

## P. SHIP Lifestyle Risk Screening Tool

Score			0	1	2	3	4	For Office Use Only
Physical Activity	1. <b>How many days a week</b> do you exercise enough to make your heart beat faster?		5 or more	3-4	1-2	0	X	Physical Activity Score
	2. <b>How many minutes a day</b> do you exercise enough to make your heart beat faster?		30 or more	20 – 29	11 – 19	1 – 10	0	
Nutrition	3. <b>How many times a day</b> do you eat sweets, fatty foods, or sugared drinks?		0 – 1	2	3	4	5 or more	Nutrition Score
	4. <b>How many servings</b> 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 Very much Support	5
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 Very much Support	5

**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. <b>How many days a week</b> do you exercise enough to make your heart beat faster?		5 or more	3-4	1-2	0	X	Physical Activity Score
	2. <b>How many minutes a day</b> do you exercise enough to make your heart beat faster?		30 or more	20 – 29	11 – 19	1 – 10	0	
Nutrition	3. <b>How many times a day</b> do you eat sweets, fatty foods, or sugared drinks?		0 – 1	2	3	4	5 or more	Nutrition Score
	4. <b>How many servings</b> 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
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	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			<ul style="list-style-type: none"><li>• Provide brief counseling and support</li><li>• Identify and suggest community and/or clinical resources</li><li>• Provide patient education materials</li></ul>			

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: \_\_\_\_\_

		True	False
5	I eat fruits and vegetables 5 or more times a day.	<input type="checkbox"/>	<input type="checkbox"/>
	I eat breakfast every day.	<input type="checkbox"/>	<input type="checkbox"/>
	I limit snacks after dinner.	<input type="checkbox"/>	<input type="checkbox"/>
	I limit fast food meals.	<input type="checkbox"/>	<input type="checkbox"/>
2	I limit my screen time (TV and computer – not including work time) to 2 hours or less every day.	<input type="checkbox"/>	<input type="checkbox"/>
1	I spend time being physically active (faster breathing, faster heart rate and/or sweating) at least 30-60 minutes five times per week.	<input type="checkbox"/>	<input type="checkbox"/>
0	I drink skim/nonfat milk or 1% milk, rather than 2% or whole milk.	<input type="checkbox"/>	<input type="checkbox"/>
	I seldom drink juice, soda or punch.	<input type="checkbox"/>	<input type="checkbox"/>

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

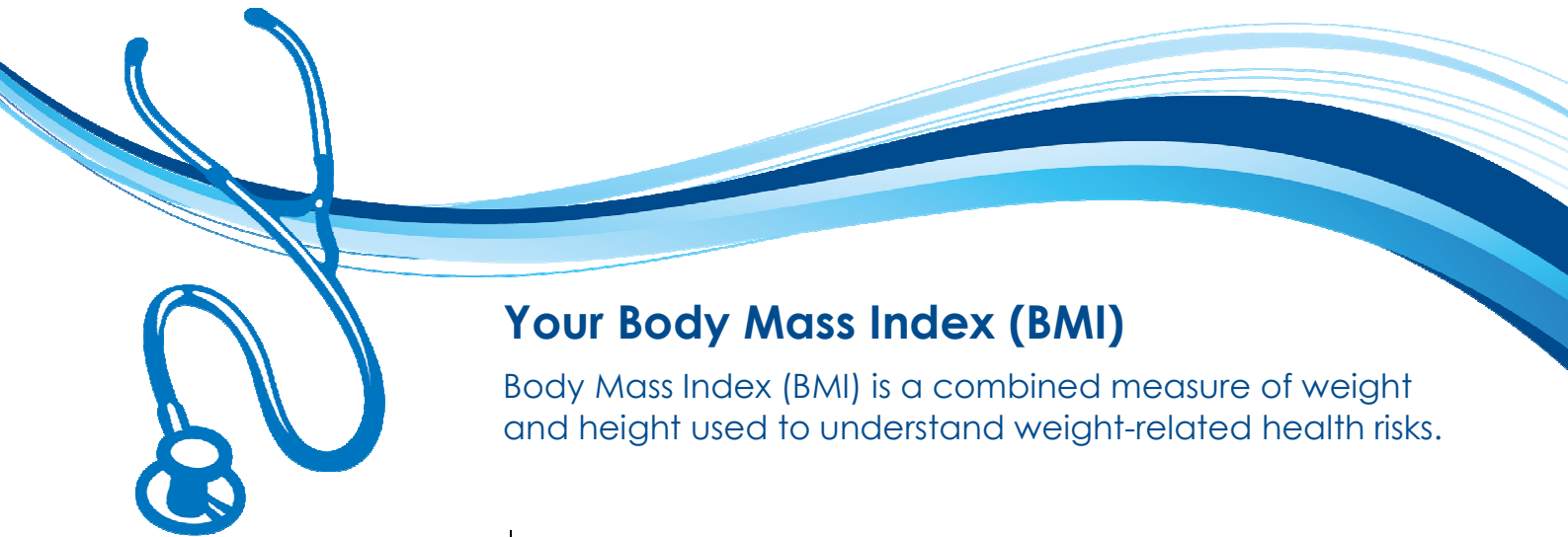
4. Do you know your body mass index (BMI) number? ☐ Yes ☐ No

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

- |   |   |
|---|---|
| <input type="checkbox"/> Eat ____ fruits and ____ vegetables daily      | <input type="checkbox"/> Spend ____ hours on the computer daily   |
| <input type="checkbox"/> Drink ____ glass(es) of soda/juice/punch daily | <input type="checkbox"/> Wear a pedometer and walk 10,000 steps/day   |
| <input type="checkbox"/> Drink skim or low-fat milk daily               | <input type="checkbox"/> 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.) |
| <input type="checkbox"/> Drink ____ glasses of water daily              | <input type="checkbox"/> Take a walk for ____ min ____ days/week  |
| <input type="checkbox"/> Eat breakfast daily                            | <input type="checkbox"/> _____ for ____ min ____ days/week  |
| <input type="checkbox"/> Limit fast food meals to ____ per week         |   |
| <input type="checkbox"/> Spend ____ hours watching TV daily             |   |

My personal health goal is to:

Signature: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_



## Your Body Mass Index (BMI)

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

### Know your BMI

**Underweight:** BMI < 18

**Normal Weight:** BMI 18.5 - 24.9

**Overweight:** BMI 25.0 - 29.9

**Obese:** BMI  $\geq 30.0$

\*National Heart Lung and Blood Institute, NIH guidelines

Set achievable  
goals, and get  
started TODAY!



This Minneapolis Department of Health and Family Support program is funded through the Minnesota Department of Health's Statewide Health Improvement Program.

### 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

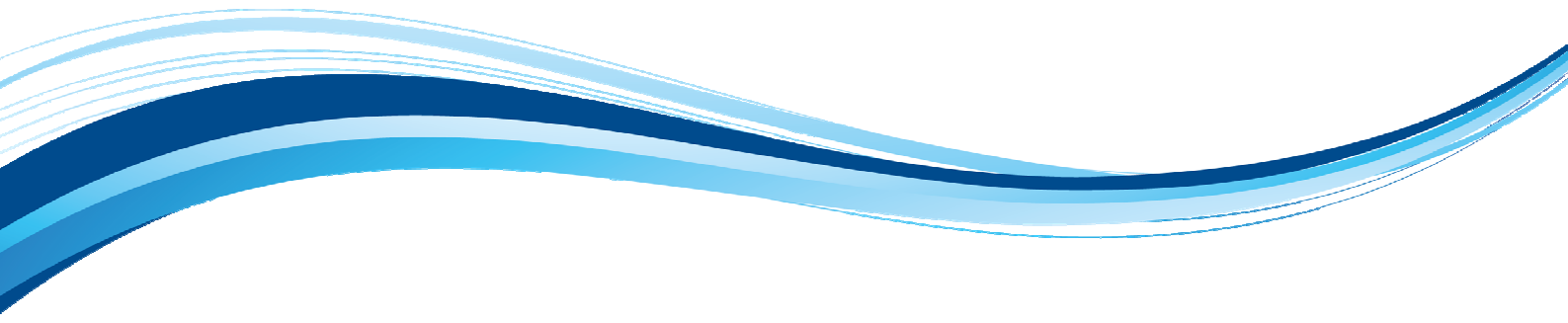
- Eat 5 servings of fruits and veggies a day
- Exercise 5+ days per week

### 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](http://www.ci.minneapolis.mn.us/dhfs)



If you need this material in an alternative format please call Minneapolis Department of Health and Family Support at 612-673-2301 or email [health.familysupport@ci.minneapolis.mn.us](mailto:health.familysupport@ci.minneapolis.mn.us). Deaf and hard-of-hearing persons may use a relay service to call 311 agents at 612-673-3000. TTY users may call 612-673-2157 or 612-673-2626.

Attention: If you have any questions regarding this material please call Minneapolis Department of Health and Family Support 612-673-2301. Hmong - Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu 612-673-2800; Spanish - Atención. Si desea recibir asistencia gratuita para traducir esta información, llama 612-673-2700; Somali - Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la' aan wac 612-673-3500

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**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](http://www.ci.minneapolis.mn.us/dhfs)

**[Name of your agency]**

**INTERVENTION:**

Agency  
logo here

**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]

**Outcome Measure**

[insert your outcome measure 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.]

**LESSONS LEARNED**

[describe 2-3 key lessons that you learned through this QI process]

# PDSA Worksheet

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

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

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Predictions (what do we expect to happen):

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---

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.

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

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List the new knowledge gained by this cycle:

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**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.

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**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](http://accreditation.localhealth.net/MLC-2%20website/Michigans_QI_Guidebook.pdf)

Institute for Healthcare Improvement

<http://www.ihl.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>



**MN Public Health Collaborative for Quality Improvement  
Obesity and Tobacco Use (SHIP)  
Monthly Report Form**

<b>PLAN</b>	<b>Agency:</b>			
	<b>Aim:</b>			
	<b>Measures:</b> (Include both process and outcome measures.)			
	<b>Team Members:</b>			
	<b>Month / Year:</b>		<b>Reported by:</b>	

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.	
<b>DO</b>	1.			<b>CHECK</b>
	2.			
	3.			
	4.			
	5.			
<b>ACT</b>				

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	<input type="checkbox"/>	Interrelationship Digraph	<input type="checkbox"/>
Affinity Diagram	<input type="checkbox"/>	Matrix Diagram	<input type="checkbox"/>
Brainstorming	<input type="checkbox"/>	Nominal Group Technique	<input type="checkbox"/>
Fishbone Diagram	<input type="checkbox"/>	Pareto Chart	<input type="checkbox"/>
Check Sheet	<input type="checkbox"/>	Prioritization Matrix	<input type="checkbox"/>
Radar Chart	<input type="checkbox"/>	Run Chart	<input type="checkbox"/>
Flowchart	<input type="checkbox"/>	Tree Diagram	<input type="checkbox"/>
Force Field Analysis	<input type="checkbox"/>		

Other: \_\_\_\_\_

Description	Why is this important?
<p>Report completed each month by lead of each team.</p> <p>To complete the form:</p> <ol style="list-style-type: none"> <li>1. Save the form on your computer</li> <li>2. Fill in the form by using the tab key to navigate through the form and complete the fields</li> <li>3. Send the completed form and copies of your tools to your Public Health Nurse Consultant <u>and</u> Kim McCoy (<a href="mailto:kim.mccoy@state.mn.us">kim.mccoy@state.mn.us</a>)</li> <li>4. If you are not able to e-mail, fax the documents to 651-201-3881.</li> </ol>	<ul style="list-style-type: none"> <li>• Helps you monitor your progress</li> <li>• Helps us know how to support you and your QI project</li> <li>• Enables us to monitor QI developments and learning statewide</li> <li>• Provides an opportunity for you to share success and challenges</li> <li>• Allows us to track accomplishments for reporting to our funders</li> </ul>
<p><b>Guidelines</b></p> <ul style="list-style-type: none"> <li>◆ You are not expected to complete every field. Just report on what you have done.</li> <li>◆ 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!</li> <li>◆ It is not necessary to submit electronic copies of the 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.</li> <li>◆ Try these QI resources for more information:</li> </ul> <p>Public Health Foundation -  <a href="http://www.phf.org/infrastructure/phfpage.php?page_id=55&amp;pp_id=52">http://www.phf.org/infrastructure/phfpage.php?page_id=55&amp;pp_id=52</a></p> <p>American Society for Quality  <a href="http://www.asq.org/new-to-quality/index.html">http://www.asq.org/new-to-quality/index.html</a></p> <p>Michigan's Quality Improvement Guidebook  <a href="http://www accreditation.localhealth.net/index.htm">http://www accreditation.localhealth.net/index.htm</a></p>	

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