

COLCHESTER MEDICAL PRACTICE

New patient questionnaire

We encourage all our patients with home internet access or a connected smartphone to sign up to our Patient Access online service. You can book appointments, order repeat prescriptions and see a limited view of your medical records. Tick here if you would like to register for this service:

Full name Date of birth

Mobile number E-mail address

Do you want to nominate a pharmacy to receive your prescriptions electronically?

Do you have any special communication or sensory requirements?

Do you need a translator or interpreter? If so give details:

Height Weight

Next of Kin (Name and contact details):

Are you a carer? **YES / NO*** (Only an unpaid carer for a relative, partner or friend, who is ill, frail or disabled)

Does somebody care for you? **YES / NO*** If "Yes", please tell us their name, address and contact number below:

Please indicate your ethnic origin by ticking the appropriate box (you do not have to provide this information):-

White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Group
<input type="checkbox"/> British	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> Other group
<input type="checkbox"/> Other White background	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Black Background	
	<input type="checkbox"/> Other Mixed Background	<input type="checkbox"/> Other Asian Background	Further details:	

✓ Tick	Smoking Information	
I smoke now	How much do you smoke?	
I used to smoke	When did you stop?	How much did you smoke?
I have never smoked		

Has any member of your close family suffered a heart attack, angina, stroke, diabetes or cancer before the age of 60?

Yes / No* "Yes", please state relationship, disease suffered and age when diagnosed below.

In terms of exercise, are you Very Active / Moderately Active / Lightly Active / Inactive?*

Have you any allergies? **Yes / No*** If "Yes", what?

*Delete as appropriate

PLEASE DON'T BE SHY WHEN ANSWERING THESE QUESTIONS! HONEST ANSWERS ARE MUCH MORE HELPFUL AND INFORMATION GIVEN IS CONFIDENTIAL AND WON'T GO ANYWHERE ELSE.

Staff only: Identification and address verification checked

Alcohol Consumption Questionnaire

This is one unit of alcohol...



Half pint of regular beer, lager or cider



1 small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

...and each of these is more than one unit



Pint of Regular Beer/Lager/Cider



Pint of Premium Beer/Lager/Cider



Alcopop or can/bottle of Regular Lager



Can of Premium Lager or Strong Beer



Can of Super Strength Lager



Glass of Wine (175ml)



Bottle of Wine

Answer the first 3 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	
Total of first 3 questions only:						
Answer these <u>ONLY</u> if total above 5 or more:	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	
Grand total of ALL questions, including the first 3:						

Scoring:

**0 - 7 Lower Risk
16 - 19 Higher Risk**

**8 - 15 Increasing Risk
20 + Possible Dependence**

Read this page ONLY if your alcohol score is 5 or above

There are times when you will be at risk even after one or two units. For example, with strenuous exercise, operating heavy machinery, driving or if you are on certain medication.

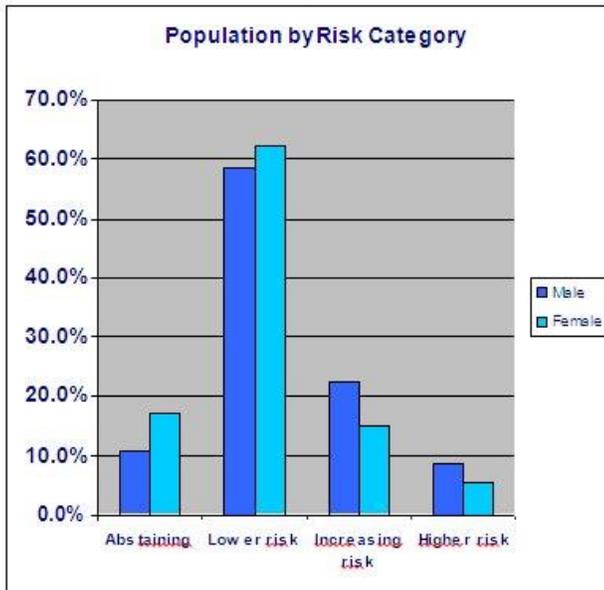
If you are pregnant or trying to conceive, it is recommended that you avoid drinking alcohol. But if you do drink, it should be no more than 1-2 units once or twice a week and avoid getting drunk.

Your screening score suggests you are drinking at a rate that increases your risk of harm and you might be at risk of problems in the future.....**What do you think?**

Risk	Men	Women	Common Effects
Lower Risk	No more than 3-4 units per day on a regular basis	No more than 2-3 units per day on a regular basis	<ul style="list-style-type: none"> • Increased relaxation. • Sociability. • Reduced risk of heart disease (for men over 40 and post-menopausal women).
Increasing Risk	More than 3-4 units per day on a regular basis	More than 2-3 units per day on a regular basis	<p>Progressively increasing risk of:</p> <p>Low energy, memory loss, relationship problems, depression, insomnia, impotence, injury, alcohol dependence, high blood pressure, liver disease and cancer</p>
Higher Risk	More than 8 units per day on a regular basis or more than 50 units per week	More than 6 units per day on a regular basis or more than 35 units per week	

What's everyone else like?

% of Adult Population



The Benefits of cutting down

Psychological/Social/Financial

- Improved mood
- Reduced risks of drink driving

Physical

- More energy
- No hangovers
- Improved memory
- Better physical shape
- Reduced risk of high blood pressure
- Reduced risks of liver disease

Making your plan

- When bored or stressed have a workout instead of drinking.
- Avoid going to the pub after work.
- Plan activities and tasks at those times you would usually drink.
- When you drink, set yourself a limit and stick to it.
- Have your first drink after starting to eat.
- Quench your thirst with non-alcohol drinks before and in-between alcoholic drinks.
- Avoid drinking in rounds or in large groups.
- Switch to low alcohol beer/lager.
- Avoid or limit the time spent with "heavy" drinking friends.

Men - Should not regularly drink more than 3–4 units of alcohol a day.

Women - Should not regularly drink more than 2–3 units a day

'Regularly' means drinking every day or most days of the week. You should also take a break for 48 hours after a heavy session to let your body recover.

My Target:

This brief advice is based on the "**How Much Is Too Much?**" Simple Structured Advice Intervention Tool, developed by Newcastle University and the Drink Less materials originally developed at the University of Sydney as part of a W.H.O. collaborative study