

WELLBEING CHECK

Lifestyle Audit Survey

APPOINTMENT DETAILS

Date:

Time:

Organisation:

Client name:

Job title:

DOB:

Consultant:

ASSESSMENT TOOLS AND CLIENT DOCUMENTATION

Tool

COMPLETE

DASS21

AUDIT

PCL5

Client completed Information Form

Discussed confidentiality and limitations
and provided privacy information

Discussed the service provided

SURVEY QUESTIONS

Note: This is a semi-structured interview to allow the client to speak about what is most relevant. Some questions are comprehensive and can be detailed to allow the client to speak openly. We aim to move towards where the client's greatest need sits in terms of ongoing support, care and coping.

WORK

Tell me about your work role (include PT; FT; Casual; Contract etc)

How long have you been with the organisation?

What are your hours of work?

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How long have you been in your current role?

What do you like about your role?

What do you find challenging about your role?

How would you rate your work/life balance?

1	2	3	4	5	6	7	8	9	10
No Problem									Problematic

Who are your workplace supports? (eg: colleagues; peers; HR; Manger)

Have you experienced any significant events in the workplace? (explore: colleagues stood down; redundancy; death/illness of a colleague; changes in management; critical incident)

How do you manage conflict in the workplace? (explore coping style: withdrawal; negative behaviour; speak to HR or management)

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FAMILY

Tell me about your family? (eg: relationship status; relationship breakup; may include significance of pets. If breakdown, include reason; how long ago)

How would you rate your relationship with your partner?

1	2	3	4	5	6	7	8	9	10
No Problem					Problematic				

Who do you live with?

Genogram

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Do you have any children? (eg: names; ages)

If relationship breakdown, how are you managing your relationship with your ex-partner?

How do you both manage the children and problems that arise? (explore if they would like the relationship to improve)

Are there any financial stressors? (If yes: explore overspending, debt, problem gambling etc)

How do you get along with your extended family? (eg: in-laws; parents, grandparents. Explore contact, frequency, satisfaction)

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Physical Health

Do you currently have any health concerns? (eg: what; how is it managed; time of diagnosis etc)

Are you on any medication? (what; dosage; length taking)

When was the last time you saw a doctor and what did you see them for? (explore routine health checks)

Have you ever had any serious health concerns?

Do you smoke tobacco? (eg: how much, frequency; does it increase when you are stressed)

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How much coffee/tea do you drink? (eg: how much, frequency; does it increase with stress)

Do you drink alcohol? (eg: drink of choice; how much; frequency; alcohol free nights; does it increase with stress; results of AUDIT)

How do you rate your drinking behaviour? (explore insight into drinking behaviour)

1	2	3	4	5	6	7	8	9	10
No Problem								Problematic	

Do you use any recreational drugs? (eg: drug/s of choice; how much; frequency; does it increase with stress; do they want to reduce their consumption)

How do you rate your drug taking behaviour? (explore insight into drug taking behaviour)

1	2	3	4	5	6	7	8	9	10
No Problem								Problematic	

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Any over the counter medications? (eg: what; how much; frequency; does it increase with stress; do they want to reduce their consumption)

How do you rate your drug taking behaviour? (explore insight into drug taking behaviour)

1	2	3	4	5	6	7	8	9	10
No Problem									Problematic

How is your sleep? (eg: patterns; time to bed; sleep disturbance; quality; do they snore)

How do you rate your sleep and its quality?

1	2	3	4	5	6	7	8	9	10
No Problem									Problematic

Do you have any weight concerns? (eg: lost or gained weight; over what period of time)

Do you exercise? (eg: when; what; frequency)

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Mental Health

Are you currently or have you in the past ever been diagnosed with a mental health concern? (eg: sleep; appetite; social supports; motivation; concentration; withdrawal)

Are you on any medications? (eg: what; Dosage; length taking)

Has anyone in your family ever been diagnosed with a mental health concern?

Do you currently, or have you ever in the past experienced any suicidal ideation? e.g

Cognitions
Plan
Intent
Severity
History
Protective factors

Have you ever seen a Counsellor, Psychologist or Psychiatrist? (eg: what for; who; when; length of treatment)

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Did you find the professional's helpful? (eg: strategies, self-care)

Mastery

How do you relax?

Do you have good social support?

What do you like to do in your spare time? (eg; hobbies; interests; social)

What do you do on your days off?

Is there anything else you would like to tell me?

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SCREENING INSTRUMENTS

DASS21 results (Include individual scores for depression, anxiety and stress. Feedback in context with interview - identify any areas of concern)

	Score
Depression	
Anxiety	
Stress	

Comments:

AUDIT results (Include score from AUDIT. Feedback of AUDIT in context with interview (identify any areas of concern))

	Score
AUDIT	

Comments:

PCL5 (Feedback of PCL5 in context with interview (identify any areas of concern):

Comments:

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Tip sheets provided <i>(please specify)</i>	<input type="checkbox"/>
Referral made to external professional <i>(please specify)</i>	<input type="checkbox"/>
Referral to EAP	<input type="checkbox"/>
Follow up session/s required <i>(specify timeframe)</i>	<input type="checkbox"/>
Other <i>(please specify)</i>	<input type="checkbox"/>

General Feedback provided to client: (Is debriefing required)
