Washington State WISEWOMAN Participant Agreement

*Name: ____________________________________________  Phone ________________

*My overall goal is related to:
- [ ] Blood Pressure Control
- [ ] Tobacco Use
- [ ] Nutrition
- [ ] Healthy Weight
- [ ] Physical Activity
- [ ] Stress Management

*My small step is (something I can be successful at doing in the next two months) ____________

_____________________________________________________

*My plan is _____________________________________________
Who will help me? _______________________________________
Where will I do it? _________________________________________
When will I do it? _________________________________________
What do I need to be successful? ___________________________

*I will:
- [ ] Work on my healthy behavior goal
- [ ] Sign up for and complete ___________ (lifestyle program)
- [ ] Follow through with recommendations from my health care provider
- [ ] Take my medicine as prescribed
- [ ] ____________________________

*The WISEWOMAN Program will:
- [ ] Support me by providing resources to help me reach my goal
- [ ] Pay for my lifestyle program
- [ ] Pay for my eligible medical office visit and necessary lab work
- [ ] Follow up with me 2 weeks after my initial visit and regularly, as needed.
- [ ] ____________________________

On a scale of 0-10, how confident are you that you can be successful in making your small step?
________ (0 = not confident at all, 10 = really confident)

*Participant signature__________________________  *Date________________________

WISEWOMAN Contacts are: _______________________________________________________

*Items with an asterisk are required