

## Life-style Assessment Form

What we do and how we feel can sometimes affect our health. To help us assist you to reach and maintain a healthy and enjoyable lifestyle, please answer the following questions to the best of your ability.

**PLEASE TICK THE ANSWER THAT IS NEAREST TO CORRECT FOR YOU**

**How many cigarettes do you smoke on average a day?**

None    Less than 1 a day    1-10    11-20    21-30    31 or more

**Do you ever feel the need to cut down or stop your smoking?** (Tick no if you do not smoke)

No    Yes   → → If yes to either or both of these 2 questions, do you want help with this?  
 No    Yes but not today    Yes

**Do you ever feel the need to cut down on your drinking alcohol?**

(Tick no if you do not drink alcohol OR do not feel the need to cut down)

No    Yes

**In the last year, have you ever drunk more alcohol than you meant to?**

No    Yes   → → If yes to either or both of these 2 questions, do you want help with this?  
 No    Yes but not today    Yes

**Do you ever feel the need to cut down on your non-prescription or recreational drug use?** (Tick no if you do not use other drugs OR do not feel the need to cut down)

No    Yes

**In the last year, have you ever used non-prescription or recreational drugs more than you meant to?**

No    Yes   → → If yes to either or both of these 2 questions, do you want help with this?  
 No    Yes but not today    Yes

**PTO →**

**Do you sometimes feel unhappy or worried after a session of gambling?**

(Tick no if you do not gamble OR do not feel unhappy about gambling)

No  Yes

**Does gambling sometimes cause you problems?**

No  Yes → If yes to either or both of these 2 questions, do you want help with this?

No  Yes but not today  Yes

**During the past month have you often been bothered by feeling down, depressed or hopeless?**

No  Yes

**During the past month have you often been bothered by having little interest or pleasure in doing things?**

No  Yes → If yes to either or both of these 2 questions, do you want help with this?

No  Yes but not today  Yes

**During the past month have you been worrying a lot about everyday problems?**

No  Yes → If yes, do you want help with this?  No  Yes but not today  Yes

**What aspects of your life are causing you significant stress at the moment?**

None  Relationship  Work  Home life  Money  Health

Study  Other (specify) \_\_\_\_\_

**Is there anyone in your life of whom you are afraid or who hurts you in any way?**

No  Yes

**Is there anyone in your life who controls you and prevents you doing what you want?**

No  Yes → → If yes to either or both of these 2 questions, do you want help with this?

No  Yes but not today  Yes

**Is controlling your anger sometimes a problem for you?**

No  Yes → If yes, do you want help with this?  No  Yes but not today  Yes

**As a rule, do you do more than 30 minutes of moderate or vigorous exercise (such as walking or a sport) on 5 days of the week?**

Yes  No → If No, do you want help with this?  No  Yes but not today  Yes