## SMOKING

**Do you smoke?** [Y] [N] (if ‘NO’ ask next question)  
**Have you ever smoked?** [Y] [N] (if ‘NO’ go to alcohol questions)

- If quit, how long? [ ] days [ ] weeks [ ] months [ ] years  
- Level II request [Y] [N] unsure

**Would you like any advice or support to help you stay stopped?** [Y] [N] unsure

## DIET

**Would you like any advice or support about improving your diet?** [Y] [N] unsure

## PHYSICAL ACTIVITY

**Would you like any advice or support to help you get more physical activity?** [Y] [N] unsure

## WEIGHT

**Would you like any advice or support regarding your weight?** [Y] [N] unsure

- **Height** [ ] cm  
- **Weight** [ ] kg  
- **BMI =** [ ]

  **waist circ.** [ ] cm

## MENTAL HEALTH & WELLBEING

**During the last month, have you often been bothered by feeling down, depressed or hopeless?** [Y] [N] unsure

**During the last month, have you often been bothered by having little or no pleasure in doing things?** [Y] [N] unsure

**Would you like any advice or support with your mental health and wellbeing?** [Y] [N]

### ALCOHOL AUDIT C

<table>
<thead>
<tr>
<th>Score</th>
<th>1 Ltr Cider</th>
<th>1 pint/1 can</th>
<th>1 Bottle 1.5</th>
<th>1 glass wine</th>
<th>1 Bottle wine</th>
<th>1 glass spirit</th>
<th>1 Bottle spirit</th>
<th>Other?</th>
<th>More than 50 units consider referral to Alcohol Team (beep 3033)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never</td>
<td>Never</td>
<td>Never</td>
<td>Never</td>
<td>Never</td>
<td>Never</td>
<td>Never</td>
<td>Total Units per week</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>7.5</td>
<td>3</td>
<td>1.5</td>
<td>3</td>
<td>10</td>
<td>2</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2-4 times per month</td>
<td>5-6</td>
<td>7-9</td>
<td>10+</td>
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<tr>
<td>3</td>
<td>2-3 times per week</td>
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<tr>
<td>4</td>
<td>4+ times per week</td>
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</tr>
</tbody>
</table>

- **How often do you have a drink containing alcohol?**
- **How many units of alcohol do you drink on a typical day when drinking?**
- **How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?**
- **Score: 0-6 no action required**
- Total:--

### SEXUAL HEALTH

If you think you may have been exposed to a sexually transmitted infection, we advise you make a screening appointment as soon as possible at the sexual health clinic. *(details on leaflet)*  
Give "Your Health, Your Choice" leaflet

**Confirm patient has agreed to be referred** [Y]

- **Smoking Cessation**
- **Diet**
- **Physical Activity**
- **Weight**
- **Mental Health & Wellbeing**
- **Alcohol**

Keep top section of this form in the patient’s record. Further information on 01204 462168   
email: boltonhht@nhs.net

Please detach slip & send to Hospital Health Trainer Project at St Peters House Bolton.

This patient has requested advice/support for the items ticked.

### Patient Details (label)

**Patient Details (label)**

**GP Name:**

**Surgery Address**

**Tel:**

**Referred by:**

**Dept / Ward:**

**Date:**

**Tel:**

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Have health promotion instructions/leaflets been given prior to discharge

Please list any booklets given to patients

Your Health: Your Choices

Other (Please Specify)

Notes