LM-67i

| Personal details | | | | | |
|--|--|--|--|--|--|
| Full name: Date of birth: <u>DD</u> / <u>MM</u> / <u>YYYY</u> Sex (M/F): | | | | | |
| Date: DD / MM / YYYY | | | | | |
| Relationship status: \square Single \square Married \square De facto \square Coupled \square Divorced \square 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: ☐ / MM / YYYY | | | | | |
| Do you have a disability? ☐ Yes ☐ No Date of disability: ☐ / MM / WYYY | | | | | |
| 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 | | | | | |
| General health 1. In general, how would you rate your overall health? | | | | | |
| | | | | | |
| 1. In general , how would you rate your overall health? | | | | | |
| 1. In general , how would you rate your overall health? | | | | | |
| In general , how would you rate your overall health? □ Excellent □ Very good □ Good □ Fair □ Poor | | | | | |
| In general , how would you rate your overall health? □ Excellent □ Very good □ Good □ Fair □ Poor Sleep² | | | | | |
| In general, how would you rate your overall health? Excellent Very good Good Fair Poor Sleep² Do you work day shifts, night shifts, or a combination of both? Please tick all which apply. | | | | | |
| In general, how would you rate your overall health? | | | | | |
| In general, how would you rate your overall health? | | | | | |
| In general, how would you rate your overall health? | | | | | |
| In general, how would you rate your overall health? | | | | | |
| In general, how would you rate your overall health? | | | | | |



| 5. | Did you fa | ll asleep uninten | tionally or ha | ive to fight | to stay awa | ke during the da | y? | | |
|-----|------------|---------------------|----------------|--------------|--------------|--------------------|---------------|--------------|---|
| | □ Never | ☐ Sometimes | ☐ Usually | ☐ Always | | | | | |
| 6. | Did sleep | difficulties or day | time sleepin | ess interfer | e with your | daily activities? | | | |
| | □ Never | ☐ Sometimes | ☐ Usually | ☐ Always | | | | | |
| 7. | Did work o | or other activities | prevent you | ı from getti | ng enough s | sleep? | | | |
| | ☐ Never | ☐ Sometimes | ☐ Usually | ☐ Always | | | | | |
| 8. | Did you sn | ore loudly? | | | | | | | |
| | □ Never | ☐ Sometimes | ☐ Usually | ☐ Always | | | | | |
| 9. | Did you ho | old your breath, l | nave breathir | ng pauses, o | or stop brea | thing in your sle | ep? | | |
| | ☐ Never | ☐ Sometimes | ☐ Usually | ☐ Always | | | | | |
| 10. | Did you ha | ave restless or 'cr | awling' feelir | ngs in your | legs at nigh | t that went away | , if you move | d your legs? | |
| | ☐ Never | ☐ Sometimes | ☐ Usually | ☐ Always | | | | | |
| 11. | Did you ha | ave repeated rhy | thmic leg jerl | ks or leg tw | itches durin | ng your sleep? | | | |
| | ☐ Never | ☐ Sometimes | ☐ Usually | ☐ Always | | | | | |
| 12. | Did you ha | ave nightmares, o | or did you scr | eam, walk, | punch or ki | ick in your sleep? | ? | | |
| | □ Never | ☐ Sometimes | ☐ Usually | ☐ Always | | | | | |
| 13. | Did any of | the following th | ings disturb y | ou in your | sleep? | | | | |
| | a. | Pain | | | ☐ Never | ☐ Sometimes | ☐ Usually | ☐ Always | |
| | b. | Other physical | oroblems | | □ Never | ☐ Sometimes | ☐ Usually | ☐ Always | |
| | C. | Worries | | | □ Never | ☐ Sometimes | ☐ Usually | ☐ Always | |
| | d. | Medications | | | □ Never | ☐ Sometimes | ☐ Usually | ☐ Always | |
| | e. | Other (please s | pecify) | | □ Never | ☐ Sometimes | ☐ Usually | ☐ Always | |
| 14. | Did you fe | el sad or anxious | ? | | | | | | - |
| | □ Never | ☐ Sometimes | ☐ Usually | ☐ Always | | | | | |
| | | | • | • | | | | | |



