

## WEST VIRGINIA WISEWOMAN Health Coaching

|   |                    |              |   |  |
|---|--------------------|--------------|---|--|
| <b>Provider Name:</b>   |                    |              | <b>Date:</b>  |  |
| <b>Last Name:</b>   | <b>First Name:</b> | <b>M.I.:</b> | <b>Date of Birth:</b>   |  |
| <input type="checkbox"/> <b>Session One (Screening)</b> <input type="checkbox"/> <b>Session Three (Completed)</b><br><input type="checkbox"/> <b>Session Two</b> <input type="checkbox"/> <b>Additional Session</b>   |                    |              | <b>Session Type:</b><br><input type="checkbox"/> Face-to-Face<br><input type="checkbox"/> Phone |  |
|   |                    |              | <b>Session Length (Mins):</b>   |  |
| <b>1. Negotiate the agenda: What is the one area the participant would like to focus on changing?</b>   |                    |              |   |  |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Drink more water<br/> <input type="checkbox"/> Get blood pressure under control<br/> <input type="checkbox"/> Lose weight         </div> <div> <input type="checkbox"/> Exercise more<br/> <input type="checkbox"/> Decrease my A1C<br/> <input type="checkbox"/> Eat more fruits and vegetables         </div> <div> <input type="checkbox"/> Lower my cholesterol<br/> <input type="checkbox"/> Quit smoking<br/> <input type="checkbox"/> Other: _____         </div> </div> |                    |              |   |  |
| <b>2. Assess stage of readiness to change:</b>  |                    |              |   |  |
| <input type="checkbox"/> Pre-contemplation <input type="checkbox"/> Contemplation <input type="checkbox"/> Preparation <input type="checkbox"/> Action <input type="checkbox"/> Maintenance   |                    |              |   |  |
| <b>3. Explore ambivalence: reasons to change, reasons to stay the same, good things about change, difficult things about change</b>   |                    |              |   |  |
| <b>Document reasons for change:</b>   |                    |              | <b>Document reasons NOT to change:</b>  |  |
| <b>What barriers does the participant think might get in the way?</b><br><input type="checkbox"/> Transportation <input type="checkbox"/> Lack of<br><input type="checkbox"/> Financial issues                      Motivation/Commitment<br><input type="checkbox"/> Family/Social Support Issues <input type="checkbox"/> Education/Health Literacy<br><input type="checkbox"/> Issues with Work <input type="checkbox"/> Unrealistic Goal Setting<br><input type="checkbox"/> Other _____<br>_____   |                    |              | <b>What are some things that can make this a success?</b><br><br><br><br><br>                   |  |
| <b>4. Tailor the intervention: elicit change talk, evaluate ambivalence, build readiness:</b>   |                    |              |   |  |
| <b>Summarize the following:</b>   |                    |              |   |  |
| <b>Goal:</b> _____<br><br><b>Next Step:</b> _____<br><br><b>Information Exchanged:</b> _____<br><br><b>Close the Encounter:</b> _____   |                    |              |   |  |
| <b>Please check <u>all topics</u> that were discussed with participant:</b>   |                    |              |   |  |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Fruit and Vegetable Consumption<br/> <input type="checkbox"/> Blood Pressure Control<br/> <input type="checkbox"/> Weight Loss         </div> <div> <input type="checkbox"/> A1C Control<br/> <input type="checkbox"/> Smoking Cessation<br/> <input type="checkbox"/> Physical Activity         </div> <div> <input type="checkbox"/> Water Consumption<br/> <input type="checkbox"/> Cholesterol Control<br/> <input type="checkbox"/> Other: _____         </div> </div>     |                    |              |   |  |