

LM-25i

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 health¹

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

Excellent Very good Good Fair Poor

Sleep²

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 activity³

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 management⁴

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

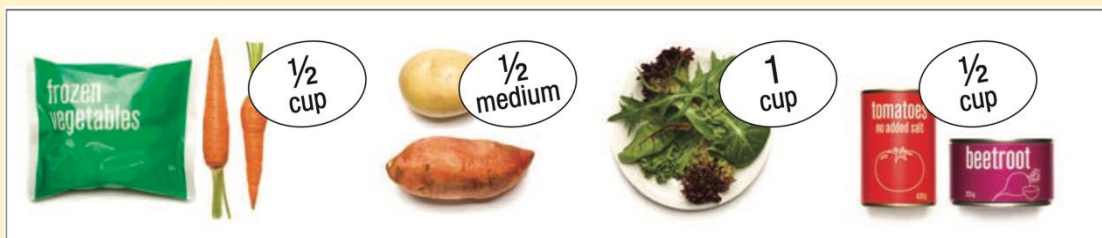
Diet and nutrition⁵

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 health⁶

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 Use⁷

Tobacco^{7a}

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^{7b}

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%

Background and Interpretation

This manual provides guidance for the interpretation of the specific tools and scales used in the LM-25. Described herein are those tools which a) require scoring, or b) require an explanation for their use. Certain tools and scales within this document do not include a validated scoring system or explanation for their use. These should be interpreted based on your medical knowledge, clinical experience and that which would generally be accepted as reasonable, given the unique circumstances of the individual person.

¹General health

Question 1 is a general health question from the Australian Bureau of Statistics' (ABS) National Health Survey (ABS, 2019). It provides a snapshot of self-assessed health, which is subjective and culturally- and context-dependent.

²Sleep

Question 2 is the Single-item Sleep Quality Scale (SQS). The SQS has been evaluated using the Pittsburgh Sleep Quality Index and is shown to possess favourable measurement characteristics relative to longer sleep questionnaires (Snyder et al., 2018).

³Physical activity

Questions 3 and 4 are taken from the Exercise Vital Sign (EVS), developed by physical activity experts in the United States, as part of the Exercise is Medicine initiative (Coleman et al., 2012).

Multiply the responses to both questions to estimate the number of minutes per week the person engages in moderate-intensity exercise. At this intensity, some effort is required, but a conversation is possible. An example would be a brisk walk. This score is used to determine whether the person is achieving the recommended amount of 150 minutes of moderate to vigorous physical activity per week.

| | Days | Minutes | Total |
|----------------|-------------|----------------|------------------|
| Aerobic | x | = | minutes per week |

The person should be engaging in 150-300 minutes of activity per week.

⁴Weight management

Question 5 is from the Cleveland Clinic Canada's Weight and Lifestyle Management Questionnaire (Cleveland Clinic Canada, 2005). It is a general question to assess the person's perception of their current weight status.

Question 6 is from Royal Australian College of General Practitioners' (RACGP) Guidelines for preventative activities in general practice (RACGP, 2018).

Body mass index (BMI)

To calculate the person's BMI, divide their weight (in kilograms) by the square of their height (in metres). The BMI classifications below are a guide to whether the person is in a healthy weight range. As BMI does not distinguish between weight from muscle and weight from fat, a given BMI does not always correspond to the same degree of overweight/obesity across populations (WHO, 2000).

| | |
|---------------------------|----------------------|
| Weight (kilograms) | kg |
| Height (metres) | m |
| BMI | (kg/m ²) |

| BMI (kg/m ²) | Classification |
|--------------------------|-------------------|
| <18.5 | Underweight |
| ≥18.5 and <25.5 | Healthy weight |
| ≥25.0 and <30.0 | Overweight |
| ≥30.0 and <35.0 | Class I obesity |
| ≥35.0 and <40.0 | Class II obesity |
| ≥40.0 | Class III obesity |

BMI classification table from WHO (2000)

Waist circumference

Measurement site: There are three ways a health practitioner may choose to measure waist/abdominal circumference, all of which are performed while the person is standing:

- Anatomically determined waist – the mid point between the iliac spine and base of rib cage
- Narrowest part of abdomen – determined visually. Difficult in persons who are obese
- Umbilicus – easier in persons who are obese.

Further information is available in the National Health and Nutrition Examination Survey (CDC, 2011).

Waist circumference

| | |
|------------------------------------|----|
| Waist measurement site used | |
| Waist circumference | cm |
| Hip circumference | cm |

| | Normal range | Increased risk | Substantially increased risk |
|--------------|--------------|----------------|------------------------------|
| Men | < 94cm | 94 to < 101cm | ≥ 101cm |
| Women | < 80cm | 80 to < 88cm | ≥ 88cm |

Waist circumference table from NHMRC (2013).

