Supporting Weight Management. 'O' Ongoing care Assessment 1

Name NHI DOB

Weight	Height	BMI	BP
Waist	**Hip**	**Fat Mass%**	**Muscle Mass%**
Bloods done			

Section 1: Wairua/Beliefs

The first 2 questions are about recognising your perceptions/beliefs at this time.

The second 2 questions are about available supports that may assist you with lifestyle changes.

Scoring: Circle chosen response.

How important is healthy eating to you at this time?				
5-Always	4-Most of the time	3-Sometimes	2-Rarely	1-Never
How important is being active to you at this time?				
5-Always	4-Most of the time	3-Sometimes	2-Rarely	1-Never
Is faith, spirituality, religion or your community important to you?				
5-Always	4-Most of the time	3-Sometimes	2-Rarely	1-Never
Do you seek advice/support from a spiritual advisor, church leader, Tohunga or your community?				
5-Always	4-Most of the time	3-Sometimes	2-Rarely	1-Never

Add up total score and put in the box. ☐

Scores of 7 or less suggest that the patient's beliefs/community is not a strong influence in their lives. The patient may benefit from further assessment using Kessler 10.

Scores of 8- 11 suggest that the patient's beliefs/community have an influence and should be taken into consideration and may be utilised to support positive changes. If possible invite the patients support persons to attend appointments.

Scores of 12 and above identify that the patient holds reasonably strong beliefs/strong community ties which could be utilised to support positive changes. If possible invite the patients support persons to attend meetings.

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Section 2: Whanau/ Family

Consider: Who does the cooking?

Who shops for food?

Who does the patient live with?

Are there other people who live with you who would benefit from weight management?

Scoring: Please circle chosen response.

How well connected do you feel to your whanau, family and/or friends or your community?		
1 – Not at all	3 – occasionally	5 – very connected
How well supported are you by your whanau, family and/or friends or your community?		
1 – Not at all	3 – occasionally	5 – very supported

Add up total score and put in the box. ☐

Scores of 5 or below suggest that the patient may feel isolated from family and community and therefore may require additional supports to promote positive changes. Consider linking this patient with self-management support group or green prescription. The patient may benefit from further assessment using Kessler 10.

Scores of 6 and above suggest that patient feels some connectedness and/or feels supported, this may be further enhanced through linking the patients with self-management support groups or green prescription.

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Section 3: Hinengaro/ Mental Health

Hunger/Eating cues

Scores: Circle chosen response.

When food comes up in conversation or in something you read, do you want to eat even if you are not hungry?				
1 – Always	2- Frequently	3 –Occasionally	4 – Rarely	5 –Never
Do you eat out of boredom/habit rather than physical hunger?				
1 – Always	2- Frequently	3 –Occasionally	4 – Rarely	5 –Never
Do you have trouble controlling your eating when your favourite foods are available?				
1 – Always	2- Frequently	3 –Occasionally	4 – Rarely	5 –Never
When you drink alcohol do you eat too much?				
1 – Always	2- Frequently	3 –Occasionally	4 – Rarely	5 –Never
Do you eat beige foods (e.g. bread, rice, pasta) with meals?				
1 – Always	2- Frequently	3 –Occasionally	4 – Rarely	5 –Never
Do you eat sugar based foods and/or sugar based drinks?				
1 – Always	2- Frequently	3 –Occasionally	4 – Rarely	5 –Never

Add up total score and put in the box. ☐

Section 3.1 Outcome

Scores of 15 or more indicate the patient on occasion may eat more than is required but this does not appear to be in a response to cues in the environment.

Score of 11 to 14 Suggest the patient has a moderate tendency to eat just because food is around. Encouraging the patient to recognise real hunger and respond to this should be helpful. Ask the patient to think about practical ways in which they can reduce their exposure to their favourite food or drink (including alcohol).

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Patient may be eating too much beige food/sugar based food and drink, consider utilising a food diary to facilitate a discussion. Agree and record a plan.

Scores of 10 or below suggests that most of the patients eating cues are in a response to their environment and they may benefit from further assessment using the SCOFF eating disorders scale. Patients should complete the validated SCOFF eating disorders questionnaire or Yale Food Addiction Scale. The patient is probably eating too much beige food/sugar based food and drink, consider utilising a food diary to facilitate a discussion. Agree and record a plan.

Section 3.2: Control Over Eating

Scoring: Circle chosen answer.

You planned on having a light lunch, but a friend talks you into going out for a midday meal? Would you:- 1 – Eat much less than usual 2- Eat a bit less 3 –Eat as usual 4 – Eat a bit more 5 –Eat much more than usual
You "break" your "diet" by eating a fattening "forbidden" food. Would you:- 1 – Eat much less than usual 2- Eat a bit less 3 –Eat as usual 4 – Eat a bit more 5 –Eat much more than usual
You 'break your diet' by eating a forbidden fattening food. How likely are you to go back to your healthy eating plan on the same day? 1 – Highly likely, 2- Quite likely, 3 –Possible but unsure, 4 – Quite unlikely, 5 –Highly unlikely

Add up total score and put in the box. ☐

Section 3.2 Outcome

Scores of 7 and below identify the patient is able to recover rapidly from mistakes and can generally manage to control their eating. Compliment the patient on their ability to manage this.