| <u>Phy</u> | rsical activity ³ |
|------------|---|
| Inci | dental activity ^{3a} |
| 15. | Of the responses below, which best describes the physical activity in your work? Tick one . |
| | \square I am not currently in employment (retired, retired for health reasons, unemployed, full-time carer, etc.) |
| | \square I spend most of my time at work sitting (such as in an office) |
| | \square I spend most of my time at work standing or walking, but my work does not require much intense |
| | physical effort (shop assistant, hairdresser/barber, security guard, childminder, etc.) |
| | \square My work involves physical effort, including handling of heavy objects and use of tools (plumber, |
| | electrician, carpenter, cleaner, nurse, gardener, etc.) |
| | \square My work involves vigorous physical effort, including handling of very heavy objects (e.g. scaffolder, |
| | construction worker, refuse collector, etc.) |
| Aer | obic exercise ^{3b} |
| 16. | 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 |
| 17. | On average, how many minutes per day do you exercise at this intensity? |
| | minutes |
| 18. | List the types of aerobic activity that you do (walking, running, swimming, cycling, dancing etc.) |
| Stre | ength and resistance training ^{3c} |
| | On average, how many days per week do you engage in strength or resistance training? |
| | This includes activites such as lifting weights, resistance bands and some forms of yoga. |
| | days |
| 20. | On average, how many minutes does a session last? |
| | minutes |
| 21. | List the types of strength or resistance training activities that you do (weights, yoga, resistance bands, etc.) |
| | |
| | ight management ⁴ |
| 22. | What is the most you have ever weighed since reaching your current height? Exclude any weight gains due to |
| | medical conditions or medications: |
| | kg |
| 23. | What is your current weight? |
| | kg |
| 24. | Are you currently on a diet? |
| | □ Yes □ No |
| | If no , go to question 26 |



| 25. | Are you currently dieting to lose weight or to avoid gaining weight? |
|-----|---|
| | \square To lose weight \square To avoid gaining weight |
| 26. | Please estimate, as best you can, the number of times in your life that you have dieted and deliberately lost |
| | the amounts of weight listed below: |
| | 1-2 kg? times |
| | 2-5 kg? times |
| | 5-10 kg? times |
| | 10+ kg? times |

Diet and nutrition⁵

27. 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.

28. How many serves (see below) of vegetables do you usually eat each day?

 \Box 1 \Box 2 \Box 3 \Box 4 \Box 5 \Box 6+ \Box I don't eat vegetables



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



| 29. | In an | averag | ge weel | k, how | many s | serves (s | ee below) of disc | retionary f | oods do you | ս usually | eat each da | y? |
|-----|-----------------|------------------------|--------------------------|-------------|-----------------|-----------|-------------------------|---------------------|------------------------------------|------------------|--------------------------|----------|
| | □1 | □ 2 | □3 | □ 4 | □ 5 | □ 6+ | ☐ I don't eat th | ese foods | | | | |
| | Y ₂ | iced cup cake | | | 75g/ 2 scoop | 5 | 25g/ ½ small bar | | 40g / 5-6 small Jollies | | 2-3 sweet biscuits | |
| | sa sn bis | voury ack scuits | 30g/ 1 sma ind. se | III Trve | pot chip | 10 crisps | 60g/ 12 chir | | 1½ thick/ 2 thinner sausages | 9 | 50-60g/ 2 slices | |
| | Each | of the | above | represe | ents a s | single se | rve of discretion | ary foods a | nd provides | 500-600 |) kilojoules. | |
| 30. | In an | averag | ge weel | k, how | many s | serves (s | ee below) of soft | drinks, cor | dials, sport | s drinks, | caffeinated | energy |
| | drinks | s or oth | ner sug | ar-swe | etened | d bevera | ges do you usual | ly drink ead | ch day? | | | |
| | □1 | □ 2 | □ 3 | □ 4 | □ 5 | □ 6+ | ☐ I don't drink | these beve | rages | | | |
| | | | | | | so dri | 320 mL/ <1 can | 300-500 mL | | | | |
| | Each | of the | above | represe | ents a s | ingle se | rve of sugar-swe | etened bev | erages and | provides | s 500-600 kil | ojoules. |

