Alabama WISEWOMAN
Data Collection: Patient Intake Form
Form 001 Rev Date 02/2024

For Health Coach Only

☐Initial Health Assessment (with 1st 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)
☐Baseline Health Assessment (12 – 18 months after initial screening if WISEWOMAN services were **not** utilized)

Today's Date: ____/_____/_____ **MED-IT ID:** | | | | | | | | | | | | |

SECTION 1: PERSONAL INFORMATION

Last Name:	First Name:	Middle Initial:
Date of Birth (month, day, year) / /	Email:	
Telephone Numbers Home: Cell: Work:		
Street Address:		Apartment Number:
City:	State:	ZIP Code:
County of Residence:		

Hispanic or Latino: ☐ Yes ☐ No ☐ Unknown

First Race: ☐White ☐Black/African American ☐Asian ☐Native Hawaiian or Other Pacific Islander ☐ American Indian/Alaskan Native ☐ Unknown

Second Race: ☐White ☐Black/African American ☐Asian ☐Native Hawaiian or Other Pacific Islander ☐American Indian/Alaskan Native ☐ Unknown

Education/Highest Grade Completed: ☐ Less than 9th ☐ Some High School ☐ High School Graduate/GED ☐ Some College/College Graduate ☐ Don't Know/Not sure

Primary Language Spoken at Home: ☐ English ☐ Spanish ☐ Other:

SECTION 2: HEALTH HISTORY

Which of the following conditions do you have?

Hypertension	☐ Yes	☐ No	☐ Don't Know/ Not Sure
High Cholesterol	☐ Yes	☐ No	☐ Don't Know/ Not Sure
Diabetes (Type 1 or Type 2)	☐ Yes	☐ No	☐ Don't Know/ Not Sure

Have you had any of the following?

Stroke/Transient Ischemic Attack (TIA)	☐ Yes	☐ No	☐ Don't Know/ Not Sure
Heart Attack	☐ Yes	☐ No	☐ Don't Know/ Not Sure
Coronary Heart Disease	☐ Yes	☐ No	☐ Don't Know/ Not Sure
Heart Failure	☐ Yes	☐ No	☐ Don't Know/ Not Sure
Vascular Disease (Peripheral Arterial Disease)	☐ Yes	☐ No	☐ Don't Know/ Not Sure
Congenital Heart Disease and Defects	☐ Yes	☐ No	☐ Don't Know/ Not Sure
Gestational Hypertension	☐ Yes	☐ No	☐ Don't Know/ Not Sure
Gestational Diabetes	☐ Yes	☐ No	☐ Don't Know/ Not Sure
Pre-eclampsia/Eclampsia	☐ Yes	☐ No	☐ Don't Know/ Not Sure

Have you had medication prescribed to lower:

Blood Pressure	☐ Yes	☐ No	☐ Don't Know/ Not Sure	☐ Not Applicable
Cholesterol (Statin)	☐ Yes	☐ No	☐ Don't Know/ Not Sure	☐ Not Applicable

Cholesterol (Other prescription)	☐ Yes	☐ No	☐ Don't Know/ Not Sure	☐ Not Applicable
Blood Sugar	☐ Yes	☐ No	☐ Don't Know/ Not Sure	☐ Not Applicable
Are you taking aspirin daily to help prevent a heart attack or stroke?	☐ Yes	☐ No	☐ Don't Know/ Not Sure	☐ Not Applicable

During the past 7 days, how many days did you take prescribed medication for the following conditions:

High blood pressure	0 1 2 3 4 5 6 7	☐ Don't Know/ Not Sure	☐ Not Applicable
High cholesterol	0 1 2 3 4 5 6 7	☐ Don't Know/ Not Sure	☐ Not Applicable
High blood sugar	0 1 2 3 4 5 6 7	☐ Don't Know/ Not Sure	☐ Not Applicable

SECTION 3: HEALTH BEHAVIORS

Do you measure your blood pressure at home or using or using other calibrated sources in the community?

☐Multiple times per day ☐Weekly ☐Don't Know/Not Sure
☐Daily ☐Monthly
☐A few times a week ☐None

Do you regularly share blood pressure readings with a health care provider for feedback?

☐ Yes ☐ No ☐ Don't Know/ Not Sure

How many cups of fruits and vegetables do you eat in an average day? _____Cups ☐None

Do you eat fish at least 2 times a week? ☐ Yes ☐ No

Think about all the servings of grain products you eat in a typical day. How many are whole grains?

☐ Less than half ☐ Half ☐ More than Half

Do you drink less than 36 ounces (450 calories) of sugar sweetened beverages weekly? ☐ Yes ☐ No

Are you currently watching or reducing your sodium or salt intake ☐ Yes ☐No

In the past 7 days, how often have you had a drink containing alcohol? _____Number of Days ☐None

How many alcoholic drinks, on average, do you consume when you drink? _____Number of Drinks ☐None

How many minutes of physical activity (exercise) do you get in a week? _____Number of Minutes ☐None

Do you smoke (includes cigarettes, pipes, cigars, e-cigarettes, vaping)?

☐ Current Smoker ☐Quit (1 – 2 months ago) ☐Quit (more than 12 months ago) ☐Never smoked

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things	☐ Not at all	☐ Several Days	☐ More than Half	☐ Nearly Every Day
Feeling down, depressed, or hopeless	☐ Not at all	☐ Several Days	☐ More than Half	☐ Nearly Every Day

SECTION 4: SOCIAL QUESTIONS

Do you use any of the following types of computers: desktop/laptop, smartphone, tablet or another portable wireless computer? ☐Yes ☐No ☐ Don't know ☐Don't want to answer

Do you or ant member of your 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 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?

☐Yes
☐No
☐Don't know
☐Don't want to answer

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 childcare services, please identify the type of services. If none, select Not applicable. Select all that apply.
☐Infant (birth to 11 months)
☐Toddler (11 to 36 months)
☐Preschool (3 to 5 years)
☐Afterschool Care (K – 9th Grade)
☐Don't know
☐Don't want to answer
☐Not applicable

Have you ever had any of these childcare related problems during the past year? Select all that apply.
☐Cost
☐Availability
☐Location
☐Transportation
☐Hours of operation
☐Other: _____
☐Don't know
☐Don't want to answer
☐Not applicable

What is your housing situation today?
☐I have housing.
☐I have housing, but I am worried about losing my housing.
☐I don't have housing.
☐Don't know
☐Don't want to answer

How often does your partner physically hurt you?
☐Never
☐Rarely
☐Sometimes
☐Fairly often
☐Frequently
☐Don't want to answer

How often does your partner insult or talk down to you?
☐Never
☐Rarely
☐Sometimes
☐Fairly often
☐Frequently
☐Don't want to answer

Do you ever forget to take 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