Alabama WISEWOMAN
Data Collection: Patient Intake Form
Form 001 Rev Date 08/2024

Patient Last Name: _____
DOB: _____

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 (Please circle) 0 1 2 3 4 5 6 7 8 9 10 11 12 ☐ 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

1. Do you have **Hypertension?** ☐ Yes ☐ No ☐ Don't Know/ Not Sure

2. If yes, was medication prescribed to lower your blood pressure? ☐ Yes ☐ No ☐ Don't Know/ Not Sure

3. If yes, do you measure your blood pressure at home or using another calibrated source? ☐ Yes ☐ No ☐ Don't Know/ Not Sure

4. If yes, how often do you measure your blood pressure at home or using another calibrated source?
☐ Multiple times a day ☐ Daily ☐ A few times per week ☐ Weekly ☐ Monthly ☐ Don't Know/Not Sure

5. During the past 7 days, how many days did you take prescribed medication for **Hypertension?**
Please circle: 0 1 2 3 4 5 6 7 ☐ Don't Know/ Not Sure ☐ Not Applicable

6. Do you regularly share blood pressure readings with a healthcare provider for feedback? ☐ Yes ☐ No ☐ Don't Know/ Not Sure

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7. Do you have **High Cholesterol?**	☐ Yes	☐ No	☐ Don't Know/ Not Sure
8. If yes, was medication (Statin) prescribed to lower your cholesterol?	☐ Yes	☐ No	☐ Don't Know/ Not Sure
9. If yes, was medication (other than Statin) prescribed to lower your cholesterol?	☐ Yes	☐ No	☐ Don't Know/ Not Sure

10. During the past 7 days, how many days did you take prescribed medication for **High Cholesterol?**
Please circle: 0 1 2 3 4 5 6 7 ☐ Don't Know/ Not Sure ☐ Not Applicable

11. Do you have **Diabetes?**	☐ Yes	☐ No	☐ Don't Know/ Not Sure
12. If yes, was medication prescribed to lower your blood sugar?	☐ Yes	☐ No	☐ Don't Know/ Not Sure

13. During the past 7 days, how many days did you take prescribed medication for **Diabetes?**
Please circle: 0 1 2 3 4 5 6 7 ☐ Don't Know/ Not Sure ☐ Not Applicable

Have you had?

14. Stroke/TIA	☐ Yes	☐ No	☐ Don't Know/ Not Sure
15. Heart Attack	☐ Yes	☐ No	☐ Don't Know/ Not Sure
16. Coronary Heart Disease	☐ Yes	☐ No	☐ Don't Know/ Not Sure
17. Heart Failure	☐ Yes	☐ No	☐ Don't Know/ Not Sure
18. Vascular Disease (Peripheral Arterial Disease)	☐ Yes	☐ No	☐ Don't Know/ Not Sure
19. Congenital Heart Disease and Defects	☐ Yes	☐ No	☐ Don't Know/ Not Sure
20. Gestational Hypertension	☐ Yes	☐ No	☐ Don't Know/ Not Sure
21. Gestational Diabetes	☐ Yes	☐ No	☐ Don't Know/ Not Sure
22. Pre-eclampsia/Eclampsia	☐ Yes	☐ No	☐ Don't Know/ Not Sure

23. Are you taking aspirin daily to help prevent a heart attack or stroke? ☐ Yes ☐ No ☐ Don't Know/ Not Sure ☐ Not Applicable

SECTION 3: HEALTH BEHAVIORS

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

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

26. 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

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

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

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

30. 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?

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

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

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

SECTION 4: SOCIAL QUESTIONS

35. 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

36. Do you or any 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

37. During the past 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
☐Don't know
☐Don't want to answer

36. Have you ever missed a doctor's appointment because of a transportation problem?
☐Yes
☐No
☐Don't know
☐Don't want to answer

37. 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

38. Have you ever had any of these childcare-related problems 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

39. 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

40. How often does your partner physically hurt you?

☐Never ☐Fairly often
☐Rarely ☐Frequently
☐Sometimes ☐Don't want to answer

41. How often does your partner insult or talk down to you?

☐Never ☐Fairly often
☐Rarely ☐Frequently
☐Sometimes ☐Don't want to answer

42. Do you ever forget to take your medicine?

☐Yes
☐No
☐Don't want to answer

43. Are you careless at times about taking your medicine?

☐Yes
☐No
☐Don't want to answer

44. When you feel better, do you sometimes stop taking your medicine?

☐Yes
☐No
☐Don't want to answer