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**Confidential**

**Staff Use Only**

**Making every Opportunity Count Please Tick if**

**Discussed/Signposted**

Please answer the questions below and talk to a nurse.

Staff Initials \_\_\_\_

**Disccussed/Signposted**

**How are you feeling today?**

|  |
| --- |
| **On a scale of 1 - 5** |
| **1 2 3 4 5**  **Not very good Great** |

**Yes/ No**



Do you currently smoke?

 Would you say you are........

Underweight

Just about right

Overweight

How many portions of fruit & vegetables do you eat a day?

**Age: Gender: Postcode:**

**=**



**Yes/ No**

Do you drink alcohol?

If yes, typically how many units do you drink per week?

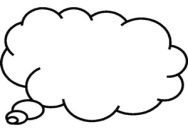
**Yes/ No**



Do you do 30 minutes of moderate activity

(e.g. brisk walking) 5 times a week?

**Yes/No**



During the past month have you often been

bothered by feeling down, anxious or stressed?

**Yes/ No**



Do you have any money concerns?



**Many thanks for completing this.**

**If you are living as well as you can well done!**

Do you have any other concerns about your wellbeing?

**Yes/No**

**s/ No**