WEST VIRGINIA WISEWOMAN
Health History Form

This form is to be filled out by the provider or health coach, NOT the participant

Provider Name	Date	SSN#	
Last Name	**First Name**	**M.I.**	**Date of Birth** / /

HEALTH CONDITIONS

1. Which of the following conditions do you have? (Check all that apply)

- ❑ Hypertension
- ❑ High Cholesterol
- ❑ Diabetes (Type 1 or Type 2)

2. Have you had any of the following ? (Check all that apply)

Stroke/TIA	❑ Yes	❑ No
Heart Attack	❑ Yes	❑ No
Coronary Heart Disease	❑ Yes	❑ No
Heart Failure	❑ Yes	❑ No
Vascular Disease (peripheral arterial disease)	❑ Yes	❑ No
Congenital Heart Disease and Defects	❑ Yes	❑ No

3. Have you been prescribed medication to lower? (Check all that apply)

- ❑ Blood Pressure
- ❑ Cholesterol (Statin)
- ❑ Cholesterol (other prescribed medication)
- ❑ Blood Sugar

4. Are you taking aspirin daily to help prevent a heart attack or stroke?

- ❑ Yes
- ❑ No

5. During the past 7 days, how many days did you take prescribed medication for the following conditions:

I. High Blood Pressure (0-7 days)	II. High Cholesterol (0-7 days)	III. High Blood Sugar (0-7 days)
❑ Number of days _____	❑ Number of days _____	❑ Number of days _____
❑ None	❑ None	❑ None

6. Do you measure your blood pressure at home or using other calibrated sources?

- ❑ Yes
- ❑ No - was never told to measure my blood pressure
- ❑ No - do not know how to measure my blood pressure
- ❑ No - do not have the equipment to measure my blood pressure.
- ❑ N/A (choose if your answer to question #1 does not include **Hypertension**)

7. How often do you measure your blood pressure at home or using other calibrated sources?

- ❑ Multiple times per day
- ❑ Daily
- ❑ A few times per week
- ❑ Weekly
- ❑ Monthly
- ❑ N/A (choose if your answer to question #1 does not include **Hypertension**)

8. Do you regularly share blood pressure readings with a healthcare provider for feedback?

- ❑ Yes
- ❑ No
- ❑ N/A (choose if your answer to question #1 does not include **Hypertension**)

DIET AND PHYSICAL ACTIVITY

9. How many cups of fruits and vegetables do you eat in an average day?

- ❑ Number of cups _____
- ❑ None

10. Do you eat fish at least two times a week?

- ❑ Yes
- ❑ No

11. Thinking about all the servings of grain products you eat in a typical day, how many are whole grains?

- ❑ Less than half
- ❑ About half
- ❑ More than half

12. Do you drink <u>less</u> than 36 ounces (450 calories) of sugar sweetened beverages weekly?

- ❑ Yes
- ❑ No

13. Are you currently <u>watching or reducing</u> your sodium or salt intake?

- ❑ Yes
- ❑ No

14. In the past 7 days, how often do you have a drink containing alcohol?

- ❑ Number of days _____
- ❑ None

15. How many alcoholic drinks, on average, do you consume during a day you drink?

- ❑ Number of drinks_____
- ❑ None

16. How many minutes of physical activity (exercise) do you get in a week?

- ❑ Number of minutes_____
- ❑ None

SMOKING

17. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)

- ❑ Current smoker
- ❑ Quit (1-12 months ago)
- ❑ Quit (more than 12 months ago)
- ❑ Never smoked

QUALITY OF LIFE

18. 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?	II. Feeling down, depressed, or hopeless?
❑ Not at all	❑ Not at all
❑ Several Days	❑ Several Days
❑ More than half	❑ More than half
❑ Nearly every day	❑ Nearly every day

Clinician Signature: _____

Date: _____