



## WEST VIRGINIA WISEWOMAN Health History

| Last Name:  | First Name:                 | M.I.:   | Date of Birth:          |
|---|-----------------------------|---|-------------------------|
| Health Conditions   |                             |   |                         |
| 1. Which of the following conditions do you have?  I. Hypertension  |                             | 5. After being prescribed medication, on what date(s) did you have your blood pressure re-measured either by a healthcare provider or with another community resource?  |                         |
| Heart Attack Coronary Heart Disease   | Yes No Yes No Yes No        | 6. Are you taking aspirin daily to prevent a heart attack or stroke?  ☐ Yes ☐ No  |                         |
| Vascular Disease (Peripheral arterial disease) Congenital Heart Disease and Defects Gestational Hypertension Gestational Diabetes   | ion                         | 7. Do you measure your blood pressure at home or using other calibrated sources (outside the home)?  Yes  No-was never told to measure my blood pressure  No-do not know how to monitor my blood pressure  No-do not have the equipment to measure my blood pressure  Not Appplicable |                         |
| Cholesterol (Statin)  | r? (check all that apply) s | 8. How often do you measure home or using other calibrate home)?    Multiple times per day   A few times per week   Monthly   Not Applicable  | ed sources (outside the |
| 4. During the past 7 days, how many days did you take prescribed medication for the following conditions?  High Blood Pressure (0-7 days) #of days None Not Appplicable  High Cholesterol (0-7 days) #of days None Not Appplicable  High Blood Sugar (0-7 days) #of days None Not Appplicable |                             | 9. Do you regularly share blood pressure readings with a health care provider for feedback?  Yes  No  Not Appplicable   |                         |





| Diet and Physical Activity   |
|--|
| 10. How many cups of fruit and vegetables do you eat on an average day?  Number of Cups   None   |
| 11. Do you eat fish at least two times a week?  ☐ Yes ☐ No   |
| 12. Thinking about all of the servings of grain products you eat in a typical day, how many are whole grains?   Less than half  More than half |
| 13. Do you drink less than 36 ounces (450 calories) of sugar sweetened beverages weekly?  ☐ Yes ☐ No   |
| 14. Are you currently watching or reducing your sodium or salt intake?  ☐ Yes ☐ No   |
| 15. In the past 7 days, how often have you had a drink containing alcohol?  Number of days □ None  |
| 16. How many alcoholic drinks, on average, do you consume during a day?  Number of drinks □ None   |
| 17. How many minutes of physical activity (exercise) do you get in a week?  Number of minutes   None   |
| 18. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)?  ☐ Current Smoker  |
| ☐ Quit (more than 1-12 months ago)   |
| ☐ Quit (more than 12 months ago)   |
| □ Never smoked   |
| 19. Over the past 2 weeks, how often have you been bothered by any of the following problems?  |
| I. Little Interest or Pleasure In Doing Things?  |
| □ Not at all   |
| ☐ Several days   |
| ☐ More than half   |
| ☐ Nearly every day   |
| II. Feeling down, depressed, or hopeless?  |
| □ Not at all   |
| ☐ Several days   |
| ☐ More than half   |
| ☐ Nearly every day   |
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