| Mei | ntal health ⁶ | | | | | | | |
|------|--------------------------|---|----------------------|-----------------|----------------|---------------|-----------------|------------|
| 31. | In the past | t 4 weeks (tick one | box per row): | | | | | |
| | | | | None of | A little of | Some of | Most of | All the |
| 1. | About how | often did you feel ti | red out for no | the time | the time | the time | the time | time |
| | good reaso | • | | | | | | |
| 2. | About how | often did you feel no | ervous? | | | | | |
| 3. | | often did you feel so uld calm you down? | nervous that | | | | | |
| 4. | About how | often did you feel h | opeless? | | | | | |
| 5. | About how | often did you feel re | stless or fidgety? | | | | | |
| 6. | About how could not s | often did you feel so | restless you | | | | | |
| 7. | About how | often did you feel de | epressed? | | | | | |
| 8. | About how an effort? | often did you feel lik | e everything was | | | | | |
| 9. | About how could cheer | often did you feel so r you up? | sad that nothing | | | | | |
| 10. | | often did you feel w | orthless? | | | | | |
| | | | | | | | | |
| Stre | ess ^{6a} | | | | | | | |
| 32. | In the last | month, how often | have you felt tha | t you were ur | nable to contr | rol the impor | tant things ir | your life? |
| | □ Never | \square Almost never | ☐ Sometimes | ☐ Fairly ofte | n □ Very o | often | | |
| 33. | In the last | month, how often | have you felt con | ıfident in youı | ability to ha | ndle your pe | rsonal proble | ems? |
| | □ Never | ☐ Almost never | ☐ Sometimes | ☐ Fairly ofte | n 🗆 Very o | often | | |
| 34. | In the last | month, how often | have you felt tha | t things were | going your w | ay? | | |
| | □ Never | ☐ Almost never | ☐ Sometimes | ☐ Fairly ofte | en □ Very o | often | | |
| 35. | In the last | month, how often | have you felt diff | iculties piling | up so high th | at you could | not overcom | ne them? |
| | □ Never | ☐ Almost never | ☐ Sometimes | ☐ Fairly ofte | n □ Very o | often | | |
| 36. | How do yo | ou cope with stress | ? Circle all that ap | pply. | | | | |
| | | Exercise | Smo | oking cigarett | es | | Gambling | |
| | | Yoga | | Using drugs | | Spiritual c | or religious ac | ctivities |
| | | Massage | G | uided imagery | / | Seeking o | ut friends or | family |
| | [| Deep breathing | Progress | ive muscle rel | axation | Coun | selling/thera | ру |
| | C | Prinking alcohol | | Meditation | | Eating to | oo much/too | little |
| | Other: | | | | | | | |
| | | - | | | | | | |



| Resilience ^{6b} | | | | | | |
|---|-------------------|----------------------|----------------------|-------------------|----------------|-------------------|
| 37. Tick one box per row: | | | | | | |
| | | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| 1. I tend to bounce back quickly after hard time | <u>e</u> s | | | | | |
| 2. I have a hard time making it through stressfu | l events | | | | | |
| 3. It does not take me long to recover from a st | nt | | | | | |
| It is hard for me to snap back when somethin happens | ng bad | | | | | |
| 5. I usually come through difficult times with lit | tle trouble | | | | | |
| 6. I tend to take a long time to get over setback | s in my life | | | | | |
| | | | | | | |
| Connection ^{6c} | | | | | | |
| 38. How satisfied are you with the quality of | of relations | ships you hav | e with friend | ds/family? | | |
| ☐ Very satisfied ☐ Satisfied ☐ New | utral □ l | Jnsatisfied | ☐ Very uns | atisfied | | |
| 39. How satisfied are you with the number | of friends, | /acquaintanc | es you have | ? | | |
| \square Very satisfied \square Satisfied \square New | utral □ l | Jnsatisfied | ☐ Very uns | atisfied | | |
| 40. How satisfied are you with the extent t | o which yo | u feel like a i | member of t | he communi | ty? | |
| ☐ Very satisfied ☐ Satisfied ☐ Net | utral □ l | Jnsatisfied | ☐ Very uns | atisfied | | |
| Purpose ^{6d} | | | | | | |
| 41. Tick the box in each row that best desc | ribes your | present agre | ement or dis | sagreement | with each sta | itement: |
| | Strongly disagree | Disagree somewhat | Disagree slightly | Agree slightly | Agree somewhat | Strongly Agree |
| I live one day at a time and don't really | J | | <i>J</i> , | <u> </u> | | J |
| think about the futureI have a sense of direction and purpose in | | | | | | |
| life | | | | | | |
| 3. My daily activities often seem trivial and unimportant to me | | | | | | |
| 4. I don't have a sense of what it is I'm | | | | | | |
| trying to accomplish in life 5. I enjoy making plans for the future and | | | | | | |
| working to make them a reality | | | | | | |
| 6. Some people wander aimlessly through life, but I am not one of them | | | | | | |
| 7. I sometimes feel as if I've done all there | | | | | | |
| is to do in life | | | | | | |

