

NHS Check list

You are eligible for NHS Health Check please read the leaflet for further information.

Please complete this check list and hand into your appointment with the healthcare profession, a blood test will be carried out to check cholesterol status, if BMI is over 30 then a HbA1c bloods will also be included to check for any underlying risk of diabetes.

If you are unable to do your own BP, weight and height at home then please use the machine in the waiting room before you attend your appointment

Name:	Date Of Birth:
Ethnicity	
Gender	
Age	
Blood pressure – (can be done in the surgery on machine in waiting room)	
Height (in m) – (can be done in the surgery on machine in waiting room)	
Weight (in kg) - (can be done in the surgery on machine in waiting room)	
BMI (if unknown healthcare professional will add in)	
Pulse rate	
Waist circumference (arm span if in wheelchair)	

Family history (first degree relatives only: mother, father, brother/sister): (please tick if yes)	
Diabetes Mellitus type 1	
Ischaemic heart disease	
Hypertension	
Glaucoma	
Stroke (cerebrovascular)	
Asthma	
Breast cancer	
Bowel cancer	

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**Alcohol intake:
(Please Circle the answer)**

How often do you have a drink containing alcohol?

N/A

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?

N/A

1-2

3-4

5-6

7-9

10+

How often have you had 6 or more units if female, or 8 if male on a single occasion in the last year?

N/A

NEVER

LESS THAN MONTHLY

MONTHLY

WEEKLY

DAILY OR ALMOST DAILY

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**Physical exercise status:
(Please Circle letter if yes)**

1) Type of physical activity involved in your line of work?

- a) I am not in employment (Retired, retired for health reason, unemployment, full-time carer).
- b) I spend most of my time at work sitting (such as in an office).
- c) I spend most of my time at work standing or walking, however my work does not require much intense physical effort (shop assistant, hairdresser, security guard, childminder etc.)
- d) My work involves definite physical effort including handling of heavy objects and use of tools (plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)
- e) My work involves vigorous physical activity including handling of very heavy objects (scaffolder, construction worker, refuse collector, etc.).

2) Type of physical activity during the last week, how many hours did you spend on each of the following activities?

Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc?

- a) None
- b) less than 1 hour
- c) between 1 and 3 hours
- d) 3 or more hours

Cycling, including cycling to work and during leisure time?

- a) None
- b) less than 1 hour
- c) between 1 and 3 hours
- d) 3 or more hours

Walking, including walking to work, shopping, for pleasure etc.

- a) None
- b) less than 1 hour
- c) between 1 and 3 hours
- d) 3 or more hours

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House work / childcare	<ul style="list-style-type: none"> a) None b) less than 1 hour c) between 1 and 3 hours d) 3 or more hours
Gardening/DIY	<ul style="list-style-type: none"> a) None b) less than 1 hour c) between 1 and 3 hours d) 3 or more hours
How would you describe your usual walking pace?	<ul style="list-style-type: none"> a) Slow pace (less than 3pmh) b) Steady average pace c) Brisk pace d) Fast pace (over 4 mph)

Current smoking status: (Please tick the answer)	
Never Smoked tobacco	
Ex-smoker / date of quitting	
Smoker	
Heavy cigarette smoker (20-29+ per day)	
Moderate cigarette smoker (10-19 per day)	
Light cigarette smoker (1-9 per day)	
Would you like smoking cessation advice	

THANK YOU FOR COMPLETING THIS CHECK LIST

A telephone appointment will be booked with you with a healthcare professional for finding out the cardiovascular disease risk score and personalised advice on life-style changes to help reduce potential risks factors and any further advice that you are interested in.