

Alabama WISEWOMAN Clinical Data Collection Form: Baseline Risk Reduction Form 001 Rev Date 02/2024

For Health Coach Only
\square Initial Health Assessment (with 1 $^{ m st}$ screening)
☐ Follow-Up Health Assessment (4-6 weeks after completion of HBSS)
☐ Health Assessment at Rescreen (12 – 18 months after initial screening if previously utilized WISEWOMAN services)
\square Baseline Health Assessment (12 – 18 months after initial screening if WISEWOMAN services were <u>not</u> utilized)

Today's Date://	MED-IT	·ID:								
	SECTION 1	1: PERS	ONAL IN	IFORMA	TION					
Last Name: First Name: Middle Initial:						al:				
Date of Birth (month, day, year)	Email:									
/ /										
Telephone Numbers	Telephone Numbers									
Home:	Home: Cell: Work:									
Street Address:						Apartn	nent Nun	าber:		
City:	St	tate:					ZIP Co	de:		
County of Residence:										
Hispanic or Latino:										
First Race: White Black/African American Asian Native Hawaiian or Other Pacific Islander										
☐ American Indian/Al	askan Native	☐ Uı	nknown							
Second Race: □White □Black/A	African Americ	can \Box	Asian 🗆	Native I	lawaiian c	r Other	Pacific Is	lander	-	
□American Indian/	Alaskan Nativ	/e 🗆	Unknov	vn						
Education/Highest Grade Comple	ted: 🗆 Less	than 9 th	າ □ So	me High	School 🗆] High So	chool Gra	duate	/GED	
	☐ Some	e Colleg	e/Colleg	ge Gradu	iate 🗌 Do	n't Knov	w/Not sui	re		
Primary Language Spoken at Hom			panish							
, , ,			IEALTH							
Which of the following conditions do	you have?									
Hypertension				☐ Yes	□ No	☐ Don	't Know/ N	Not Sui	re	
High Cholesterol				☐ Yes	□ No	☐ Don	't Know/ N	Not Sur	re	
Diabetes (Type 1 or Type 2)				☐ Yes	□ No	☐ Don	't Know/ N	Not Sur	re	
Have you had any of the following?										
Stroke/Transient Ischemic Attack	(TIA)			\square Yes	\square No	☐ Don	't Know/ N	Not Sur	re	
Heart Attack				\square Yes	\square No	☐ Don	't Know/ N	Not Sur	re	
Coronary Heart Disease				\square Yes	\square No	☐ Don	't Know/ N	Not Sur	re	
Heart Failure				\square Yes	\square No	☐ Don	't Know/ N	Not Sui	re	
Vascular Disease (Peripheral Arterial Disease)				☐ Yes	\square No	☐ Don	't Know/ N	Not Sui	re	
Congenital Heart Disease and Defects				☐ Yes	\square No	☐ Don	't Know/ N	Not Sui	re	
Gestational Hypertension				☐ Yes ☐ No ☐ Don't Know/ Not Sure						
Gestational Diabetes ☐ Yes ☐ No ☐ Don't Know,										
Pre-eclampsia/Eclampsia				☐ Yes	□ No		't Know/ N			
Have you had medication prescribed to lower:										
Blood Pressure		□ Yes	□ No	□ Dor	n't Know/ N	lot Sure	\square N	ot App	licable	
Cholesterol (Statin)		☐ Yes	\square No		n't Know/ N				licable	



