

Appendix 9
Model Development – SNAP Screening Questions

SMOKING

- ☐ Never smoked
☐ Currently smokes
☐ Has quit smoking

If quit, record when _____

If current smoker, assess readiness to quit, offer referral to Quitline 13 7848

Readiness to Quit

Are you ready to stop smoking now?

- ☐ No
☐ Yes, considering quitting
☐ Yes, attempting to quit now

Assess nicotine dependence in those ready to quit

Nicotine Dependency (for those ready to quit)

1. If a smoker, number of cigarettes smoked per day

- | | |
|--------------|----------------------------|
| 10 or less | <input type="checkbox"/> 0 |
| 11-20 | <input type="checkbox"/> 1 |
| 21-30 | <input type="checkbox"/> 2 |
| More than 30 | <input type="checkbox"/> 3 |

2. How soon after waking up do you smoke your first cigarette?

- | | |
|------------------|----------------------------|
| within 5 minutes | <input type="checkbox"/> 3 |
| 6 to 30 minutes | <input type="checkbox"/> 2 |
| 31 to 60 minutes | <input type="checkbox"/> 1 |

Nicotine Dependency risk;

Add scores for Q1 & Q2

- 0-3 very low or low – advise good chance of success if attempts to quit
- 4-6 moderate to very high -recommend nicotine replacement therapy or referral to GP

Offer referral to Quitline 13 7848

PHYSICAL ACTIVITY

Would you do at least 30 minutes of moderate physical activity (such as walking or yard work or any other type of exercise) on most days of the week?

☐ Yes ☐ No ☐ Not applicable

If no, consider readiness to become more active

Are you interested in becoming more physically active?

- ☐ No
- ☐ Yes, considering becoming more active
- ☐ Yes, attempting to increase activity now

If yes offer brief intervention for physical activity and / or referral to local physical activity options.

NUTRITION

☐ Normal diet ☐ Special diet _____

Dysphagia: ☐ No ☐ Yes

Malnutrition

Have you lost weight recently without trying? Note: 'recently' means last 6 months. If client unsure, ask if clothes are looser etc.

If 'Yes', complete next item

No ☐ 0

Unsure ☐ 2

If yes, how much weight have you lost? (in kilograms)

1-5kg ☐ 1

6-10kg ☐ 2

11-15kg ☐ 3

>15kg ☐ 4

Unsure ☐ 2

Have you been eating poorly because of decreased appetite?

Note: decreased appetite means eating less than $\frac{3}{4}$ of usual food intake. "Eating poorly" may be due to problems with swallowing and chewing. If so, score yes.

Yes ☐ 1

No ☐ 0

Malnutrition Risk:

Total score of 2 or more indicates client at risk of malnutrition. Consider referral to GP or Dietitian.

Weight gain

Have you gained 4 or more kg ($\frac{1}{2}$ stone) without trying to in the last 12 months.

☐ Yes ☐ No ☐ Don't know

If Yes, consider readiness to change eating habits.

Fruit & vegetable consumption:

How many serves of fruit do you usually eat each day? _____

1 serve is equivalent to a medium size piece of fruit, 2 small pieces of fruit, $\frac{1}{2}$ cup fruit juice.

How many serves of vegetables do you usually eat each day? _____

1 serve is equivalent to $\frac{1}{2}$ cup vegetables, 1 cup salad, 1 medium potato.

Fruit & Vegetable recommendations

<2 serves of fruit – recommend client eats more fruit

<5 serves of vegetables – recommend client eats more vegetables

This may not apply to clients with bowel disease, renal disease, clients taking warfarin or those with certain food allergies, for specific dietary advice please refer to a dietitian.

Readiness to Change eating habits

Are you interested in changing your eating habits to improve your health?

- ☐ No
- ☐ Yes, considering making changes
- ☐ Yes, attempting to make changes now

If Yes, consider brief nutrition intervention or referral to a dietitian.

Hydration

Do you regularly drink at least 8 cups of fluid every day?

- ☐ Yes (A) (If Yes go to Q15)
- ☐ No (B)

If No above, have you recently decreased your fluid intake?

- ☐ No (A)
- ☐ Yes (B)

If answer is (B) to either of the above, the client may be at risk of dehydration. Consider brief intervention or referral to GP.

ALCOHOL - (Consult "Count your drinks for better health" brochure for Standard Drink Guide)

1. How often do you have a drink containing alcohol?

If never, proceed to Q16.

- Never ☐ 0
Less than monthly ☐ 1
2 to 4 times a month ☐ 2
2 to 3 times a week ☐ 3
4 or more times a week ☐ 4

2. How many standard drinks do you have on a typical day when you are drinking?

- 1 or 2 ☐ 0
3 or 4 ☐ 1
5 or 6 ☐ 2
7 to 9 ☐ 3
10 or more ☐ 4

3. How often to you have 6 or more drinks on one occasion?

- Never ☐ 0
Less than monthly ☐ 1
Monthly ☐ 2
Weekly ☐ 3
Daily or almost daily ☐ 4

Drink Risk: Sum score for Q1-3

Women:

0-3 low-risk drinking

4-5 risk depends on other factors*

≥ 6 risky or high risk drinking

* May indicate risky drinking if other risk factors present (Chronic medical conditions, medications that interact with alcohol, mental health problems, over 65 years).

Men:

0-3 low-risk drinking

4-6 risk depends on other risk factors

≥ 7 risky or high-risk drinking

If risky or high-risk drinking, assess readiness to reduce alcohol intake.

Readiness to reduce alcohol intake (for at risk drinkers)

Are you interested in reducing your alcohol intake?

- ☐ No
☐ Yes, considering reducing
☐ Yes, attempting to reduce now

If yes offer brief intervention for alcohol or referral

Optional Questions for Weight Assessment (used in team 3 only)

Weight: kg

Height cm

BMI: (W/H^2) Target - <25 _____

Waist Circumference: _____(F: <80 cm – M: <94 cm)