DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

WISEWOMAN Health Assessment Form

Please fill out the following three tables.

Cardiovascular Assessment

4a. Do you have any of the following conditions:

☐ Hypertension (high blood pressure) ☐ High Cholesterol ☐ Diabetes (Type 1 or Type 2)

4b. Have you had any of the following?

☐ Stroke or Transient Ischemic Attack (TIA) ☐ Heart Attack ☐ Coronary Heart Disease

☐ Heart Failure ☐ Vascular Disease ☐ Congenital Heart Disease and Defects

5a. Have you ever been prescribed medication to lower any of the following conditions?

☐ Blood Pressure ☐ Cholesterol (statin) ☐ Cholesterol (other RX) ☐ Blood Sugar

5b. Are you taking aspirin daily to prevent a heart attack or stroke?

☐ Yes ☐ No ☐ Don't Know

5c. During the past seven days, how many days did you take prescribed medication for the following conditions? Please fill in the number of days below each condition. If you do not take any, write "none."

Hypertension (high blood pressure)	High Cholesterol	High Blood Sugar
days	days	days

6a. Do you measure your blood pressure at home or outside of your doctor's office?

☐ Yes ☐ No, I was never told to measure my blood pressure ☐ No, I don't know how to measure my blood pressure☐ Don't Know ☐ No, I do not have the equipment to take my blood pressure

6b. How often do you measure your blood pressure at home or using other sources like the pharmacy?

☐ Multiple times per day ☐ A few times per week ☐ Monthly

☐ Daily ☐ Weekly ☐ Don't know

6c. Do you regularly share your blood pressure readings with a healthcare provider for feedback?

☐ Yes ☐ No ☐ Don't know

Health Assessment

7a. How many cups of fruits and vegetables do you eat on an average day?
_____ cups (range 0-8 cups)

7b. Do you eat fish at least two times per week?

☐ Yes ☐ No

7c. Think about all the servings of grain products (bread, rice, cereal, oatmeal, etc.) that you eat. How many of these servings are *WHOLE* grain?

☐ Less than half the total servings of grains are whole grains ☐ About half the servings of grains are whole grains

☐ More than half the servings of grains are whole grains

7d. Do you drink less than 36 ounces (450 calories or 4.5 cups) of sugar sweetened beverages *weekly*?

☐ Yes ☐ No

7e. Are you currently watching or reducing your sodium or salt intake?

☐ Yes ☐ No

7f. In the past seven days, how often did you have a drink containing alcohol?

_____ days

7g. How many alcoholic drinks, on average, do you consume during a day that you typically drink?

_____ Number of alcoholic drinks (range: 0-10)

8a. How many minutes of physical activity (exercise) do you get in a week?

_____ minutes

(For ex., 60 mins=1 hour, 120 mins=2 hours, 180 mins=3 hours, 240 mins=4 hours)

9a. Do you smoke? This includes cigarettes, pipes, or cigars (smoked tobacco in any form).

☐ I am a current smoker ☐ I quit 1-12 months ago ☐ I quit more than 12 months ago ☐ I have never smoked

Mental Health

10a. Over the past two weeks, how often have you felt little interest or pleasure in doing things?
☐ No days (not at all) ☐ Several days ☐ More than half ☐ Nearly every day

10b. Over the past two weeks, how often have you felt down, depressed, or hopeless?
☐ No days (not at all) ☐ Several days ☐ More than half ☐ Nearly every day

Staff Use Only

Screening Information

Screening Information- For Clinical Staff to Fill Out			
2a. & 12a. Date of screening:		3a. Med-IT Client ID:	
Last Name:	First Name:	Date of Birth:	
2c. Type of screening: ☐ Initial ☐ Follow-up ☐ Annual Rescreening	State:	Zip Code:	County:

Vitals and Measurements

11a. Height:	11b. Weight:	11c. Waist Circumference:	12b. c. Blood Pressure:
13a. Has patient been fasting for the past nine hours prior to blood draw? ☐ Yes ☐ No			
14a. Total Cholesterol (fasting or non-fasting):	14b. HDL Cholesterol (fasting or non-fasting):	14c. LDL Cholesterol (fasting or non-fasting):	
14d. Triglycerides (fasting or non-fasting):	15a. Fasting glucose level:	15c. A1C Percentage:	
16a. Is a medical follow-up for blood pressure necessary? (>180mmHg systolic OR >120mmHg diastolic) ☐ Yes ☐ No			
16b. If the patient needs a medically necessary follow-up appointment for a high alert BP reading in the screening visit, what is the date of the follow-up appointment? Date:			