**NHS Health Check (HAR 2018 V3)**

A picture containing drawing, fruit, food

Description automatically generatedA close up of a sign

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**Name:**

**Date of birth:**

**History**

Please answer the following questions:

Your ethnicity (*this will help us to calculate your health risk, as certain conditions are more common among particular ethnic groups*)

* British or mixed British
* Irish
* Other White background
* White and Black Caribbean
* White and Black African
* White and Asian
* Other Mixed background
* Indian or British Indian
* Pakistani or British Pakistani
* Bangladeshi or British Bangladeshi
* Other Asian background
* Caribbean
* African
* Other Black background
* Chinese
* Any other group

Your family history – Among first degree relatives (mother, father, brother, sister), has anyone had:

Cardio-vascular disease

* Family history of Ischaemic heart disease diagnosed at or before age 60
* Family history of Ischaemic heart disease diagnosed after age 60
* Family history of Stroke
* No family history of CVD
* Family history unknown

Diabetes

* Family history of diabetes mellitus
* No family history of DM

Smoking

* Never smoked tobacco
* Ex-smoker
* Current smoker
* Cigarette smoker
* Rolls own cigarettes
* Cigar smoker
* Pipe smoker
* Waterpipe tobacco consumption

**Examination**

If you have instruments at home, please check the following:

Blood pressure:

(*You can check this yourself with a blood pressure monitor. Research shows that self-check BP readings at home are usually lower than in the clinic. This means you may not need so much medication.*

*Simple BP monitors – like the ones doctors carry in their bags – are inexpensive. They do not require maintenance, and only need AA batteries from time to time.*)

* Systolic (the higher figure):
* Diastolic (the lower figure):

Pulse rate:

(*You can usually read this on the blood pressure monitor as well.*

*Or on one of your wrists, you can count the beats with fingers of the other hand.*)

* Beats per minute:

Height:

(*You can stand against a wall, draw a mark with a pencil on top of your head, then measure how high up it is with a ruler or measuring tape.*)

* In cm or feet/inches:

Weight:

(*You can take a reading with bathroom scales.*)

* In kg or stones/pounds:

Waist circumference:

(*You can do this with a soft measuring tape.*)

* In cm or inches:

**This is one unit of alcohol…**

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**…and each of these is more than one unit**

****

* Alcohol consumption: units/ week or Teetotal

**AUDIT – C**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Questions** | **Scoring system** | | | | | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| 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 |  |
| How many units of alcohol do you drink on a typical day when you are drinking? | 1 -2 | 3 - 4 | 5 - 6 | 7 - 9 | 10+ |  |
| 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? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |

**Scoring:**

**SCORE**

A total of 5+ indicates increasing or higher risk drinking.

An overall total score of 5 or above is AUDIT-C positive.

**Score from AUDIT- C (other side)**

**SCORE**

**Remaining AUDIT questions**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Questions** | **Scoring system** | | | | | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you failed to do what was normally expected from you because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| Have you or somebody else been injured as a result of your drinking? | No |  | Yes, but not in the last year |  | Yes, during the last year |  |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | No |  | Yes, but not in the last year |  | Yes, during the last year |  |

**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk,

**TOTAL = =**

16 – 19 Higher risk, 20+ Possible dependence

TOTAL Score equals

AUDIT C Score (above) +

Score of remaining questions

NHS Health Checks HAR 2018 V3

**GPPAQ (General practice physical activity questionnaire)**

Physical activity involved at work

* not in employment
* spends most of the time at work sitting
* spends most of the time at work standing or walking
* work involves definite physical effort
* work involves vigorous physical activity

Physical exercise

* hours in last week spent in physical exercise – none
* hours in last week spent in physical exercise – some but less than 1 hour
* hours in last week spent in physical exercise – 1 hour or more but less than 3 hours
* hours in last week spent in physical exercise – 3 hours or more

Cycling

* hours in last week spent cycling – none
* hours in last week spent cycling – some but less than 1 hour
* hours in last week spent cycling – 1 hour or more but less than 3 hours
* hours in last week spent cycling – 3 hours or more

Walking

* hours in last week spent walking – none
* hours in last week spent walking – some but less than 1 hour
* hours in last week spent walking – 1 hour or more but less than 3 hours
* hours in last week spent walking – 3 hours or more

House work / Child care

* hours in last week spent on house work/ child care – none
* hours in last week spent on house work/ child care – some but less than 1 hour
* hours in last week spent on house work/ child care – 1 hour or more but less than 3 hours
* hours in last week spent on house work/ child care – 3 hours or more

Gardening / DIY

* hours in last week spent on gardening/ DIY – none
* hours in last week spent on gardening/ DIY – some but less than 1 hour
* hours in last week spent on gardening/ DIY – 1 hour or more but less than 3 hours
* hours in last week spent on gardening/ DIY – 3 hours or more

Walking pace

* usual level of walking pace – slow
* usual level of walking pace – steady
* usual level of walking pace – brisk
* usual level of walking pace – fast

Physical Activity Index (PAI)

(*this will be calculated on the GP computer system*)

* Physical Activity Index

**Other assessments**

* Your GP may arrange for blood tests or additional investigations, depending on your outcomes.
* Your GP will work out your health risk score and advise you on how to reduce the risk. This may include treatments.
* Your GP may suggest a follow up re-assessment after a suitable period.