Provider NPI: _____ Office Visit Date: _____

WISEWOMAN Health Assessment

Please answer the questions below about your health history, nutrition and physical activity habits. The information that you provide will help you and your physician determine if your lifestyle makes you at risk for developing heart disease. The information will also be used to create an action plan on how to make small changes in your life to help reduce your risk of developing heart disease.

Health History	**1. Do you have any of the following conditions?** a. Hypertension (high blood pressure): ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer b. High cholesterol: ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer c. Diabetes (type 1 or 2): ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer d. Family history of cardiovascular disease (CVD): ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer
Blood Pressure	If you answered **yes** to being diagnosed with high blood pressure: **1. Have you ever been prescribed medication to lower your blood pressure?** ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer a. **If you answered yes to #1, during the past 7 days, on how many days did you take the prescribed medication to lower your blood pressure?** ____ Number of days ☐ None ☐ Not Applicable ☐ Don't Know/Not Sure ☐ Don't want to answer b. **If you answered yes to #1, have you had your blood pressure re-measured by a healthcare provider or another community resource after being prescribed medication?** ☐ Yes (Date of measurement: __/__/____) ☐ No **2. Do you measure your blood pressure at home or using other calibrated sources?** ☐ Yes ☐ No, was never told to measure blood pressure ☐ No, don't know how to measure blood pressure ☐ No, don't have equipment to measure blood pressure ☐ Don't Know/ Not Sure ☐ Don't want to answer a. **If you answered yes to #2, how often do you measure your blood pressure at home or using other calibrated sources?** ☐ Multiple times per day ☐ Daily ☐ A few times per week ☐ Weekly ☐ Monthly ☐ Don't Know/ Not Sure ☐ Don't want to answer b. **Do you regularly share blood pressure readings with a health care provider for feedback?** ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer
Cholesterol	If you answered **yes** to being diagnosed with high cholesterol: **1. Has medication (Statin) ever been prescribed to lower your cholesterol?** ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer **2. Has medication (other than Statin) ever been prescribed to lower your cholesterol?** ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer **3. During the past 7 days, how many days did you take the prescribed medication to lower your cholesterol?** _____ Number of days ☐ None ☐ Not Applicable ☐ Don't Know/Not Sure ☐ Don't want to answer
Diabetes	If you answered **yes** to being diagnosed with diabetes (type 1 or type 2): **1. Has medication ever been prescribed to lower your blood sugar?** ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer

Site Information: LSU Health Shreveport Participant ID Number (15): 3 0 0 0 0 __ __ __ __ __ __ __ __ __ __
State/Tribal FIPS Code: LA Enrollment Site ID: 71104 ANSI Geographic Site: 22017

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	a. **During the past 7 days, how many days did you take the prescribed medication to lower your blood sugar?** _____ Number of days ☐ None ☐ Not Applicable ☐ Don't Know/Not Sure ☐ Don't want to answer
Cardiac	**1. Have you had or been diagnosed by a health care provider as having any of these:** a. Stroke/TIA ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer b. Heart attack ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer c. Coronary heart disease ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer d. Heart Failure ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer e. Vascular (peripheral arterial) disease ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer f. Congenital heart disease/defects ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer **2. Are you taking aspirin daily to help prevent a heart attack or stroke?** ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Don't want to answer
Nutrition	**1. How many cups of fruits and vegetable do you eat in an average day?** _____ Number of cups ☐ None ☐ Don't Know/Not Sure ☐ Don't want to answer **2. Do you eat fish at least two times a week?** ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer **3. Thinking about all the servings of grain products you eat in a typical day, how many are whole grains?** ☐ Less than half ☐ About half ☐ More than half ☐ Don't Know ☐ Don't want to answer **4. Do you drink less than 36 ounces (450 calories) of sugar-sweetened beverage weekly?** ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer **5. Are you currently watching or reducing your sodium or salt intake?** ☐ Yes ☐ No ☐ Don't Know ☐ Don't want to answer **6. In the past 7 days, how often have you had a drink containing alcohol?** _____ Number of days ☐ None ☐ Don't Know/ Not Sure ☐ Don't want to answer **7. How many alcoholic drinks, on average, do you consume during a day you drink?** _____ Number of drinks ☐ None ☐ Don't Know/ Not Sure ☐ Don't want to answer
Physical Activity	**1. How many minutes of physical activity (exercise) do you get in a week?** _____ Number of minutes ☐ None ☐ Don't Know/ Not Sure ☐ Don't want to answer
Other	**1. Do you smoke? Includes cigarettes, pipes, cigars, or e-cigarettes (smoked tobacco in any form)** ☐ Current Smoker ☐ Quit (1-12 months ago) ☐ Quit (more than 12 months ago) ☐ Never Smoked ☐ Don't want to answer **2. Over the past 2 weeks, how often have you:** a. **Had little interest or pleasure in doing things?** ☐ Not at all ☐ Several days ☐ More than half ☐ Nearly every day ☐ Don't want to answer b. **Felt down, depressed, or hopeless?** ☐ Not at all ☐ Several days ☐ More than half ☐ Nearly every day ☐ Don't want to answer 3. **Within the past 12 months, I worried about whether my food would run out before I got money to buy more.** ☐ Often True ☐ Sometimes True ☐ Never True ☐ Don't Know/Don't want to answer 4. **Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.** ☐ Often True ☐ Sometimes True ☐ Never True ☐ Don't Know/Don't want to answer