| Sub | stance use ⁷ | | | | | | | |
|------|---|--|--|--|--|--|--|--|
| | acco ^{7a} | | | | | | | |
| 42. | Do you smoke? | | | | | | | |
| | □ Yes □ No | | | | | | | |
| 43. | Have you ever smoked? If no , go to question 53. | | | | | | | |
| | □ Yes □ No | | | | | | | |
| 44. | If yes , how long ago did you quit? Fill in and circle: | | | | | | | |
| | days/months/years | | | | | | | |
| 45. | How many minutes after you first wake up in the morning do you smoke your first cigarette? | | | | | | | |
| | minutes | | | | | | | |
| 46. | 6. How many cigarettes do you smoke in a day? | | | | | | | |
| | cigarettes | | | | | | | |
| 47. | Have you tried to quit before? | | | | | | | |
| | □ Yes □ No | | | | | | | |
| 48. | Have you used any medications to help you quit smoking? If yes, please list: | | | | | | | |
| | □ Yes □ No | | | | | | | |
| | Medications used: | | | | | | | |
| 49. | Have you used any methods other than medications to help you quit? If yes, please describe: | | | | | | | |
| | □ Yes □ No | | | | | | | |
| | Methods used: | | | | | | | |
| 50. | What cravings or withdrawal symptoms did you experience in previous quit attempts? Please describe. | | | | | | | |
| 51. | How do you feel about your smoking at the moment? | | | | | | | |
| | ☐ Does not worry me ☐ Worries me | | | | | | | |
| 52. | Are you ready to stop smoking? | | | | | | | |
| | ☐ Yes ☐ Yes, but not now ☐ No | | | | | | | |
| Alco | phol ^{7b} | | | | | | | |
| 53. | Have you ever felt the need to cut down on your drinking? | | | | | | | |
| | □ Yes □ No | | | | | | | |
| 54. | Have people annoyed you by criticising your drinking? | | | | | | | |
| | □ Yes □ No | | | | | | | |
| 55. | Have you ever felt guilty about your drinking? | | | | | | | |
| | □ Yes □ No | | | | | | | |



| 56. | Have you ever felt you needed a drink first thing in the morning (eye-opener) to steady your nerves or get rid |
|-------|--|
| | of a hangover? |
| | □ Yes □ No |
| 57. | How often do you have a drink containing alcohol? |
| | ☐ Never ☐ Monthly or less ☐ 2-4 times per month ☐ 2-3 times per week |
| | ☐ 4 or more times per week |
| 58. | 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+ |
| 59. | How often do you have 4 or more standard drinks on one occasion (see below)? |
| | \square Never \square Less than monthly \square Monthly \square Weekly \square Daily or almost daily |
| The | following are examples of the number of standard drinks in some typical alcoholic beverages. A standard drink |
| is ar | ny drink that contains 10 grams 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%

