALTHY LIVING INTERVENTIONS ASSESSMENT - PART 2

Trial ID:		Date:			
Section 1 – checklist (✓ or n/a in appropriate box)					
Is there a friend / family member present?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Check whether anyone has talked to the patient about the benefits of lifestyle change while in hospital?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Section 2 – Assessment (✓ appropriate box)			(Options are shown overleaf)		
1.	Patients understands the need to change lifestyle	Yes (Next Q)	<input type="checkbox"/>	No (Option 3)	<input type="checkbox"/>
2.	Patient keen to change any aspect of lifestyle	Yes (Next Q)	<input type="checkbox"/>	No (Option 3)	<input type="checkbox"/>
Lifestyle programme identified, offered & discussed					
3.	Patient intends to go to lifestyle programme	Yes (Next Q)	<input type="checkbox"/>	No (Q7)	<input type="checkbox"/>
4.	Patient can find time to go (<i>check personal commitments</i>)	Yes (Next Q)	<input type="checkbox"/>	No (Q7)	<input type="checkbox"/>
5.	Transport / parking can be sorted	Yes (Next Q)	<input type="checkbox"/>	No (Q7)	<input type="checkbox"/>
6.	Cost is affordable	Yes (Option 1)	<input type="checkbox"/>	No (Next Q)	<input type="checkbox"/>
7.	Patient has good family support (indicators include partner present at assessment and/or partner is non-smoker with some healthy lifestyle awareness)	Yes (Next Q)	<input type="checkbox"/>	No (Option 2)	<input type="checkbox"/>
8.	Patient has some confidence about changing lifestyle	Yes (Option 2)	<input type="checkbox"/>	No (Option 2)	<input type="checkbox"/>

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Section 3 – Outcome of Assessment

Complete the relevant option (✓ appropriate box)

Option 1 <input type="checkbox"/>	Lifestyle programme	Date of Referral: ____ / ____ / ____ Name of Programme: <input type="text"/> Information given: <input type="checkbox"/> Next follow up date set: <input type="checkbox"/>
Option 2 <input type="checkbox"/>	Self-managers	Actions and goals discussed: <input type="checkbox"/> Goal planner given: <input type="checkbox"/> Information given: <input type="checkbox"/> Next follow up date set: <input type="checkbox"/> (record in own diary and patients goal planner)
Option 3 <input type="checkbox"/>	Defer & re-assess	Information given: <input type="checkbox"/> Next follow up date set: <input type="checkbox"/>