Waist:hip ratio

| | |
|------------------------|--|
| Waist:hip ratio | |
|------------------------|--|

| | Low risk | Moderate risk | High risk |
|--------------|----------|----------------|-----------|
| Men | ≤ 0.95 | > 0.95 to 1.0 | > 1.0 |
| Women | ≤ 0.80 | > 0.80 to 0.85 | > 0.85 |

Waist-hip ratio table from WHO (2008).

⁵Diet and nutrition

Questions 27-30 are adapted from the ABS National Health Survey 2017-18 Questionnaire (ABS, 2018). The responses to these questions provide a snapshot of the person's current dietary pattern.

| | Serves per day | Australian dietary guidelines recommendation |
|--|----------------|--|
| Question 27 – fruit | | ≥ 2 daily |
| Question 28 – vegetables | | ≥ 5 daily (women), ≥ 6 daily (men) |
| Question 29 – discretionary foods | | Once per week |
| Question 30 – sugar-sweetened beverages | | Once per week |

Applies to adults aged 19-50. For information regarding children, the elderly, and pregnant and lactating women, visit <https://www.eatforhealth.gov.au/guidelines>.

⁶Mental health

Questions 11 and 12 are based on RACGP Guidelines for preventative activities in general practice (RACGP, 2018). Question 13 was added and validated by by Arroll et al. (2005) to improve the specificity of a diagnosis of depression. A response is considered a positive response if the response to any of questions 11-13 is **yes**.

⁷Substance Use

^{7a}Tobacco

Questions 14 and 15 are standard questions used when taking a smoking history.

| | 3 points | 2 points | 1 point | 0 points | Points |
|--------------------|-----------------|-----------------|----------------|-----------------|---------------|
| Question 16 | Within 5 | 6-30 | 31-60 | After 60 | |
| Question 17 | ≥ 31 | 21-30 | 11-20 | ≤ 10 | |
| Total: | | | | | /6 |

A lower score indicates a lesser degree of dependence; a higher score indicates more dependence (NCSCT, 2019)

Sum the points from questions 16 and 17 to calculate the person's final score.

Questions 16 and 17 are from the heaviness of smoking index by NCSCT (2019). The heaviness of smoking index uses a six-point scale to determine the degree of dependence an individual has on nicotine.

^{7b}Alcohol

| | 0 points | 1 point | 2 points | 3 points | 4 points | Points |
|--------------------|-----------------|----------------|-----------------|-----------------|-----------------|---------------|
| Question 18 | Never | ≤ Monthly | 2-4 per month | 2-3 per week | 4+ per week | |
| Question 19 | 1-2 | 3-4 | 5-6 | 7-9 | 10+ | |
| Question 20 | Never | < Monthly | Monthly | Weekly | Daily or almost | |
| Total: | | | | | | /12 |

Questions 18-20 are the AUDIT-C (RACGP, 2015). AUDIT-C is a widely used tool to screen for harmful and hazardous alcohol consumption.

A score of 4 or more in men, or 3 or more in women, is considered a positive identification of a hazardous drinking or active alcohol abuse disorder. If, however, the person scores zero for questions 19 and 20, but scores in question 18, it can be assumed that the person is drinking below the recommended limit. In this case, the practitioner should review the person's alcohol intake over the following months to confirm accuracy. In general, a higher score indicates a higher risk that the person's alcohol use is affecting their wellbeing (Rubinsky et al., 2010).

^{7c}Drugs

Question 21 is a standard question used when taking a drug and alcohol history.

⁸Ready to change?

Questions 22-25 are adapted from the Readiness to Change Ruler (Centre for Evidence-Based Practices at Case Western Reserve University, 2010; Zimmerman et al., 2000). The Readiness to Change Ruler is based on the Transtheoretical Model of Change Model, also known as the Stages of Change Model. This model has been validated and applied to a variety of behaviours that include smoking cessation, exercise, contraceptive use and dietary behaviours.

When a person has marked each scale, consider asking the following questions to elicit a conversation around behaviour change:

- Tell me why you are a (number reported) and not a (higher OR lower number)?
- What would it take to get you from a (number reported) to a (higher number)?

The importance ruler is designed to help the person express, in their own words, their desire, ability, reasons and need for change. Below are some examples of what you might hear from the person:

- "I'd like to..." (desire)
- "I could..." (ability)
- "It's important because..." (reasons)
- "I have to..." (need)

Research shows that people that engage in change-talk are more likely to change (Hall et al., 2012; Moyers et al., 2009).

