

Online Supplementary Material

Goodyear-Smith F, Arroll B, Coupe N. Asking for help is helpful: validation of a brief lifestyle and mood assessment tool in primary health care. *Ann Fam Med*. 2009;7(3):239-244.

<http://www.annfammed.org/cgi/content/full/7/3/239/DC1>

Supplemental Appendix. Lifestyle Assessment Form

What we do and how we feel can sometimes affect our health. To help us assist you to reach and maintain a healthy and enjoyable lifestyle, please answer the following questions to the best of your ability.

PLEASE TICK THE ANSWER THAT IS NEAREST TO CORRECT FOR YOU

How many cigarettes do you smoke on average a day?

None Less than 1 a day 1-10 11-20 21-30 31 or more

Do you ever feel the need to cut down or stop your smoking? (Tick no if you do not smoke.)

No Yes →→

If yes to either or both of these 2 questions, do you want help with this?

No Yes, but not today Yes

Do you ever feel the need to cut down on your drinking alcohol?

(Tick no if you do not drink alcohol OR do not feel the need to cut down.)

No Yes

In the last year, have you ever drunk more alcohol than you meant to?

No Yes →→

If yes to either or both of these 2 questions, do you want help with this?

No Yes, but not today Yes

Do you ever feel the need to cut down on your nonprescription or recreational drug use?

(Tick no if you do not use other drugs OR do not feel the need to cut down.)

No Yes

In the last year, have you ever used nonprescription or recreational drugs more than you meant to?

No Yes →→

If yes to either or both of these 2 questions, do you want help with this?

No Yes, but not today Yes

Please turn over→

Online Supplementary Data

<http://www.annfammed.org/cgi/content/full/7/3/239/DC1>

Do you sometimes feel unhappy or worried after a session of gambling?

(Tick no if you do not gamble OR do not feel unhappy about gambling.)

No Yes

Does gambling sometimes cause you problems?

No Yes →→

If yes to either or both of these 2 questions, do you want help with this?

No Yes, but not today Yes

During the past month have you often been bothered by feeling down, depressed or hopeless?

No Yes

During the past month have you often been bothered by having little interest or pleasure in doing things?

No Yes →→

If yes to either or both of these 2 questions, do you want help with this?

No Yes, but not today Yes

During the past month have you been worrying a lot about everyday problems?

No Yes →→

If yes, do you want help with this?

No Yes, but not today Yes

What aspects of your life are causing you significant stress at the moment?

None Relationship Work Home life Money Health Study

Other (specify): _____

Is there anyone in your life of whom you are afraid or who hurts you in any way?

No Yes

Is there anyone in your life who controls you and prevents you doing what you want?

No Yes →→

If yes to either or both of these 2 questions, do you want help with this?

No Yes, but not today Yes

Is controlling your anger sometimes a problem for you?

No Yes →→

If yes, do you want help with this?

No Yes, but not today Yes

As a rule, do you do more than 30 minutes of moderate or vigorous exercise (such as walking or a sport) on 5 days of the week?

Yes No →→

If No, do you want help with this?

No Yes, but not today Yes