# P. SHIP Lifestyle Risk Screening Tool

<table>
<thead>
<tr>
<th>Score</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>How many days a week</strong> do you exercise enough to make your heart beat faster?</td>
<td>5 or more</td>
<td>3-4</td>
<td>1-2</td>
<td>0</td>
<td>X</td>
</tr>
<tr>
<td>2. <strong>How many minutes a day</strong> do you exercise enough to make your heart beat faster?</td>
<td>30 or more</td>
<td>20 – 29</td>
<td>11 – 19</td>
<td>1 – 10</td>
<td>0</td>
</tr>
<tr>
<td>3. <strong>How many times a day</strong> do you eat sweets, fatty foods, or sugared drinks?</td>
<td>0 – 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 or more</td>
</tr>
<tr>
<td>4. <strong>How many servings</strong> of fruit and vegetables do you eat a day?</td>
<td>7 or more</td>
<td>5-6</td>
<td>3-4</td>
<td>1-2</td>
<td>0</td>
</tr>
<tr>
<td>5. How often are you around others who are smoking?</td>
<td>Never/no exposure</td>
<td>Rarely</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
</tr>
<tr>
<td>7. How many alcoholic drinks do you have in one week?</td>
<td>Male</td>
<td>0 – 14</td>
<td>15 – 28</td>
<td>29 – 42</td>
<td>43 -56</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>0 -7</td>
<td>8 – 14</td>
<td>15 – 21</td>
<td>22 -29</td>
</tr>
<tr>
<td>8. How many alcoholic drinks do you have in one day?</td>
<td>Male</td>
<td>0 – 2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>0 – 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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How would you rate your physical health compared to other people your age? | Excellent | Very Good | Good | Fair | Poor |

## Readiness Questions:

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<tr>
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<th>1</th>
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<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>No Support</td>
<td>Very much Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>Not Ready to make a change</td>
<td>Ready to make a change</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>No Support</td>
<td>Very much Support</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Lifestyle Risk Assessment Tool Key for Providers

**For Office Use Only**

<table>
<thead>
<tr>
<th>Patient’s Weight:</th>
<th>Patient’s Height:</th>
<th>Patient’s BMI:</th>
</tr>
</thead>
</table>

## Lifestyle Risk Assessment Tool Key for Providers

<table>
<thead>
<tr>
<th>Score</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. <strong>How many days a week</strong> do you exercise enough to make your heart beat faster?</td>
<td>5 or more</td>
<td>3-4</td>
<td>1-2</td>
<td>0</td>
<td>X</td>
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<tr>
<td>2. <strong>How many minutes a day</strong> do you exercise enough to make your heart beat faster?</td>
<td>30 or more</td>
<td>20 – 29</td>
<td>11 – 19</td>
<td>1 – 10</td>
<td>0</td>
</tr>
</tbody>
</table>

| **Nutrition** | | | | | |
| --- | --- | --- | --- | --- |
| 3. **How many times a day** do you eat sweets, fatty foods, or sugared drinks? | 0 – 1 | 2 | 3 | 4 | 5 or more |
| 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 |

| **Alcohol** | | | | | |
| --- | --- | --- | --- | --- |
| 7. How many alcoholic drinks do you have in one week? | Male | 0 – 14 | 15 – 28 | 29 – 42 | 43 -56 | 57 or more |
| | 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 |

<table>
<thead>
<tr>
<th>How would you rate your physical health compared to other people your age?</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
</table>

## Suggested Next Steps

- 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*
R. Healthy Habits Survey

We are interested in your health and well-being. Please take a moment to answer the following questions.

Your name: ___________________________ Date of birth: ________________ Date: ________________

5

I eat fruits and vegetables 5 or more times a day.
I eat breakfast every day.
I limit snacks after dinner.
I limit fast food meals.

True False

2

I limit my screen time (TV and computer – not including work time) to 2 hours or less every day.

True False

1

I spend time being physically active (faster breathing, faster heart rate and/or sweating) at least 30-60 minutes five times per week.

