

Provider NPI: _____ Office Visit Date: _____

Weight _____ Height _____ BP _____ Glu _____ LDL _____ HDL _____ A1C _____ Trig _____

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 b. High cholesterol ☐ Yes ☐ No c. Diabetes (type 1 or 2) ☐ Yes ☐ No
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 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 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 ☐ No, don't know how to measure blood pressure ☐ No, don't have equipment to measure blood pressure 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 b. Do you regularly share blood pressure readings with a health care provider for feedback? ☐ Yes ☐ No
Cholesterol	If you answered yes to being diagnosed with high cholesterol: 1. Has medication (Statin) ever been prescribed to lower your cholesterol? ☐ Yes ☐ No 2. Has medication (other than Statin) ever been prescribed to lower your cholesterol? ☐ Yes ☐ No 3. During the past 7 days, how many days did you take the prescribed medication to lower your cholesterol? _____ Number of days ☐ None
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 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
Cardiac	1. Have you had or been diagnosed by a health care provider as having any of these? a. Stroke/TIA ☐ Yes ☐ No b. Heart attack ☐ Yes ☐ No c. Coronary heart disease ☐ Yes ☐ No d. Heart Failure ☐ Yes ☐ No e. Vascular (peripheral arterial) disease ☐ Yes ☐ No

	f. Congenital heart disease/defects ☐ Yes ☐ No g. Gestational hypertension ☐ Yes ☐ No h. Gestational diabetes ☐ Yes ☐ No i. Pre-eclampsia/eclampsia ☐ Yes ☐ No 2. Are you taking aspirin daily to help prevent a heart attack or stroke? ☐ Yes ☐ No
Nutrition	1. How many cups of fruits and vegetable do you eat in an average day? _____ Number of cups ☐ None 2. Do you eat fish at least two times a week? ☐ Yes ☐ No 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 4. Do you drink less than 36 ounces (450 calories) of sugar-sweetened beverage weekly? ☐ Yes ☐ No 5. Are you currently watching or reducing your sodium or salt intake? ☐ Yes ☐ No 6. In the past 7 days, how often have you had a drink containing alcohol? _____ Number of days ☐ None 7. How many alcoholic drinks, on average, do you consume during a day you drink? _____ Number of drinks ☐ None
Physical Activity	1. How many minutes of physical activity (exercise) do you get in a week? _____ Number of minutes ☐ None
Social	1. Do you use any of the following types of electronic devices? a. Desktop/Laptop ☐ Yes ☐ No b. Smartphone ☐ Yes ☐ No c. Tablet/Other portable wireless computer ☐ Yes ☐ No 2. Do you or any member of this household have access to the internet? ☐ Yes, by paying a cell phone company or internet service provider ☐ Yes, without paying a cell phone company or internet service provider ☐ No, do not have access to internet in this house, apartment, or mobile home 3. During the last 12 months, was there a time when you were worried you would run out of food because of a lack of money or other resources? ☐ Yes ☐ No 4. Have you ever missed a doctor's appointment because of transportation problems? ☐ Yes ☐ No 5. Type of Childcare Services ☐ Infant (Birth to 11 months) ☐ Toddler (11 to 36 months) ☐ Preschool (3 to 5 years) ☐ After School Care (K – 9th grade) ☐ Not Applicable 6. Have you had any of these child-care related problems during the past year? (Select all that apply) ☐ Cost ☐ Availability ☐ Location ☐ Transportation ☐ Hours of Operation ☐ Other ☐ Not Applicable 7. What is your housing situation today? ☐ I have housing ☐ I have housing, however I am worried about losing my housing ☐ I do not have housing 8. Are you a care giver? i.e., Family: child, parent, elder. ☐ Yes ☐ No

	9. Do you live in a multigenerational home? (Ex: Parents, adult children or grandparents, parents and children all in the same household.) ☐ Yes ☐ No 10. The following will ask about how safe you feel: a. How often does your partner physically hurt you? ☐ Never ☐ Rarely ☐ Sometimes ☐ Fairly Often ☐ Frequently b. How often does your partner insult or talk down to you? ☐ Never ☐ Rarely ☐ Sometimes ☐ Fairly Often ☐ Frequently c. In the past year, have you been afraid of your partner or ex-partner? ☐ Yes ☐ No d. Do you feel physically and emotionally safe where you currently live? 11. These four items are related to medication-taking adherence: a. Do you ever forget to take you medicine? ☐ Yes ☐ No b. Are you careless at times about taking your medicine? ☐ Yes ☐ No c. When you feel better, do you sometimes stop taking your medicine? ☐ Yes ☐ No d. Sometime if you feel worse when you take your medicine, do you stop taking it? ☐ Yes ☐ No 12. What social service(s) do you need? Social Service ID _____ ☐ Computer use ☐ Internet Access ☐ Food Insecurity ☐ Transportation ☐ Child Care ☐ Housing ☐ Intimate Partner Violence ☐ Medication Adherence ☐ Mental Health ☐ Language Translation ☐ Substance Abuse Social Service Referral Date: ____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____ Date of Social Service and Support Utilization: ____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____
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 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 b. Felt down, depressed, or hopeless? ☐ Not at all ☐ Several days ☐ More than half ☐ Nearly every day 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 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