| Dru | gs ^{7c} | | | | | |
|-----|---|--|--|--|--|--|
| 60. | In the last 12 months, have you used recreational drugs (e.g. marijuana, ecstacy/MDMA, cocaine, | | | | | |
| | methamphetamine) or misused prescription drugs? If no, please skip to question 64. | | | | | |
| | □ Yes □ No | | | | | |
| 61. | In the last month, how often have you used recreational drugs or misused prescription drugs? | | | | | |
| | ☐ More than once a week ☐ Less than once a week | | | | | |
| 62. | In the last month, have you used multiple recreational drugs or prescription drugs at the same time? | | | | | |
| | □ Yes □ No | | | | | |
| 63. | . In the last month, have you used recreational drugs or misused prescription drugs alone/by yourself? | | | | | |
| | □ Yes □ No | | | | | |
| | | | | | | |
| Rea | dy to change? ⁸ | | | | | |
| 64. | If you could change one thing about your life, what would it be? | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 65. | What are the most important lifestyle areas you wish to make changes in (if any)? List three and rank from 1- | | | | | |
| | 3 in importance: | | | | | |
| | | | | | | |
| | | | | | | |
| 66. | For each of the three lifestyle areas you wish to make changes, how important are these changes to you right | | | | | |
| | now? Place the numbers 1-3 in the relevant boxes. | | | | | |
| | | | | | | |
| | 0 1 2 3 4 5 6 7 8 9 10 Not at all Somewhat Very | | | | | |
| | | | | | | |
| 67. | How confident are you about making these changes? Place the numbers 1-3 in the relevant boxes | | | | | |
| | | | | | | |
| | 0 1 2 3 4 5 6 7 8 9 10 Not at all Somewhat Very | | | | | |
| | | | | | | |



Background and Interpretation

This manual provides guidance for the interpretation of the specific tools and scales used in the LM-67. 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

Questions 2-14 are the Global Sleep Assessment Questionnaire (GSAQ), a validated instrument for assessing sleep in both primary care and sleep centres (Roth et al., 2002). These questions should be used to gather a detailed picture of the person's quality of sleep, as well as flagging potential sleep or mental health concerns. The practitioner's best clinical judgement should be used in asking follow-up questions related to the answers provided.

³Physical activity

^{3a}Incidental activity

Question 15 is taken from the General Practice Physical Activity Questionnaire (GPPAQ). The GPPAQ is a validated screening tool for assessing the physical activity levels of adults aged 16 to 74 and is supported by the United Kingdom's National Institute for Health and Care Excellence (NICE) (Heron et al., 2014).

If the person's work involves physical effort (plumber, electrician, etc.) or vigorous physical effort (scaffolder, construction worker, etc.) but they do not meet the recommended 150 minutes of structured exercise, it is likely they are performing sufficient physical activity to gain health benefits. In this case, the practitioner should probe further to acquire additional details regarding the time the person spends performing work-related physical activity, and the intensity with which it is performed.

^{3b}Aerobic exercise

Questions 16 and 17 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).

In the table below, 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.

^{3c}Strength and resistance training

Questions 19 and 20 were developed by combining the principles of the EVS with the recommendations for strength training provided in Australia's physical activity and sedentary behaviour guidelines (Department of Health, 2019)



In the table below, multiply the responses to both questions to estimate the number of minutes per week the person engages in strength or resistance training. The Australian Physical Activity and Sedentary Behaviour Guidelines recommend that persons undertake strength building activities at least two days per week. These activities should work all the major muscle groups.

Both the GPPAQ and the EVS are reviewed in a recent systematic review of brief physical activity measures by Golightly et al. (2017).

| | Days | Minutes | Total minutes per week | The person should be |
|---------------------|------|---------|------------------------|--|
| Aerobic | х | П | | engaging in 150-300 |
| Strength/resistance | х | П | | minutes of activity per week, including at least 2 |
| | | Total: | minutes per week | days of strength or |
| | | • | | resistance training. |

⁴Weight management

Questions 22-26 are an abbreviated version of the Diet and Weight History Questionnaire (DWHQ) (Witt et al., 2013). The DWHQ places the person into one of three categories: 1) current dieter, who reports currently being on a diet to lose weight, 2) historical dieter, who is not currently on a diet but has dieted to lose weight in the past, or 3) never dieter, who has never been on a diet to lose weight. These dieter categories have shown utility in predicting different levels of eating regulation and future weight gain.

