

## Long Term Condition Review Questionnaire

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Smoking Status: Please tick one of the following and add additional information as required**

Non-Smoker

Ex-Smoker                      Date Stopped \_\_\_\_\_ Amount per day \_\_\_\_\_

Smoker                              Amount per day \_\_\_\_\_

**Exercise:**

<b>GP Physical Activity Questionnaire</b>	
<p><b>In the last week how much physical exercise, have you done?</b>  <b>Physical exercises such as swimming, jogging, aerobics, football, tennis, gym, workout, cycling can be included.</b></p> <p style="text-align: center;">Please tick the box that applies to you.</p>	
Hours spent doing physical exercise: 3 hours or more	
Hours spent doing physical exercise: some but less than 1 hour	
Hours spent doing physical exercise: 1 hour but less than 3 hours	
Hours spent doing physical exercise: none	

**MRC Breathlessness score (adapted)**

Circle the numbers which describe you best

<b>MRC Dyspnoea Scale – Please tick the Grade which applies to you</b>	
<b>Grade</b>	<b>Degree of breathlessness related to activity</b>
1	Not troubled by breathless except on strenuous exercise
2	Short of breath when hurrying on a level or when walking up a slight hill
3	Walks slower than most people on the level, stops after a mile or so, or stops after 15 minutes walking at own pace
4	Stops for breath after walking 100 yards, or after a few minutes on level ground
5	Stops for breath after walking 100 yards, or after a few minutes on level ground

**Alcohol:**

### What does 1 unit of alcohol look like?

Standard 4.5% cider
Standard 13% wine
Standard 40% whiskey
Standard 4% beer
Standard 4% alcopop (275ml)

14 UNITS per week  
 You shouldn't regularly exceed

drinkaware

## Examples of units in common drinks



Please use the pictures above as a guide. How many units of alcohol do you drink during a typical week, when you are drinking?

### AUDIT-C - CONSUMPTION

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:

A total of 5+ indicates increasing or higher risk drinking.  
 An overall total score of 5 or above is AUDIT-C positive and  
 Indicates you may be damaging your health.



Thank you for completing this questionnaire. Please bring this with you to your appointment.