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Cholesterol (Other preso	ription)		□ No □ Don't Kno	•	☐ Not Applicable	
Blood Sugar	ta bala arayant a		□ No □ Don't Kno	•	☐ Not Applicable	
Are you taking aspirin daily to help prevent a \square Yes \square No \square Don't Know/ Not Sure \square Not Applicable heart attack or stroke?						
During the past 7 days, how					ons:	
High blood pressure	0 1 2 3 4 5		☐ Don't Know/ Not	Sure 🗆 No	t Applicable	
High cholesterol	0 1 2 3 4 5	6 7	☐ Don't Know/ Not	Sure 🗆 No	t Applicable	
High blood sugar	0 1 2 3 4 5	6 7	☐ Don't Know/ Not	Sure 🗆 No	t Applicable	
	SEC	CTION 3: HE	ALTH BEHAVIORS			
Do you measure your blood	d pressure at home	or using or usi	ing other calibrated so	urces in the comn	nunity?	
\square Multiple times per day	□Weekly	\square Don't Know	/Not Sure			
□Daily	\square Monthly					
\square A few times a week	□None					
Do you regularly share bloc	od pressure readings	s with a health	n care provider for feed	lback?		
☐ Yes	□ No			Don't Know/ Not	Sure	
How many cups of fruits an	d vegetables do you	u eat in an ave	erage day?	Cups 🗆 No	one	
Do you eat fish at least 2 tir	mes a week?		☐ Yes	□ No		
Think about all the servings	of grain products y	ou eat in a typ	oical day. How many a	re whole grains?		
\square Less than half	\square Half			More than Half		
Do you drink less than 36 o	unces (450 calories)	of sugar swe	etened beverages wee	kly? □	Yes 🗆 No	
Are you currently watching	or reducing your so	dium or salt i	ntake \square	Yes	□No	
In the past 7 days, how often	en have you had a d	rink containin	g alcohol?	Number of [Days \square None	
How many alcoholic drinks,	, on average, do you	ı consume wh	en you drink?	Number of [Orinks None	
How many minutes of phys	ical activity (exercis	e) do you get	in a week?	Number of I	Minutes □ None	
Do you smoke (includes cig	arettes, pipes, cigar	s, e-cigarettes	s, vaping)?			
☐ Current Smoker ☐ Q	uit (1 – 2 months ag	;o) □Quit (more than 12 months	ago) 🗆 Never	smoked	
Over the past 2 weeks, how	v often have you be	en bothered b	y any of the following	problems?		
Little interest or pleasure in	n doing things	☐ Not at all	☐ Several Days	☐ More than Half	☐ Nearly Every	
Fooling down donrossed o	or handlass	☐ Not at all	□ Coveral Dave	□ More than	Day	
Feeling down, depressed, o	i ilopeiess	□ NOL at all	□ Several Days	Half	☐ Nearly Every	
	SE.	CTION 4: SO	CIAL QUESTIONS	Пан	Day	
Do you use any of the follow				tablet or another	nortable wireless	
computer?		-	Jon't want to answer		portable wireless	
Do you or ant member of y						
☐ Yes, by paying a cell phone company or internet service provider ☐ Yes, without paying a cell phone company or internet provider						
□ No access to the internet at home (house, apartment, or mobile home)						
□ Don't know						
□ Don't want to answer During the past 12 months, was there at time when you were worried you would run out of food because of lack of						
money or other resources?		when you wer	e worned you would n	an out or rood bed	Lause of lack of	
Yes						
□ No						
□ No □ Don't know						
\square Don't want to answer						



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Have you ever missed a doctor's appointment because of a transportation problem? ☐ Yes							
□No							
□Don't know							
☐ Don't want to answer							
If you are currently using chat apply.	If you are currently using childcare services, please identify the type of services. If none, select Not applicable. Select all						
☐ Infant (birth to 11 month							
☐Toddler (11 to 36 months	•	□ Don't want to answer					
☐ Preschool (3 to 5 years)	•	□ Not applicable					
☐ Afterschool Care (K – 9 th	Grade)						
•	nese childcare related problem	s during the past year?	? Select all that apply.				
□Cost	☐ Hours of operation	□ Not applicable					
□Availability	□Other:	• •					
Location	□Don't know						
□Transportation	☐ Don't want to answer						
What is your housing situat	ion today?						
☐I have housing.	•						
	worried about losing my housir	ng.					
☐I don't have housing.	5 ,	·					
□Don't know							
☐Don't want to answer							
How often does your partne	er physically hurt you?						
	☐Fairly often						
	Frequently						
•	□ Don't want to answer						
	er insult or talk down to you?						
□Never	☐Fairly often						
□Rarely	☐ Frequently						
□Sometimes	☐Don't want to answer						
Do you ever forget to take y	your medicine?						
□Yes							
□No							
□ Don't want to answer							
Are you careless at times about taking your medicine?							
□Yes							
□No							
□ Don't want to answer							
When you feel better, do you sometimes stop taking your medicine?							
□Yes							
□No							
□ Don't want to answer							