True False

0

I drink skim/nonfat milk or 1% milk, rather than 2% or whole milk.
I seldom drink juice, soda or punch.

True False

1. On a scale of 1 (not important) to 5 (very important), how important is it to you to make a change in your eating or activity habits? (Please circle the number that best represents how important it is to you.)

1 – 2 – 3 – 4 – 5

2. On a scale of 1 (not confident) to 5 (very confident), how confident are you that you can make a change in your eating or activity habits? (Please circle the number that best represents how confident you are.)

1 – 2 – 3 – 4 – 5

3. On a scale of 1 (not ready) to 5 (already changing), how ready are you to consider making a change in your eating or activity habits? (Please circle the number that best represents how ready you are.)

1 – 2 – 3 – 4 – 5

4. Do you know your body mass index (BMI) number?

Yes No

Based on your answers to the questions above, check one or more of the following that you would like to do:

☐ Eat _____ fruits and _____ vegetables daily
☐ Drink ___ glass(es) of soda/juice/punch daily
☐ Drink skim or low-fat milk daily
☐ Drink _____ glasses of water daily
☐ Eat breakfast daily
☐ Limit fast food meals to _____ per week
☐ Spend _____ hours watching TV daily
☐ Spend ___ hours on the computer daily
☐ Wear a pedometer and walk 10,000 steps/day
☐ Put more activity into my daily routine (i.e. take the stairs instead of the elevator, walk or bike to work or on errands, etc.)
☐ Take a walk for ___ min ____ days/week
☐ ____________ for _____ min _____ days/week

My personal health goal is to:

Signature: ___________________________________________ Nurse Signature: _______________________

Adapted by the Foundation for Healthy Communities from the Maine Center for Public Health Keep ME Healthy Project and High Five for Kids in Massachusetts.
Know your BMI

Underweight: BMI < 18
Normal Weight: BMI 18.5 - 24.9
Overweight: BMI 25.0 - 29.9
Obese: BMI >=30.0

*National Heart Lung and Blood Institute, NIH guidelines

Set achievable goals, and get started TODAY!

Your Body Mass Index (BMI)

Body Mass Index (BMI) is a combined measure of weight and height used to understand weight-related health risks.

BMI and health risks

People with BMIs indicating they are overweight or obese are at increased risk of:

- Diabetes
- Heart disease and stroke
- Metabolic syndrome
- Cancer
- Sleep apnea
- Arthritis
- Gallbladder disease
- Liver disease
- Pregnancy complications

Optimal health goals

- Eat 5 servings of fruits and veggies a day
- Exercise 5+ days per week

Small steps make a BIG difference!

- Take the stairs
- Play with your kids
- Use smaller plates, and pay attention to portion sizes
- Park further away
- Eat more of your favorite fruits and veggies
- Walk 10 minutes per day
- Get off one bus stop earlier and walk
- Partner with a friend and support each other
- Keep an eating and activity log

Creating a Healthier Minneapolis

healthy eating + physical activity + smoke-free living

Minneapolis Department of Health and Family Support (MDHFS)
250 S. 4th St., Rm. 510, Minneapolis, MN 55415-1384 | www.ci.minneapolis.mn.us/dhfs
[Name of your agency]

INTERVENTION:

PROBLEM/SITUATION
[Describe the issue/problem that you hope to address by implementing the intervention]

Aim
[Insert your aim statement here]

Process Measures
• [list your process measures here]

KEY ACTION STEPS
1. [list the key action steps that you will implement to achieve your aim]

ANALYSIS
[Describe what worked well and what didn't, changes that you made along the way, things that you might do differently next time]

RESULTS/OUTCOMES
[Indicate whether or not you achieved your aim and your measures. Describe your results]

Outcome Measure
[Insert your outcome measure here]

LESSONS LEARNED
[describe 2-3 key lessons that you learned through this OI process]
PDSA Worksheet

**Plan:** What is the objective of this improvement cycle? (Why are we doing it?)

____________________________________________________________________________________

Questions (what are the questions that we want this cycle to answer):