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 |
| | |
| ВМІ | (kg/m²) |

| BMI (kg/m²) | 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 and waist-hip ratio

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).

Hip circumference should be measured around the widest part of the buttocks while the person is standing (WHO, 2008).



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

| | 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 |

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

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.



⁶Mental health

| Question 31 | None of the time (1) | A little of the time (2) | Some of the time (3) | Most of the time (4) | All the time (5) |
|---|----------------------|--------------------------------|----------------------|----------------------|---------------------|
| About how often did you feel tired out for no good reason? | | | | | |
| 2. About how often did you feel nervous? | | | | | |
| About how often did you feel so nervous that nothing could calm you down? | | | | | |
| 4. About how often did you feel hopeless? | | | | | |
| 5. About how often did you feel restless or fidgety? | | | | | |
| 6. About how often did you feel so restless you could not sit still? | | | | | |
| 7. About how often did you feel depressed? | | | | | |
| 8. About how often did you feel like everything was an effort? | | | | | |
| About how often did you feel so sad that nothing could cheer you up? | | | | | |
| 10. About how often did you feel worthless? | | | | | |
| Total: | | | | | /50 |

| Score range | Level of psychological distress |
|-------------|---|
| 10 and <20 | Likely to be well |
| ≥20 and <25 | Likely to have a mild mental disorder |
| ≥25 and <30 | Likely to have a moderate mental disorder |
| ≥30-50 | Likely to have a severe mental disorder |

Question 31 is the Kessler Psychological Distress Scale (K10), a widely used, validated tool which is available in the public domain for the assessment of anxiety and depression. The K10 has been validated in an Australian context by Furukawa et al. (2003).

K10 score groupings are used in primary healthcare settings to assist in **monitoring distress**, rather than identifying the presence of a disorder.

^{6a}Stress

| Questions 32-35 | Never | Almost never | Sometimes | Fairly often | Often |
|---|-------|-----------------|-----------|-----------------|-------|
| 32. In the last month, how often have you felt that you were unable to control the important things in your life? | 0 | 1 | 2 | 3 | 4 |
| 33. In the last month, how often have you felt confident in your ability to handle your personal problems? | 4 | 3 | 2 | 1 | 0 |
| 34. In the last month, how often have you felt that things were going your way? | 4 | 3 | 2 | 1 | 0 |
| 35. In the last month, how often have you felt difficulties piling up so high that you could not overcome them? | 0 | 1 | 2 | 3 | 4 |
| Total: | | | | | /16 |

Questions 32-35 are the 4-item version of the Perceived Stress Scale (PSS-4), initially validated by Cohen et al. (1983). There are no cut-off scores; instead, a total score is compared to a normative value, which may differ between populations. As a *general rule*, a score above 6 is likely to represent a higher than typical stress level (Vallejo et al., 2018; Warttig et al., 2013).



Question 36 is taken from a study investigating coping behaviours in employees (Holton et al., 2015). Adaptive and maladaptive coping behaviours can impact health outcomes in protective or detrimental ways, respectively.

^{6b}Resilience

| Question 37 | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|---|-------------------|----------|--------------|-------------|----------------|
| 1. I tend to bounce back quickly after hard times | 1 | 2 | 3 | 4 | 5 |
| 2. I have a hard time making it through stressful events | 5 | 4 | 3 | 2 | 1 |
| 3. It does not take me long to recover from a stressful event | 1 | 2 | 3 | 4 | 5 |
| 4. It is hard for me to snap back when something bad happens | 5 | 4 | 3 | 2 | 1 |
| 5. I usually come through difficult times with little trouble | 1 | 2 | 3 | 4 | 5 |
| 6. I tend to take a long time to get over setbacks in my life | 5 | 4 | 3 | 2 | 1 |
| Total | /30 | | Mean (divide | total by 6) | /5 |

Question 37 is the Brief Resilience Scale from Smith et al. (2008). It has been validated in various languages and cultures. It is scored by taking the mean value of all 6 questions in the table. If you believe you have a unique sample, you may wish to create your own score ranges.

| Score range | Level of resilience |
|-------------|---------------------|
| 1 and <3 | Low resilience |
| ≥3 and <4 | Medium resilience |
| ≥4 and 5 | High resilience |

^{6c}Connection

Questions 38-40 are adapted from a series of questions used in research conducted by Beyond Blue into Men's social connectedness (Beyond Blue, 2014). This is not a validated scale, nor has it been tested, to our knowledge, on other groups or demographics.

