Lifestyle Risk Screening Tool

	Score		0	1	2	3	4	For Office Use Only
Physical Activity	1. **How many days a week** do you exercise enough to make your heart beat faster?		5 or more	3-4	1-2	0	X	Physical Activity Score
	2. **How many minutes a day** do you exercise enough to make your heart beat faster?		30 or more	20 – 29	11 – 19	1 – 10	0	
Nutrition	3. **How many times a day** do you eat sweets, fatty foods, or sugared drinks?		0 – 1	2	3	4	5 or more	Nutrition Score
	4. **How many servings** of fruit and vegetables do you eat a day?		7 or more	5-6	3-4	1-2	0	
Tobacco Use	5. How often are you around others who are smoking?		Never/no exposure	Rarely	Monthly	Weekly	Daily	Tobacco Use Score
	6. How often do you use tobacco products of any kind?		Never	Rarely	Monthly	Weekly	Daily	
Alcohol	7. How many alcoholic drinks do you have in one week?	Male	0 – 14	15 – 28	29 – 42	43 -56	57 or more	Alcohol Score
		Female	0 -7	8 – 14	15 – 21	22 -29	30 or more	
	8. How many alcoholic drinks do you have in one day?	Male	0 – 2	3	4	5	6 or more	
		Female	0 – 1	2	3	4	5 or more	
How would you rate your physical health compared to other people your age?			Excellent	Very Good	Good	Fair	Poor	**Total Score**

Readiness Questions:

On a scale of 1-5, how much support would you receive from your family and friends if they knew you were trying to increase your physical activity and eat healthier?	1 No Support	2	3	4	5 Very much Support
On a scale of 1-5, how likely are you to consider small lifestyle changes to increase physical activity, eat healthier, and improve your health?	1 Not Ready to make a change	2	3	4 Ready to make a change	5
On a scale of 1-5, how much support would you like to receive from your physician should you choose to increase your physical activity and eat healthier?	1 No Support	2	3	4	5 Very much Support

MINNESOTA'S VISION A Better State of Health

Statewide Health Improvement Program | SHIP

For Office Use Only
Patient's Weight: _____
Patient's Height: _____
Patient's BMI: _____

Medical Staff Key

Lifestyle Risk Assessment Tool Key for Providers

	Score		0	1	2	3	4	For Office Use Only
Physical Activity	1. **How many days a week** do you exercise enough to make your heart beat faster?		5 or more	3-4	1-2	0	X	Physical Activity Score
	2. **How many minutes a day** do you exercise enough to make your heart beat faster?		30 or more	20 – 29	11 – 19	1 – 10	0	
Nutrition	3. **How many times a day** do you eat sweets, fatty foods, or sugared drinks?		0 – 1	2	3	4	5 or more	Nutrition Score
	4. **How many servings** of fruit and vegetables do you eat a day?		7 or more	5-6	3-4	1-2	0	
Tobacco Use	5. How often are you around others who are smoking?		Never/no exposure	Rarely	Monthly	Weekly	Daily	Tobacco Use Score
	6. How often do you use tobacco products of any kind?		Never	Rarely	Monthly	Weekly	Daily	
Alcohol	7. How many alcoholic drinks do you have in one week?	Male	0 – 14	15 – 28	29 – 42	43 -56	57 or more	Alcohol Score
		Female	0 -7	8 – 14	15 – 21	22 -29	30 or more	
	8. How many alcoholic drinks do you have in one day?	Male	0 – 2	3	4	5	6 or more	
		Female	0 – 1	2	3	4	5 or more	
How would you rate your physical health compared to other people your age?			Excellent	Very Good	Good	Fair	Poor	**Total Score**
Suggested Next Steps	**Congratulate on Healthful Behaviors**			• **Provide brief counseling and support** • **Identify and suggest community and/or clinical resources** • **Provide patient education materials**				

Blue cell = meeting the ICSI guidelines for lifestyle factor