

LM-25

Personal Details

Full name: _____ Date of birth: DD/MM/YYYY Sex (M/F): ____
Date: DD/MM/YYYY

Personal details – extended (*optional*)

Relationship status: Single Married De facto Coupled Divorced Widowed
Employment status: Full-time Part-time Casual/temporary Contract Not employed
 Carer Homemaker

Occupation (most recent if retired/unemployed): _____

Are you retired? Yes No Date of retirement: DD/MM/YYY

Do you have a disability? Yes No Date of disability: DD/MM/YYYY

Highest level of education: _____

Please list any medications (including supplements) you are currently taking:

Do you have any allergies? Yes No

If yes, please describe: _____

Please list any relevant family medical history:

General health

1. In **general**, how would you rate your overall health?

Excellent Very good Good Fair Poor

Sleep

2. During the **past seven days**, how would you rate your sleep quality overall? Consider how many hours of sleep you got, how easily you fell asleep, how often you woke during the night (except to go to the bathroom), how often you woke up earlier than you had to in the morning, and how refreshing your sleep was. Please mark only one box.

Terrible Poor Fair Good Excellent

0 1 2 3 4 5 6 7 8 9 10

Physical activity

3. **On average**, how many days per week do you engage in moderate-intensity physical activity?
This is an activity that requires some effort, but where a conversation is possible (e.g. a brisk walk).
_____ days
4. **On average**, how many minutes per day do you exercise at this intensity?
_____ minutes

Weight management

5. How do you feel about your weight?
- I am comfortable with my present weight
 - I would like to lose a couple of kilograms
 - I feel I have a significant amount of weight to lose (more than 5kg)
 - I would like to gain weight
6. Have you tried to lose or gain weight in the past?
- Yes No

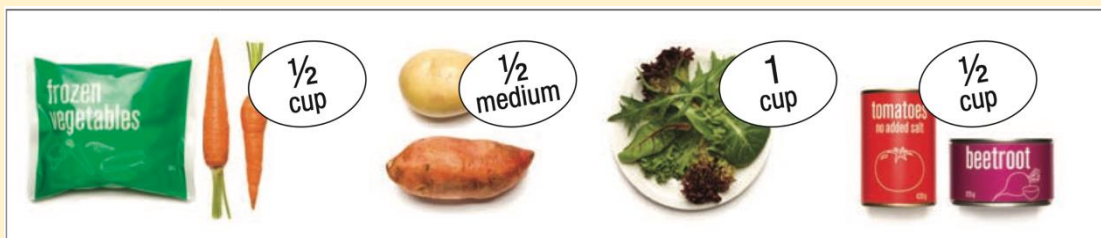
Diet and nutrition

7. How many serves (see below) of fruit do you **usually** eat each day?
- 1 2 3 4 5 6+ I don't eat fruit



Each of the above represents a single serve of fruits and provides about 350 kilojoules.

8. How many serves (see below) of vegetables do you **usually** eat each day?
- 1 2 3 4 5 6+ I don't eat vegetables



Each of the above represents a single serve of vegetables and provides 100-350 kilojoules.

9. In an average week, how many serves (see below) of discretionary foods do you **usually** eat each day?

1 2 3 4 5 6+ I don't eat these foods



Each of the above represents a single serve of discretionary foods and provides 500-600 kilojoules.

10. In an average week, how many serves (see below) of soft drinks, cordials, sports drinks, caffeinated energy drinks or other sugar-sweetened beverages do you **usually** drink each day?

1 2 3 4 5 6+ I don't drink these beverages



Each of the above represents a single serve of sugar sweetened beverages and provides 500-600 kilojoules.

Mental health

11. Over the past two weeks, have you felt down, depressed, or hopeless?

Yes No

12. Over the past two weeks, have you felt little interest or pleasure in doing things?

Yes No

13. If you answered **yes** to one of the above, is this something with which you would like help?

Yes Yes, but not today No

Substance Use

Tobacco

14. Do you smoke cigarettes?
 Yes No
15. Have you ever smoked? If **no**, go to question 18.
 Yes No
16. On the days you smoke, how soon after you wake up, do you have your first cigarette?
 Within 5 minutes 6-30 minutes 31-60 minutes After 60 minutes Not a current smoker
17. How many cigarettes do you typically smoke per day?
 31 or more 21-30 11-20 10 or fewer Not a current smoker

Alcohol

18. How often do you have a drink containing alcohol?
 Never Monthly or less 2-4 times per month 2-3 times per week 4+ times per week
19. How many drinks containing alcohol do you have in a typical day when you are drinking?
 1-2 3-4 5-6 7-9 10+
20. How often do you have 4 or more standard drinks (see below) on one occasion?
 Never Less than monthly Monthly Weekly Daily or almost daily

The following are **examples** of the number of standard drinks in some typical alcoholic beverages. A standard drink is any drink containing 10g of alcohol.



Small glass of beer: full strength (pot/middy)
285mL 4.8%



Large glass of beer: full strength (schooner)
425mL 4.8%



Bottles & cans of beer: full strength
375mL 4.8%



Ave. restaurant serving of red wine
150mL 13.5%



Ave. restaurant serving of white wine
150mL 11.5%



Straight spirits
30mL 40.0%



Ready to drink spirits: full strength
275mL 5.0%



Pre-mixed spirits: full strength
375mL 5.0%

