

Alabama WISEWOMAN Data Collection Form: BASELINE/RISK REDUCTION

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SS #: ___/___/___ Date: ___/___/___ Provider: _____

Name: _____ DOB: ___/___/___ Telephone #: (____) _____
First Middle Initial Last

Address: _____ Email: _____

Race: White ___ Black/AA ___ City Asian ___ ST Native Hawaiian or Other Pacific Islander ___ ZIP American Indian or Alaska Native ___

Ethnicity: Hispanic ___ non-Hispanic ___ Primary Spoken language in your home: English ___ Spanish ___ other: _____

Highest Grade completed: <9th grade ___ some high school ___ high school graduate/equivalent ___ some college/higher ___

Cholesterol	1. Do you have high cholesterol? Yes ___ No ___ 2. Do you take medication to lower your cholesterol? Yes ___ No ___ No, could not obtain medication ___ 3. During the past 7 days (including today), on how many days did you take prescribed medication to lower your cholesterol? Number of days ___
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Blood Pressure	4. Do you have hypertension (high blood pressure)? Yes ___ No ___ 5. Do you take medication to lower your blood pressure? Yes ___ No ___ No, could not obtain medication ___ 6. During the past 7 days, on how many days did you take prescribed medication (including diuretics/water pills), to lower your blood pressure? Number of days _____ 7. Do you measure your blood pressure at home or using other calibrated sources? Yes ___ No, was never told to measure her blood pressure ___ No, doesn't know how to measure her blood pressure ___ No, doesn't have equipment to measure her blood pressure ___ 8. 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 ___ 9. Do you regularly share blood pressure readings with a health care provider for feedback? Yes ___ No ___
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Diabetes	10. Do you have diabetes? (Type 1 or 2?) Yes ___ No ___ 11. Do you take medication to lower your blood sugar (for diabetes)? Yes ___ No ___ No, could not obtain medication ___ 12. During the past 7 days, on how many days did you take prescribed medication to lower your blood sugar (for diabetes)? Number of days ___
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Cardiac	13. Have you been diagnosed by a healthcare provider as having any of these conditions? Yes ___ No ___ Coronary heart disease or chest pain; heart attack; heart failure; stroke/transient ischemic attack (TIA) ; vascular disease; congenital heart defects
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Health Assessment:

- How much fruit do you eat in an average day? Number of cups ___
- How many vegetables do you eat in an average day? Number of cups ___
- Do you eat two servings or more of fish weekly? Yes ___ No ___
- Do you eat 3 ounces or more of whole grains daily? Yes ___ No ___
- Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly? Yes ___ No ___
- Are you currently watching or reducing your sodium or salt intake? Yes ___ No ___
- How much moderate physical activity do you get in a week? Number of minutes ___ none ___
- How much vigorous physical activity do you get in a week? Number of minutes ___ none ___
- Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)? Current smoker ___ Quit (1-12 months ago) ___
 Quit (more than 12 months ago) ___ Never smoked ___
- About how many hours a day, on average, are you in the same room or vehicle with another person who is smoking? Number of hours ___
 Less than 1 hour ___ none ___
- Thinking about your physical health, which includes physical illness and injury, on how many days during the past 30 days was your physical health not good? Number of days ___
- Thinking about your mental health, which includes stress, depression, or problems with emotions, on how many days during the past 30 days was your mental health not good? Number of days ___
- During the past 30 days, on about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? Number of days ___

Patient: _____ Tracking number: _____ Today's Date: _____

Ht: _____ in. Weight: _____ lbs. BMI: _____ Waist: _____ in. Hip: _____ in. **Is Patient Fasting? YES _____ NO _____**

<p>Blood Pressure: #1 BP reading: _____/_____ mm Hg #2 BP reading: _____/_____ mm Hg AVERAGE BP reading: _____/_____ mm Hg</p> <p>ALERT/ Disease Level Blood Pressure Documentation: Was ALERT BP/Disease level evaluation workup completed? Yes _____ Date: _____ If No: Pt. saw other provider ___ Refused ___ Lost to follow up _____</p>	<p>Glucose/ A1C Testing: HgA1C for Diabetes monitoring only by POC HgA1C by POC: _____ % FOR NON-DIABETIC PARTICIPANTS ONLY: Fasting Glucose: _____ mg/dl</p> <p>*HgA1C for Diabetes Screening HgA1C by Venipuncture _____ % *Must be submitted to lab for NGSP certified and standardized DCCT assay</p> <p>Alert/Disease Level Glucose Documentation: Was Alert/Disease level Glucose workup completed? Yes _____ Date: _____ If No: Pt. saw other provider ___ Pt. refused ___ Pt. lost to follow up _____</p>
<p>Cholesterol and Lipids: Total Cholesterol: _____ mg/dl HDL Cholesterol: _____ mg/dl</p> <p>FASTING BLOOD SPECIMENS ONLY: LDL cholesterol: _____ mg/dl Triglycerides: _____ mg/dl</p> <p>Disease Level Cholesterol/lipids Work up Documentation: Evaluation work up completed? Yes _____ Date: _____ If No: Pt. saw other provider ___ Refused ___ Lost to follow up _____</p>	<p>ALERT and Disease Levels BP and Lab Values:</p> <p>*ALERT BP: Systolic >180 OR Diastolic >110 mm Hg Disease Level BP: Systolic \geq 140 or Diastolic \geq 90 *ALERT Fasting Glucose: \leq50 or \geq250 mg/dl Disease Level fasting Glucose: \geq 126 mg/dl</p> <p>T. Cholesterol= Disease level if fasting, \geq 240 LDL Cholesterol= Disease level: 160-189 Triglycerides= Disease level: 200-499</p> <p>*ALERT Action: Requires immediate medical evaluation Disease Level Action: Requires medical evaluation within 30 days unless patient is already being treated.</p>

FOR STAFF ONLY: Risk Reduction Counseling Session: Start Date: _____ Completion Date: _____

Participant decided as Priority Area?
Nutrition: Yes _____ No _____
Physical activity: Yes _____ No _____
Smoking cessation: Yes _____ No _____
Medication adherence for hypertension: Yes _____ No _____

Readiness to Change Assessment Date: _____

Participant Stage of Change:

Pre-contemplation (Little or no intention to change)
 Preparation (Ready to plan how she will make a change)
 Action (In the process of trying to make a change)
 Maintenance (Trying to maintain a change)
 Refused (Refused to answer readiness to change questions)

Reviewed all lab values with patient _____
Reviewed risk factors for CVD, stroke, chronic disease with patient _____ Addressed smoking status _____
Discussed role of diet and **physical activity*** with patient _____ (see question below)
*Does patient have medical clearance to participate in a physical activity program? Yes ___ No ___ Date clearance given: _____
Do you wish to participate in a lifestyle intervention program? Yes _____ No _____ Referral Date: _____

CVD 10-year Risk Calculation: Age: _____ Gender: _____
T. Chol _____ HDL: _____ Smoker: _____
SBP: _____ CVD Risk: _____ %

Was this patient prescribed a BP medication **for the first time** today?
Yes _____ No _____

Was this patient prescribed a Diabetes medication **for the first time** today?
Yes _____ No _____

If this patient is **currently** taking BP or DIABETES medication, was an **adjustment** made to this medication today?
Yes _____ No _____

Target Blood Pressure: _____/_____

For ALERT/Disease Level BP, Glucose or Cholesterol/lipids ONLY:

Medical follow-up Office Visit: _____ Nutritional Counseling Appointment: _____