^{6d}Purpose

| Question 41 | Strongly disagree | Disagree somewhat | Disagree slightly | Agree slightly | Agree somewhat | Strongly Agree |
|---|-------------------|-------------------|----------------------|-------------------|----------------|-------------------|
| I live one day at a time and don't really think about the future. | 6 | 5 | 4 | 3 | 2 | 1 |
| I have a sense of direction and purpose in life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. My daily activities often seem trivial and unimportant to me. | 6 | 5 | 4 | 3 | 2 | 1 |
| 4. I don't have a sense of what it is I'm trying to accomplish in life. | 6 | 5 | 4 | 3 | 2 | 1 |
| 5. I enjoy making plans for the future and working to make them a reality. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Some people wander aimlessly through life, but I am not one of them. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. I sometimes feel as if I've done all there is to do in life. | 6 | 5 | 4 | 3 | 2 | 1 |
| Total | | _ | | | | /36 |

Question 41 is the purpose sub-section from Ryff's Scales of Psychological Wellbeing (Ryff & Keyes, 1995). Ryff's scales are validated questionnaires which have been used in many large-scale studies.

There are no specific scores or cut-off points for quantifying the sense of person an individual has. Such distinctions can be derived from distributional information from the data collected. For example, a **high degree of purpose** could refer to scores in the top quartile of the distribution, whereas a **low degree of purpose** may encompass scores in the bottom quartile of the distribution. An alternative is to define high purpose scores as those which are 1.5 standard deviations above the mean, and to define low purpose scores as those which are 1.5 standard deviations below the mean.

A **high scorer** has goals in life and a sense of direction, feels there is meaning to both past and present life, holds beliefs that give life purpose, and has aims and objectives for living.

A **low scorer** lacks a sense of meaning in life, has few goals or aims, lacks a sense of direction, does not see purpose, and has no outlook or beliefs that give life meaning.

⁷Substance use

^{7a}Tobacco

Questions 42-52 are adapted from Supporting smoking cessation: a guide for health professionals (RACGP, 2019) and are standard questions asked by a health practitioner when conducting a smoking history.

| | 3 points | 2 points | 1 point | 0 points | Points |
|-------------|----------|----------|---------|----------|--------|
| Question 45 | Within 5 | 6-30 | 31-60 | After 60 | |
| Question 46 | ≥ 31 | 21-30 | 11-20 | ≤ 10 | |
| | 1 | • | | Total | /6 |

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

Sum the points from questions 45 and 46 to calculate the person's final score.

Questions 45 and 46 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.

7bAlcohol

Questions 53-56 are the CAGE questionnaire, by Ewing (1984). CAGE is a widely used screening tool for potentially problematic alcohol consumption, recommended by the National Institute of Alcohol Abuse and Alcoholism to be administered to all patients who drink alcohol. CAGE is administered prior to other questions about alcohol to reduce the introduction of bias.

For males, two 'yes' responses is considered positive.

For females, one 'yes' response is considered positive.

| | 0 points | 1 point | 2 points | 3 points | 4 points | Points |
|-------------|----------|-----------|---------------|--------------|-----------------|--------|
| Question 57 | Never | ≤ Monthly | 2-4 per month | 2-3 per week | 4+ per week | |
| Question 58 | 1-2 | 3-4 | 5-6 | 7-9 | 10+ | |
| Question 59 | Never | < Monthly | Monthly | Weekly | Daily or almost | |
| | • | • | • | • | Total: | /12 |

Questions 57-59 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 47 and 48, but scores in question 46, 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 60-63 are standard questions used when taking a drug history.

⁸Ready to change?

Questions 64-67 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)



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