____________________________________________________________________________________

____________________________________________________________________________________

Predictions (what do we expect to happen):

____________________________________________________________________________________

Plan for change: (who, what, when, where)

•

•

•

Plan for collection of data: (who, what, when, where):

•

•

•

**Do:** Carry out the plan. Adjust the plan if necessary. Record any adjustments to the plan.

____________________________________________________________________________________

**Study:** How did or didn’t the results of this cycle agree with the predictions that were made earlier?

____________________________________________________________________________________

List the new knowledge gained by this cycle:

____________________________________________________________________________________

**Act:** List actions taken as a result of this cycle. Implement the new process if results were positive. Adjust the process and begin PDSA again if results were not as desired.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
PLAN
■ Define the objectives of the PDSA cycle
■ Identify questions that will be answered
■ Make predictions about the outcomes
■ Include all the details (who, what, when, where)
■ Define the data to be collected

DO
■ Implement the action
■ Document problems
■ Record observations

STUDY
■ Analyze the data
■ Compare the data to your predictions
■ Summarize findings
■ Move to implementation or return to the planning phase

ACT
■ Implement the process or change
■ Think about the next cycle

PDSA Resources:
Michigan’s Quality Improvement Guidebook
http://accreditation.localhealth.net/MLC-2%20website/Michigans_QI_Guidebook.pdf

Institute for Healthcare Improvement
http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/testingchanges.htm

American Society for Quality
http://www.asq.org/learn-about-quality/project-planning-tools/overview/pdca-cycle.html
<table>
<thead>
<tr>
<th>PLAN</th>
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<tbody>
<tr>
<td>Agency:</td>
<td></td>
</tr>
<tr>
<td>Aim:</td>
<td></td>
</tr>
<tr>
<td>Measures: (Include both process and outcome measures.)</td>
<td></td>
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<tr>
<td>Team Members:</td>
<td></td>
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<tr>
<th>Month / Year:</th>
<th>Reported by:</th>
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</table>

Please summarize the key action steps you have taken in the past month. | Describe the results of your action steps and what you learned from the process. |
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<tbody>
<tr>
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<td>4.</td>
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<td>5.</td>
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</tr>
</tbody>
</table>

CHECK

ACT

What advice or assistance do you need from MDH, its partners, or the other project teams?  

What are you proud of achieving?
Quality Improvement tools used:

- Activity Network Diagram
- Affinity Diagram
- Brainstorming
- Fishbone Diagram
- Check Sheet
- Radar Chart
- Flowchart
- Force Field Analysis
- Interrelationship Digraph
- Matrix Diagram
- Nominal Group Technique
- Pareto Chart
- Prioritization Matrix
- Run Chart
- Tree Diagram

Other: 

<table>
<thead>
<tr>
<th>Description</th>
<th>Why is this important?</th>
</tr>
</thead>
</table>
| Report completed each month by lead of each team. | • Helps you monitor your progress  
• Helps us know how to support you and your QI project  
• Enables us to monitor QI developments and learning statewide  
• Provides an opportunity for you to share success and challenges  
• Allows us to track accomplishments for reporting to our funders |

To complete the form:
1. Save the form on your computer
2. Fill in the form by using the tab key to navigate through the form and complete the fields
3. Send the completed form and copies of your tools to your Public Health Nurse Consultant and Kim McCoy (kim.mccoy@state.mn.us)
4. If you are not able to e-mail, fax the documents to 651-201-3881.

Guidelines

- You are not expected to complete every field. Just report on what you have done.
- There are lots of QI tools for you to try. We encourage you to try as many as possible. You are not expected to use them all or to be an expert at any!
- It is not necessary to submit electronic copies of all the tools that you use – you may make hard copies and fax them. However, please let us know if you would like help doing them electronically.
- Try these QI resources for more information:
  

Questions about the Monthly Report? Contact Kim McCoy: (651) 201-3877 or kim.mccoy@state.mn.us.