The confidence ruler is designed to help the person express their intention, commitment, readiness and willingness to change. It may also help the person talk about the small steps they are already taking. Below are some examples of what you might hear from the person:

- "I will..." (commitment)
- "I'm ready to..." (activation)
- "I've tried..." or "I'm doing..." (taking steps)

References

- Arroll, B., Goodyear-Smith, F., Kerse, N., Fishman, T., & Gunn, J. (2005). Effect of the addition of a "help" question to two screening questions on specificity for diagnosis of depression in general practice: diagnostic validity study. *BMJ*, 331(7521), 884. <https://doi.org/10.1136/bmj.38607.464537.7C>
- Australian Bureau of Statistics (ABS). (2018). *National health survey 2017-18 questionnaire*. ABS. [https://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/1AC3C661DACB4CCDCA2583EB0021EB4F/\\$File/national%20health%20survey%202017-18%20questionnaire.pdf](https://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/1AC3C661DACB4CCDCA2583EB0021EB4F/$File/national%20health%20survey%202017-18%20questionnaire.pdf)
- Australian Bureau of Statistics (ABS). (2019). *National health survey data: user's guide, 2017-18* (CAN 4363.0). ABS. <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4363.0~2017-18~Main%20Features~Self-assessed%20health~22>
- Centers for Disease Control and Prevention (CDC). (2011). *National Health and Nutrition Examination Survey (NHANES)*. CDC. https://www.cdc.gov/nchs/data/nhanes/nhanes_11_12/Anthropometry_Procedures_Manual.pdf
- Centre for Evidence-Based Practices at Case Western Reserve University. (2010). Readiness ruler. <https://www.centerforebp.case.edu/resources/tools/readiness-ruler>
- Cleveland Clinic Canada. (2005). Weight and lifestyle management questionnaire. <https://my.clevelandclinic.org/ccf/media/files/Canada/Weight%20and%20Lifestyle%20Management%20Questionnaire.pdf>
- Coleman, K. J., Ngor, E., Reynolds, K., Quinn, V. P., Koebnick, C., Young, D. R., Sternfeld, B., & Sallis, R. E. (2012). Initial validation of an exercise "vital sign" in electronic medical records. *Med Sci Sports Exerc*, 44(11), 2071-2076. <https://doi.org/10.1249/MSS.0b013e3182630ec1>
- Hall, K., Gibbie, T., & Lubman, D. (2012). Motivational interviewing techniques facilitating behaviour change in the general practice setting. *Australian Family Physician*, 41, 660-667. <http://www.racgp.org.au/afp/2012/september/motivational-interviewing-techniques/>
- Moyers, T. B., Martin, T., Houck, J. M., Christopher, P. J., & Tonigan, J. S. (2009). From in-session behaviors to drinking outcomes: a causal chain for motivational interviewing. *Journal of Consulting and Clinical Psychology*, 77(6), 1113-1124. <https://doi.org/10.1037/a0017189>
- National Centre for Smoking Cessation and Training (NCSCT). (2019). *Standard treatment programme: A guide to behavioural support for smoking cessation*. NCSCT. <https://www.ncsct.co.uk/usr/pub/NCSCT%20Standard%20Treatment%20Programme.pdf>
- National Health and Medical Research Council (NHMRC). (2013). *Clinical practice guidelines for the management of overweight and obesity in adults*. NHMRC. <https://www.nhmrc.gov.au/about-us/publications/clinical-practice-guidelines-management-overweight-and-obesity#block-views-block-file-attachments-content-block-1>
- Rubinsky, A. D., Kivlahan, D. R., Volk, R. J., Maynard, C., & Bradley, K. A. (2010). Estimating risk of alcohol dependence using alcohol screening scores. *Drug and Alcohol Dependence*, 108(1-2), 29-36. <https://doi.org/10.1016/j.drugalcdep.2009.11.009>
- Snyder, E., Cai, B., DeMuro, C., Morrison, M. F., & Ball, W. (2018). A new single-item sleep quality scale: results of psychometric evaluation in patients with chronic primary insomnia and depression. *Journal of Clinical Sleep Medicine*, 14(11), 1849-1857. <https://doi.org/10.5664/jcsm.7478>
- The Royal Australian College of General Practitioners (RACGP). (2015). *Smoking, nutrition, alcohol, physical activity (SNAP): A population health guide to behavioural risk factors in general practice*. RACGP. <https://www.racgp.org.au/getattachment/bb78b780-1c37-498a-8ba3-b24a1a4288d9/Smoking-nutrition-alcohol-physical-activity-SNAP.aspx>
- The Royal Australian College of General Practitioners (RACGP). (2018). *Guidelines for preventative activities in general practice*. RACGP. <https://www.racgp.org.au/download/Documents/Guidelines/Redbook9/17048-Red-Book-9th-Edition.pdf>
- World Health Organization (WHO). (2000). *Obesity: preventing and managing the global epidemic. Report of a WHO Consultation* (WHO Technical Report Series 894, Issue). WHO. https://www.who.int/nutrition/publications/obesity/WHO_TRS_894/en/
- World Health Organization (WHO). (2008). *Waist circumference and waist-hip ratio. Report of a WHO Consultation*. WHO. https://www.who.int/nutrition/publications/obesity/WHO_TRS_894/en/
- Zimmerman, G. L., Olsen, C. G., & Bosworth, M. F. (2000). A 'stages of change' approach to helping patients change behavior. *American Family Physician*, 61(5), 1409-1416. <https://www.aafp.org/journals/afp.html>