Score of 8-10 identify the patient generally does not overeat when tempted but they do not reduce the quantity of food taken. Assist and encourage the patient to plan ahead and develop strategies to manage temptation. Agree and record patients plan. Scores of 11 and above identify the patient may be prone to overeat after an event breaks their healthy eating regimen – ask open questions to help and encourage the patient to develop strategies to manage situations in which they would normally tend to overeat.

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Agree and record patients plan. The patient will benefit from further assessment using the SCOFF questionnaire. Help the patient to pre-plan their eating to minimise the risk of eating foods which trigger binging.

Section 3.3: Emotional Eating

Scoring: Please circle chosen answer

Do you eat more when you have feelings such as being frustrated, sad, stressed, angry or lonely?				
1 –Never	2 – Rarely	3 –Occasionally	4 – Frequently	5 – Always
When you are happy do you celebrate feeling good by eating too much?				
1 –Never	2 – Rarely	3 –Occasionally	4 – Frequently	5 – Always
When you are having a hard time with others in your life do you eat too much?				
1 –Never	2 – Rarely	3 –Occasionally	4 – Frequently	5 – Always

Add up total score and put in the box. ☐

Section 3.3 Outcome

Scores of 5 or below identify that emotion does not generally influence your patient's intake of food.

Scores of 6 to 9 identify your patient sometimes eats in response to emotional highs & lows. Assist and encourage the patient to develop alternative strategies to manage their highs and lows. Agree and record the patients plan. The patient may benefit from further assessment using Kessler 10.

Scores of 10 and above identify that emotional ups & downs seem to be a significant influence on your patient's eating. Consider referral to a counsellor or other individual who can spend time with the patient exploring alternative strategies. The patient will benefit from further assessment using Kessler 10.

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Section 4: Tinana/Physical

4.1 Binge Eating and Purging

Scoring:

Apart from celebrations, how often have you eaten a large amount of food quickly AS WELL AS feeling afterward that this eating incident was too much, out of control AND you feel ashamed, guilty and/or disgusted with yourself? 0-never, 1 –A few times a year, 2- About 1/month, 3 –A few times a month, 4 – A few times/week, 5 –Every day
Have you ever purged (used laxatives, diuretics or made yourself throw up) to control your weight? **Yes No**
(Only relevant if yes to above question) How often have you engaged in this behaviour in the last year? 0-never, 1 – A few times a year, 2- About 1/month, 3 –A few times a month, 4 – A few times/week, 5 –Every day

Add up total score and put in the box. ☐

Section 4.1 Outcome
Scores of 3 or less identify that Binging/purging does not appear to be an issue for your patient.

Scores of 4-5. This patient may be on the verge of needing specialist help. Consider referral to specialist services if they are purging as a means of weight control. Please also complete a validated binge eating scale or SCOFF questionnaire to inform future management.

Score 6 and above. The patient shows signs of an eating disorder & should be referred urgently to specialist services. Completion of a validated binge eating scale or SCOFF questionnaire with bloods for electrolytes and bicarbonate should accompany a referral to specialist services.

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Section 4.2: Exercise Patterns and Attitudes

Scoring:

How many minutes each week do you exercise?				
1 –Less than 20min	2 – 20-59min	3 –60-119min	4 – 120-149	5 – 150min+
Do you think you could become more physically active or take more exercise?				
1 –Not at all	2 – Unlikely	3 –Unsure	4 – Quite sure	5 – Very sure
How confident are you that you will be able to become more active or take more exercise?				
1 –Not at all	2 – Unlikely	3 –Unsure	4 – Quite sure	5 – Very sure
When you think about physical activity or exercise, do you feel positive?				
1 –Not at all		3 –A little		5 – Very

Add up total score and put in the box. ☐

Section 4.2 Outcome

Scores of 6 or below indicate your patient is not taking sufficient physical activity for a healthy life. Explore ways in which this could be increased and consider referral to Green Prescription. It may be for some patients that they need to start with becoming more active in the first instance, such as walking around the house more as formal exercise may not be possible at this time. ***Agree goals and record the patient's plan***

Scores of 7- 10. Consider referral to Green Prescription and explore options of physical activity and exercise to promote more positive feelings about the great benefits of exercise. ***Agree goals and record the patient's plan.***

Scores of 11 and above identify the patient is taking some exercise and generally has a positive attitude. If current recommendations are not met encourage the patient to explore ways in which they could include additional exercise and increased huffing and puffing within their daily routines. ***Ideally one quarter of all exercise should be spent huffing and puffing. Agree goals and record the patient's plan.***

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Section 4.3 Sleep. The Epworth Sleepiness Scale

The following section will help identify if there are any problems with sleepiness

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

0 = no chance of dozing
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing

Situation	**Chance of dozing**
Sitting and reading	
Watching TV	
Sitting inactive in a public place (e.g. a theatre or a meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in traffic	

Scoring:

1-6	Congratulations, you are getting enough sleep!
7-8	You score is average. Possible increasing the numbers of sleep will benefit your health and reduce your appetite.
9 and up	Seek the advice of a sleep specialist without delay. Refer to sleep apnoea clinic for further assessment.