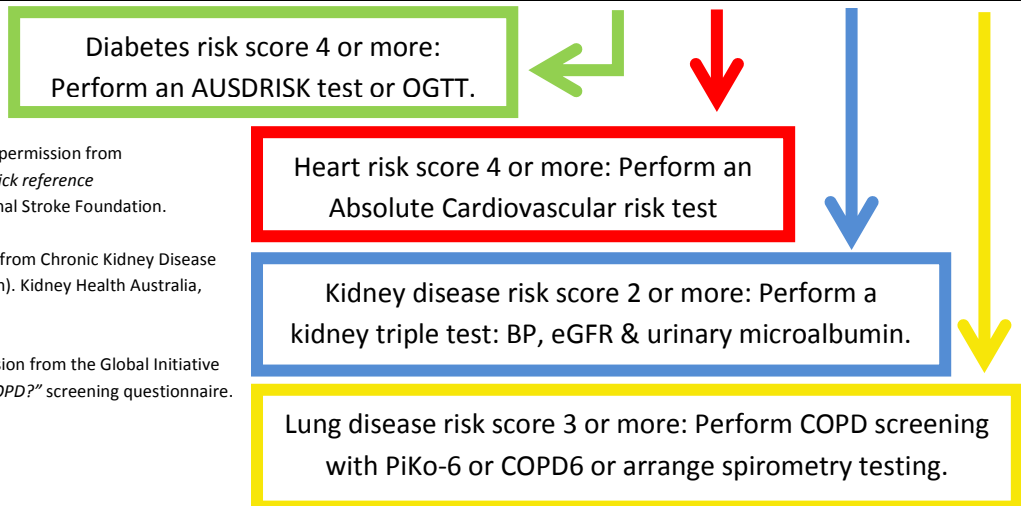


## Health Audit Tool - (For use by clinical staff)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm Waist: \_\_\_\_\_ cm

		Diabetes	Heart	Kidneys	Lungs
<b>Circle the number or dash that applies to each answer.</b>					
Gender:	male	1	1	-	-
	female	-	-	-	-
Age:	under 40	-	-	-	-
	40 + years	1	1	1	1
Aboriginal or Torres Strait Islander origin?	yes	1	-	1	-
	no	-	-	-	-
Currently has diabetes (type 1 or 2)? <b>If yes, scribble out/ put a line through the green column – this does not need to be completed.</b>	yes	-	1	1	-
	no	-	-	-	-
Has heart disease or has experienced a heart attack or stroke? <b>If yes, scribble out the red column.</b>	yes	-	-	1	-
	no	-	-	-	-
Has kidney disease (renal impairment)? <b>If yes, scribble out the blue column.</b>	yes	-	1	-	-
	no	-	-	-	-
COPD, COAD or emphysema? <b>If yes, scribble out the yellow column.</b>	yes	-	-	-	-
	no	-	-	-	-
Parents, brothers or sisters ever diagnosed with: →	diabetes?	1	-	-	-
	heart disease?	-	1	-	-
	kidney disease?	-	-	1	-
	no, none of the above	-	-	-	-
Ever been found to have high blood sugar e.g. during illness, routine blood tests or pregnancy?	yes	1	-	-	-
	no	-	-	-	-
Takes medication for high blood pressure?	yes	1	1	1	-
	no	-	-	-	-
Has ever been diagnosed with acute kidney injury?	yes	-	-	1	-
	no	-	-	-	-
Smokes cigarettes or other tobacco?	yes	1	1	1	1
	ex-smoker	-	-	-	1
	no	-	-	-	-
Coughs several times on most days?	yes	-	-	-	1
	no	-	-	-	-
Brings up phlegm or mucus on most days?	yes	-	-	-	1
	no	-	-	-	-
Gets more out-of-breath than others their age?	yes	-	-	-	1
	no	-	-	-	-
Exercises often e.g. 30+ minutes on most days?	yes	-	-	-	-
	no	1	1	-	-
Abdominal obesity? "extra belly fat"	yes	2	1	1	-
	no	-	-	-	-
Has been told by their doctor that cholesterol is high or above normal range?	yes	-	1	-	-
	no	-	-	-	-
<b>Total score (for each column)</b>					



Cardiovascular screening criteria reproduced with permission from *Absolute cardiovascular disease management. Quick reference guide for health professionals*. 2012. ©2012 National Stroke Foundation.

Kidney screening criteria adapted with permission from *Chronic Kidney Disease (CKD) Management in General Practice (3rd edition)*. Kidney Health Australia, Melbourne, 2015

Lung screening questions reproduced with permission from the Global Initiative for chronic obstructive lung disease "Could it be COPD?" screening questionnaire.