

Bridge Cottage - MH Health Check

Patient	
Name: _____	NHS Number: _____
Address: _____ _____ _____	Date of Birth: _____
Telephone: _____	Mobile Tel.: _____
Done By	
Name: _____	Date: _____

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All questions marked with a * should be answered.

1. General

1.1. Personal History

1*. How tall are you? (m)

2*. How much do you weigh? (Kg)

3. If you have a blood pressure machine at home, what is your average systolic (top number) reading? (mmHg)

4. If you have a blood pressure machine at home, what is your average diastolic (bottom number) reading? (mmHg)

5*. Please record your ethnicity

- Albanian
- African
- Baltic Estonian/Latvian/Lithuanian
- Bangladeshi or British Bangladeshi
- Black British
- British Asian
- British or mixed British
- Bosnian
- Caribbean
- Chinese
- Croatian
- Ethnic group not given - declined to say
- Filipino
- Greek Cypriot
- Gypsy/Romany
- Indian or British Indian
- Iranian
- Irish Traveller
- Israeli

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- Italian
- Japanese
- Kosovan
- Kurdish
- Latin American
- Malaysian
- White Welsh
- White British
- White Irish
- White Scottish

1.2. Smoking Status

6*. Are you a current smoker?

- never smoked
- ex-smoker
- smoker

7. If you are a smoker, please indicate how many cigarettes you smoke in a day:

- 1 - 9 cigarettes a day
- 10-19 cigarettes a day
- 20-39 cigarettes a day
- Over 40 cigarettes a day

8. Would you like help in quitting smoking? Please refer to <https://www.nhs.uk/smokefree.com> for more information

- Yes
- No

1.3. Exercise

9. How much exercise do you take?

- Seldom exercise
- light exercise
- moderate exercise
- regular exercise

1.4. Alcohol Consumption

10. How often do you have a drink containing alcohol?

- 0. Never
- 1. Monthly or less
- 2. Two or four times a month
- 3. Two or three times a week
- 4. 4 or more times a week

11. How many units of alcohol do you drink on a typical day when you are drinking?

- 0. 1 or 2
- 1. 3 or 4
- 2. 5 or 6
- 3. 7 - 9

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4. 10 or more
12. 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?
0. Never
1. Less than monthly
2. Monthly
3. Weekly
4. Daily or almost daily
13. How often during the past year have you found that you are not able to stop drinking once you have started?
0. Never
1. Less than monthly
2. Monthly
3. Weekly
4. Daily or almost daily
14. How often during the past year have you failed to do what was normally expected of you because of drinking?
0. Never
1. Less than monthly
2. Monthly
3. Weekly
4. Daily or almost daily
15. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?
0. Never
1. Less than monthly
2. Monthly
3. Weekly
4. Daily or almost daily
16. How often during the last year have you had a feeling of guilt or remorse after drinking?
0. Never
1. Less than monthly
2. Monthly
3. Weekly
4. Daily or almost daily
17. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
0. Never
1. Less than monthly
2. Monthly
3. Weekly
4. Daily or almost daily
18. Have you or somebody else been injured as a result of your drinking?
0. No
1. Yes, but not in the last year

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2. Yes, during the last year
19. Has a relative or friend or a doctor or another health worker been concerned about your drinking and suggest you cut down?
0. No
2. Yes, but not in the past year
4. Yes, during the past year