DOH 345-361 JAN 2023

Prime Contractor Information

WA State WISEWOMAN BASELINE/FOLLOW-UP SCREENING FORM

Date: _____ **Name**: _____ **DOB**: ___/____/_____ **Provider**: _____

Height (in 0'0") _____ **Weight** (in lbs.) _____ **Waist circumference** _____

If the answer to #1 in any of these sections is "No"/"Don't Know"/"Don't want to answer", skip to the next section.

Blood Pressure

1. **Do you have hypertension (high blood pressure)?**
   ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
2. Was medication prescribed to lower your blood pressure?
   ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
3. During the past 7 days, on how many days did you take prescribed medication to lower your blood pressure?
   _____ Number of days ☐ None ☐ Don't know ☐ Don't want to answer
4. Do you measure your blood pressure at home or use other calibrated sources (e.g. at a pharmacy)?
   ☐ Yes ☐ Don't have equipment to measure blood pressure
   ☐ Was never told to measure blood pressure ☐ Don't know
   ☐ Don't know how to measure blood pressure ☐ Don't want to answer
5. How often do you measure your blood pressure?
   ☐ Multiple times per day ☐ Daily ☐ A few times per week
   ☐ Weekly ☐ Monthly ☐ Never ☐ Don't Know ☐ Don't want to answer
6. Do you regularly share blood pressure readings with a health care provider?
   ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer

Cholesterol

1. **Do you have high cholesterol?**
   ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
2. Was medication (Statin) prescribed to lower your cholesterol?
   ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
3. Was medication (other than Statin) prescribed to lower your cholesterol?
   ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
4. During the past 7 days (including today), how many days did you take prescribed medication to lower your cholesterol?
   _____ Number of days ☐ None ☐ Don't know ☐ Don't want to answer

Diabetes

1. **Do you have diabetes? (Type 1 or 2?)**
   ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
2. Was medication prescribed to lower your blood sugar (for diabetes)?
   ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
3. During the past 7 days, on how many days did you take prescribed medication to lower your blood sugar (for diabetes)?
   _____ Number of days ☐ None ☐ Don't know ☐ Don't want to answer

Cardiovascular Health

1. Have you been diagnosed by a health care provider as having any of these conditions?
   - **Stroke/TIA** ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
   - **Heart attack** ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
   - **Coronary heart disease** ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
   - **Heart failure** ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
   - **Vascular disease (peripheral arterial disease)** ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
   - **Congenital heart disease or defects** ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
2. Is the client taking aspirin daily to help prevent a heart attack or stroke?
   ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer

Lifestyle Questions

1. How many cups of fruits and vegetables do you eat in an average day?
_____ Number of cups ☐ None ☐ Don't know ☐ Don't want to answer

2. Do you eat 2 servings or more of fish weekly? ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer

3. Of the grain products the client eats in a typical day, how many are whole grain?
☐ Less than half ☐ About half ☐ More than half ☐ Don't want to answer

4. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?
☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer

5. Are you currently watching or reducing your sodium or salt intake?
☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer

6. In the past 7 days, how often did you have a drink containing alcohol?
_____ Number of times ☐ None ☐ Don't know ☐ Don't want to answer

7. How many alcoholic drinks, on average, do you consume during a day you drink?
_____ Number of drinks ☐ None ☐ Don't know ☐ Don't want to answer

8. How many minutes of physical activity/exercise do you get in a week?
_____ Number of minutes ☐ None ☐ Don't know ☐ Don't want to answer

9. Do you smoke (include cigarettes, pipes, cigars, vaping, or any smoked tobacco)? ☐ Current smoker
☐ Quit 1-12 months ago ☐ Quit more than 12 months ago ☐ Never smoked ☐ Don't want to answer

10. Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things?
☐ Not at all ☐ Several days ☐ More than half ☐ Nearly every day ☐ Don't want to answer

11. Over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?
☐ Not at all ☐ Several days ☐ More than half ☐ Nearly every day ☐ Don't want to answer

Blood Pressure: BP reading: _____ /_____ mm Hg 2nd BP reading (optional): _____ / _____ mm Hg

ALERT/BP Disease Level Follow-up: ☐ Not medically needed
☐ Medically necessary: Follow up date ____/_____/_____
☐ Medically necessary, but declined
☐ Client refused workup

Cholesterol and Lipids – Fasting ☐ Yes ☐ No
Total Cholesterol:_____ mg/dl
HDL Cholesterol: _____mg/dl
LDL Cholesterol: _____ mg/dl
Triglycerides: _____mg/dl

Glucose/A1C Testing – Fasting ☐ Yes ☐ No
HgA1C for diabetes monitoring
HgA1C by POC: _____%
Diabetes Screening
HgA1C by venipuncture: _____%
Fasting Glucose: _____mg/dl

If no test, check reason:
☐ Inadequate sample
☐ Client refused
☐ No measurement recorded