

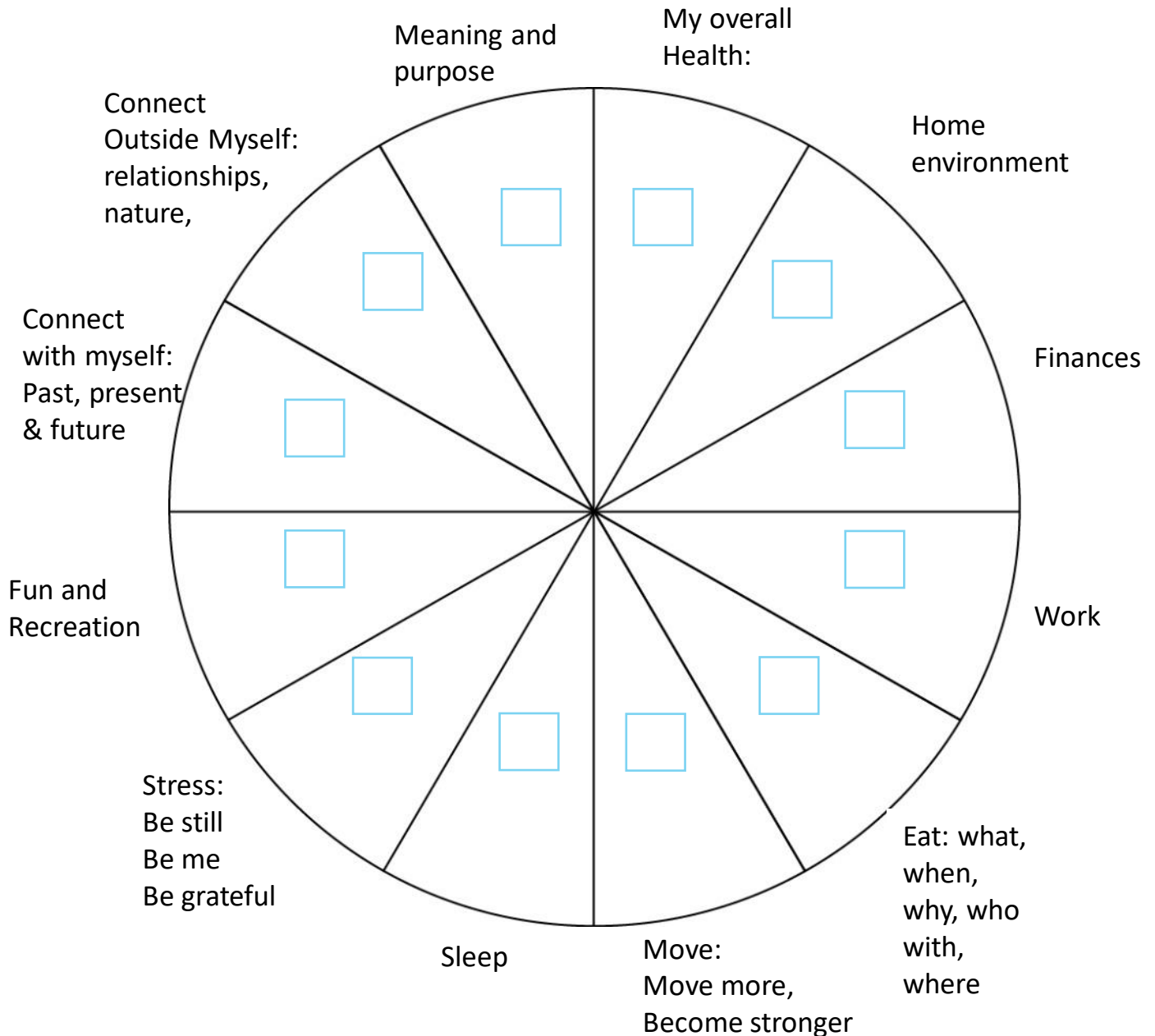


LIFESTYLE CLINIC

YOU ARE THE MOST IMPORTANT PERSON IN YOUR FUTURE HEALTH



Score your satisfaction with each area from 0-10, 0 = couldn't be worse and 10 = couldn't be better



In your appointment you will identify one or two areas where you want to raise the score a notch. I will help you create an EAST (Easy Attractive Social and Timely) goal.

How will I make my goal:	
Easy (attach to something I already do)	
Attractive (fun, reward)	
Social (who with)	
Timely (quick win, schedule in)	

Thank you for filling in this questionnaire – it will help us evaluate the Lifestyle Clinic, and get future funding for it.

Name:

Timing of feedback: at the start at 3 months at 6 months

My Wellbeing Score: Please score your wellbeing from 0-10, where 0= 'it couldn't get any worse than this' and 10= 'it couldn't get any better than this'. There is no right or wrong answer.

How satisfied am I with the Lifestyle Clinic Service? Please score from 0-10, where 0= 'The Lifestyle Clinic Service is awful, the worst experience I've had in the NHS' and 10= 'The Lifestyle Clinic Service is great, and I'd recommend it to friends and family'. There is no right or wrong answer.

Any comments, and suggestions for improvement welcome: _____

Self Efficacy Questionnaire:

How confident do you feel that you can keep any fatigue caused by your health condition(s) from interfering with the things you want to do? 0-10:

How confident do you feel that you can keep any physical discomfort or pain caused by your health condition(s) from interfering with the things you want to do?

How confident do you feel that you can keep any emotional distress caused by your health condition(s) from interfering with the things you want to do?

How confident do you feel that you can keep any other symptoms or health problems you have from interfering with the things you want to do?

How confident do you feel that you can do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?

How confident do you feel that you can do things other than just taking medication to reduce how much your health condition(s) affects your everyday life?

Please check your weight and Blood Pressure in the waiting room, thank you

Weight (kg):

BMI:

HbA1c:

BP: