# **AlfredHealth**

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## **OBESITY MULTIDISCIPLINARY MANAGEMENT CLINIC - ASSESSMENTS**

Last name*			First name/s*			
Date of birth*			Sex	☐ Female	□ Male	□ Other
Date question	naires completed				*mand	atory fields
Return completed questionnaire to:		F 03 9076	6938 E <u>on</u>	nmc@alfred.	org.au	
Enquires:	T 03 9076 2025	(Save questionnaire to your computer to complete electronically)		cally)		

## **EPWORTH SLEEPINESS SCALE (ESS)**

The following questionnaire will help you measure your general level of daytime sleepiness. You are to rate the chance that you would *doze off or fall asleep* during different routine daytime situations.

Answers to the questions are rated on a reliable scale called the Epworth Sleepiness Scale (ESS).

Each item is rated from 0 to 3: with 0 meaning you would never *doze or fall asleep* in a given situation; and 3 meaning that there is a very high chance that you would *doze or fall asleep* in that situation.

How likely are you to *doze off or fall asleep* in the following situations, in contrast to just feeling tired? Even if you haven't done some of the activities recently, think about how they would have affected you.

Use this scale to choose the most appropriate number for each situation:

0 = would never doze

1 = slight chance of dozing

2 = moderate chance of dozing

3 = high chance of dozing

It is important that you **enter a number** (0 to 3) for EACH situation.

### **SITUATION**

### **CHANCE OF DOZING**

Sitting and Reading	0	1	2	3	
Watching Television	0	1	2	3	
Sitting inactive in a public place (theatre/meeting)	0	1	2	3	
As a passenger in a car for an hour without a break	0	1	2	3	
Lying down to rest in the afternoon	0	1	2	3	
Sitting and talking to someone	0	1	2	3	
Sitting quietly after lunch (with no alcohol)	0	1	2	3	
In a car, while stopped in traffic		1	2	3	
	TOTAL SCORE				

Dr Johns owns the copyright to the ESS (Copyright © M.W.Johns 1990-1997)

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OBESITY	MULTIDISCIPLINARY MANAGE	MENT CLINIC	- ASSESSMENTS	
_ast name*		First name/s*		

## **OVERALL HEALTH STATUS (EQ-5D-5L)**

Under each heading, tick ONE box that best described your health TODAY

☐ I have no problems with walking around           ☐ I have slight problems with walking around           ☐ I have moderate problems with walking around           ☐ I have severe problems with walking around           ☐ I am unable to walk around           SELF CARE           ☐ I have no problems with washing or dressing myself           ☐ I have slight problems with washing or dressing myself           ☐ I have moderate problems with washing or dressing myself           ☐ I have severe problems with washing or dressing myself           ☐ I have severe problems with washing or dressing myself           ☐ I have severe problems with washing or dressing myself           ☐ I have noble to wash or dress myself           USUAL ACTIVITIES (eg, work, study, housework, family or leisure activities)           ☐ I have no problems doing my usual activities           ☐ I have slight problems doing my usual activities           ☐ I have moderate problems doing my usual activities           ☐ I have no pain or discomfort           ☐ I have no pain or discomfort           ☐ I have slight pain or discomfort           ☐ I have severe pain or discomfort           ☐ I have extreme pain or discomfort           ☐ I am not anxious or depressed           ☐ I am moderately anxious or depressed           ☐ I am extremely anxious or depressed	MOB	LITY
☐ I have moderate problems with walking around           ☐ I have severe problems with walking around           ☐ I am unable to walk around           SELF CARE           ☐ I have no problems with washing or dressing myself           ☐ I have slight problems with washing or dressing myself           ☐ I have moderate problems with washing or dressing myself           ☐ I have severe problems with washing or dressing myself           ☐ I am unable to wash or dress myself           USUAL ACTIVITIES (eg. work, study, housework, family or leisure activities)           ☐ I have no problems doing my usual activities           ☐ I have slight problems doing my usual activities           ☐ I have moderate problems doing my usual activities           ☐ I have severe problems doing my usual activities           ☐ I have no pain or discomfort           ☐ I have no pain or discomfort           ☐ I have moderate pain or discomfort           ☐ I have extreme pain or discomfort           ☐ I have extreme pain or discomfort           ☐ I have extreme pain or discomfort           ☐ I am not anxious or depressed           ☐ I am moderately anxious or depressed           ☐ I am severely anxious or depressed           ☐ I am severely anxious or depressed		I have no problems with walking around
□ I have severe problems with walking around           □ I am unable to walk around           SELF CARE           □ I have no problems with washing or dressing myself           □ I have slight problems with washing or dressing myself           □ I have moderate problems with washing or dressing myself           □ I have severe problems with washing or dressing myself           □ I am unable to wash or dress myself           USUAL ACTIVITIES (eg, work, study, housework, family or leisure activities)           □ I have no problems doing my usual activities           □ I have moderate problems doing my usual activities           □ I have moderate problems doing my usual activities           □ I have severe problems doing my usual activities           □ I have no pain or discomfort           □ I have no pain or discomfort           □ I have moderate pain or discomfort           □ I have severe pain or discomfort           □ I have extreme pain or discomfort           □ I have extreme pain or discomfort           □ I have a lightly anxious or depressed           □ I am moderately anxious or depressed           □ I am severely anxious or depressed		I have slight problems with walking around
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SELF CARE  I have no problems with washing or dressing myself  I have slight problems with washing or dressing myself  I have moderate problems with washing or dressing myself  I have severe problems with washing or dressing myself  I have severe problems with washing or dressing myself  I am unable to wash or dress myself  USUAL ACTIVITIES (eg, work, study, housework, family or leisure activities)  I have no problems doing my usual activities  I have slight problems doing my usual activities  I have moderate problems doing my usual activities  I have severe problems doing my usual activities  I am unable to do my usual activities  PAIN / DISCOMFORT  I have no pain or discomfort  I have moderate pain or discomfort  I have moderate pain or discomfort  I have extreme pain or discomfort  I have extreme pain or discomfort  ANXIETY / DEPRESSION  I am not anxious or depressed  I am slightly anxious or depressed  I am severely anxious or depressed		I have severe problems with walking around
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□ I have severe problems with washing or dressing myself         □ I am unable to wash or dress myself         USUAL ACTIVITIES (eg. work, study, housework, family or leisure activities)         □ I have no problems doing my usual activities         □ I have slight problems doing my usual activities         □ I have moderate problems doing my usual activities         □ I have severe problems doing my usual activities         PAIN / DISCOMFORT         □ I have no pain or discomfort         □ I have slight pain or discomfort         □ I have moderate pain or discomfort         □ I have extreme pain or discomfort         □ I have extreme pain or discomfort         □ ANXIETY / DEPRESSION         □ I am not anxious or depressed         □ I am slightly anxious or depressed         □ I am severely anxious or depressed         □ I am severely anxious or depressed		I have slight problems with washing or dressing myself
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USUAL ACTIVITIES (eg, work, study, housework, family or leisure activities)  I have no problems doing my usual activities  I have slight problems doing my usual activities  I have moderate problems doing my usual activities  I have severe problems doing my usual activities  I am unable to do my usual activities  PAIN / DISCOMFORT  I have no pain or discomfort  I have slight pain or discomfort  I have moderate pain or discomfort  I have severe pain or discomfort  I have extreme pain or discomfort  ANXIETY / DEPRESSION  I am not anxious or depressed  I am slightly anxious or depressed  I am severely anxious or depressed		I have severe problems with washing or dressing myself
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☐ I have moderate problems doing my usual activities ☐ I have severe problems doing my usual activities ☐ I am unable to do my usual activities PAIN / DISCOMFORT ☐ I have no pain or discomfort ☐ I have slight pain or discomfort ☐ I have moderate pain or discomfort ☐ I have severe pain or discomfort ☐ I have extreme pain or discomfort ☐ I have extreme pain or discomfort ANXIETY / DEPRESSION ☐ I am not anxious or depressed ☐ I am slightly anxious or depressed ☐ I am severely anxious or depressed ☐ I am severely anxious or depressed ☐ I am severely anxious or depressed		I have no problems doing my usual activities
☐ I have severe problems doing my usual activities   ☐ I am unable to do my usual activities   PAIN / DISCOMFORT   ☐ I have no pain or discomfort   ☐ I have slight pain or discomfort   ☐ I have moderate pain or discomfort   ☐ I have severe pain or discomfort   ☐ I have extreme pain or discomfort   ANXIETY / DEPRESSION   ☐ I am not anxious or depressed   ☐ I am slightly anxious or depressed   ☐ I am moderately anxious or depressed   ☐ I am severely anxious or depressed		I have slight problems doing my usual activities
□ I am unable to do my usual activities  PAIN / DISCOMFORT □ I have no pain or discomfort □ I have slight pain or discomfort □ I have moderate pain or discomfort □ I have severe pain or discomfort □ I have extreme pain or discomfort  ANXIETY / DEPRESSION □ I am not anxious or depressed □ I am slightly anxious or depressed □ I am moderately anxious or depressed □ I am severely anxious or depressed		I have moderate problems doing my usual activities
PAIN / DISCOMFORT  I have no pain or discomfort  I have slight pain or discomfort  I have moderate pain or discomfort  I have severe pain or discomfort  I have extreme pain or discomfort  ANXIETY / DEPRESSION  I am not anxious or depressed  I am slightly anxious or depressed  I am moderately anxious or depressed  I am severely anxious or depressed		I have severe problems doing my usual activities
☐ I have no pain or discomfort   ☐ I have slight pain or discomfort   ☐ I have moderate pain or discomfort   ☐ I have severe pain or discomfort   ☐ I have extreme pain or discomfort   ANXIETY / DEPRESSION   ☐ I am not anxious or depressed   ☐ I am slightly anxious or depressed   ☐ I am moderately anxious or depressed   ☐ I am severely anxious or depressed		I am unable to do my usual activities
☐ I have slight pain or discomfort   ☐ I have moderate pain or discomfort   ☐ I have severe pain or discomfort   ☐ I have extreme pain or discomfort    ANXIETY / DEPRESSION  ☐ I am not anxious or depressed  ☐ I am slightly anxious or depressed  ☐ I am moderately anxious or depressed  ☐ I am severely anxious or depressed  ☐ I am severely anxious or depressed	PAIN	/ DISCOMFORT
☐ I have moderate pain or discomfort ☐ I have severe pain or discomfort ☐ I have extreme pain or discomfort  ANXIETY / DEPRESSION ☐ I am not anxious or depressed ☐ I am slightly anxious or depressed ☐ I am moderately anxious or depressed ☐ I am severely anxious or depressed		I have no pain or discomfort
☐ I have severe pain or discomfort ☐ I have extreme pain or discomfort  ANXIETY / DEPRESSION ☐ I am not anxious or depressed ☐ I am slightly anxious or depressed ☐ I am moderately anxious or depressed ☐ I am severely anxious or depressed		I have slight pain or discomfort
☐ I have extreme pain or discomfort  ANXIETY / DEPRESSION  ☐ I am not anxious or depressed ☐ I am slightly anxious or depressed ☐ I am moderately anxious or depressed ☐ I am severely anxious or depressed		I have moderate pain or discomfort
ANXIETY / DEPRESSION  I am not anxious or depressed I am slightly anxious or depressed I am moderately anxious or depressed I am severely anxious or depressed		I have severe pain or discomfort
☐ I am not anxious or depressed ☐ I am slightly anxious or depressed ☐ I am moderately anxious or depressed ☐ I am severely anxious or depressed		I have extreme pain or discomfort
☐ I am slightly anxious or depressed ☐ I am moderately anxious or depressed ☐ I am severely anxious or depressed	ANXI	ETY / DEPRESSION
☐ I am moderately anxious or depressed ☐ I am severely anxious or depressed		I am not anxious or depressed
☐ I am severely anxious or depressed		I am slightly anxious or depressed
		I am moderately anxious or depressed
☐ I am extremely anxious or depressed		I am severely anxious or depressed
		I am extremely anxious or depressed

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## **OBESITY MULTIDISCIPLINARY MANAGEMENT CLINIC - ASSESSMENTS**

Last name*	First name/s*	

## **OVERALL HEALTH STATUS (EQ-5D-5L) Continued**

The best health We would like to know how good or bad your health is TODAY. you can imagine 100 This scale is numbered from 0 to 100. 95 100 means the best health you can imagine. 0 means the worst health you can imagine. 90 Mark an X on the scale to indicate how your health is 85 TODAY. (if possible) 80 Now, please write the number you marked on the scale in the box below. 75 70 YOUR HEALTH TODAY = (Enter number score from ruler scale) 65 60 55 50 45 40 35 30 25 20 15 10 5 The worst health you can imagine

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☐ Alfred	□ Sandringham	☐ Caulfield

## **OBESITY MULTIDISCIPLINARY MANAGEMENT CLINIC - ASSESSMENTS**

Last name*	First name/s*	

## SELF-EFFICACY FOR MANAGING CHRONIC DISEASE (SEMCD)

For each of the following questions, <u>enter the number</u> that corresponds with your **confidence** that you can do the tasks regularly at the present time.

How confident are you that you can ....

enter the number

		enter the number												
1	How confident are you that you can keep the fatigue caused by your disease from interfering with the things you want to do?	not at all confident		1 2	1	1	5	- 6	   7	8	9	10	totally confident	
2	How confident are you that you can keep the physical discomfort or pain of your disease from interfering with the things	not at all	_	_		_	_	_	_	_		_	totally	
	you want to do?	confident	1	ż	3	4	5	6	Ż	8	9	10	confident	
3	How confident are you that you can keep the emotional distress caused by your disease from interfering with the things you want to do?													
		not at all confident	1	2	3	4	5	6	7	8	9	10	totally confident	
4	How confident are you that you can keep any other symptoms or health problems you have from interfering with the things you want to do?													
		not at all confident	1	2	3	4	5	6	7	8	9	10	totally confident	
5	How confident are you that you can do the different tasks and activities need to manage your health condition so as to reduce your need to see a doctor?													
		not at all confident	1	2	3	4	5	6	7	8	9	10	totally confident	
6	How confident are you that you can do things other than just taking medication to reduce how much your illness affects your everyday life?													
		not at all confident	1	2	3	4	5	6	7	8	9	10	totally confident	

Self-Efficacy for Managing Chronic Diseases 6-item Scale References Lorig, K.R., Sobel, D.S., Ritter, P.L., Laurent, D., Hobbs, M. (2001). Effect of a self management program for patients with chronic disease. Effective Clinical Practice, 4, 256-262

To optimize your care, we will ask you to complete these health assessment questionnaires for your initial appointment, as well as at the 6-month and 12-month milestones.

Thank you for taking the time to complete these questionnaires.