

Supporting Weight Management In Primary care. 'A' & 'B' screening Documents

Name						
NHI						
DOB						
ASK						
Are you concerned about your weight or shape?						
Are you concerned about your eating patterns or control over eating?						
BRIEF INTERVENTION						
Weight:		Height:		BP:		
BMI:		Waist:		Hip:		
% Fat:		% muscle mass:				
<p>Blood tests. See outbox doc. FBC, ESR. LFT's, (GGT, AST, ALT, Alk Phos, Bilirubin). HbA1c, Lipids, Iron studies, Morning transferrin, B12, Folate, TSH. Uric Acid, eGFR, Electrolytes, glucose, Albumin/creatinine ratio (Urine). NB: Black tests only for those under <=25yrs</p>						
How many servings of fruit-(fresh, frozen, canned, stewed or dried)-do you eat on a typical day (record on average per week)?						
How many servings of vegetables-(fresh, frozen, canned, or stewed, NOT potato)-do you eat on a typical day (record on average per week)?						
How many servings of nuts/seeds do you eat on a typical day (record on average per week)?						
How many minutes of activity of any kind do you do each week ?						
How many of those minutes are 'huffing and puffing' activities?						

NOTES: 5+ Vegetables and fruit (3 veg, 2 fruit) serves are the least amount needed. More is better, such as 9+ Vegetable (5) and Fruit (4) and a few serves of raw nuts. Veg and fruit and raw nuts can be increased more if refined high energy food like bread, pasta, cake, sweets and potato products are no longer usually eaten.

Grades of physical activity 1. Not sitting or lying down-on your feet e.g. ironing. 2. Moving around e.g. window shopping. 3. Active- puffing a bit and can't sing e.g. walking upstairs. 4. Very active-can't talk e.g. running for a bus.

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Readiness to change (Used to determine suitability for 'O' ongoing management).

Compared to previous attempts to change your eating, how motivated are you to improve your eating at this time?				
1. Not at all	2. Slightly	3. Somewhat	4. Very	5. Extremely
Considering all outside factors at this time in your life (stress you are feeling at work, your family obligations, etc?) How confident are you that you will stay committed to an improved eating pattern program?				
1. Not at all	2. Slightly	3. Somewhat	4. Very	5. Extremely

Screening Outcome

Scores 5 or less. The patient is probably not willing to change currently and is probably not suitable for the weight management programme at this time. Use of motivation interviewing may harness the patient's intrinsic motivation. All primary health care professionals can help with:

1) Brief education for the unwilling, re-iterate the key messages about eating more fruit and vegetables and being more physically active.

2) Sorting out mental and physical problems that stop people being ABLE to change

3) Support patients and display empathy whilst people are trying to get themselves into the 'readiness head space'
Provide an open invite for the patient to make a further appointment when they feel more ready to make changes.

Consider utilising resource leaflets to support your key messages.

Section 1 Outcome

Scores of 6 and above indicate the patient's readiness and/or confidence to change. Make an appointment for the first weight management assessment and intervention. Goals should be agreed with the patient based on the findings from the first weight management assessment, in the meantime encourage the patient to eat more fruit and vegetables, and being more physically active.

NB Goals – are things put in place to do i.e. an activity which is measurable. Outcomes such as weight loss are more unpredictable and are not suitable goals.