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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-01228 (11/2019) | **STATE OF WISCONSIN**Bureau of Community Health PromotionChronic Disease Prevention and Cancer Control Section |
| wisewoman Follow UP ASSESSMENT – LSP/HC Complete*(Should occur within 4 to 6 weeks after LSP/HC Completion)* |
| **SECTION 1 – CLIENT AND PROVIDER INFORMATION** |

| 1. Provider Agency Name
 | 1. Performing Provider Name (NP, PA, or MD)
 | 1. Date of Contact
 |
| --- | --- | --- |
|       |       |       |
| 1. Client Name (Last, First MI)
 | 1. Client ID Number
 |
|       |       |
| 1. Date of Birth
 | 1. Main Phone Number
 | 1. Alternate Phone Number
 |
|       |       |       |
| SECTION 2 – HEALTHY BEHAVIOR SUPPORT INTERVENTION |
| 1. Indicate the intervention the client participated in
 |
| [ ]  TOPS [ ]  DPP [ ]  SNAP-ED [ ]  Venga [ ]  YMCA BPSM [ ]  HC [ ]  HC HTN |
| 1. If the client chose tobacco cessation referral: [ ]  Quit Line [ ]  Fax to Quit [ ]  Community Program
 |
| Cessation activity completion: [ ]  Yes, date completed:       [ ]  No, partially complete[ ]  No, discontinued [ ]  No, could not be reached |
| 1. Indicate the date for each encounter.
 |
| **1** |       | **2** |       | **3** |       | **4** |       | **5** |       | **6** |       |
| **7** |       | **8** |       | **9** |       | **10** |       | **11** |       | **12** |       |
| **13** |       | **14** |       | **15** |       | **16** |       |  |  |  |  |
|  |
| 1. Height

   feet    inches | 1. BMI

      | 1. Weight

      pounds | 1. BP 1 Reading:

     /     BP 2 Reading:     /      | BP 3 Reading     /     Average all Readings     /      |
| 1. Client Abnormal at IOV -Fasting Status
 | Glucose  |
|       Total Cholesterol Mg/dL |       Mg/dL |
| HDL Mg/dL | LDL Mg/dL | Trig. Mg/dL | 16B. [ ]  Linked for ongoing care to 16 C. [ ]  Referred to WW HTN Management |
|       Mg/dL |       Mg/dL |       Mg/dL |
| **SECTION 3 –HEALTH HISTORY** | Yes | No | Don’t Know or Not Sure | Not Applicable |
| 1. Have you had any of the following: ever been diagnosed by a health care provider as having any of these conditions:
 |
| * 1. Coronary heart disease
 | [ ]  | [ ]  | [ ]  |  |
| * 1. Heart attack
 | [ ]  | [ ]  | [ ]  |  |
| * 1. Heart failure
 | [ ]  | [ ]  | [ ]  |  |
| * 1. Vascular disease (peripheral arterial disease)
 | [ ]  | [ ]  | [ ]  |  |
| * 1. Stroke/TIA
 | [ ]  | [ ]  | [ ]  |  |
| * 1. Congenital heart disease and defects
 | [ ]  | [ ]  | [ ]  |  |
| 1. Are you taking aspirin daily to help prevent a heart attack or stroke?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Do you have high cholesterol?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Was medication(Statin) prescribed to lower your cholesterol?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Was medication (other than Statin) prescribed to lower your cholesterol?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. During the past seven days on how many days did you take prescribed medication to lower your cholesterol? Number of Days:
 | [ ]  |
| 1. Do you have diabetes (either type 1 or type 2)?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Was medication prescribed to lower your blood sugar (for diabetes)?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. During the past seven days, on how many days did you take prescribed medication to lower your blood sugar (for diabetes)? Number of Days:
 | [ ]  |
| **SECTION 3 –HEALTH HISTORY** (Continued) | Yes | No | Don’t Know or Not Sure | Not Applicable |
| 1. Do you have hypertension (high blood pressure)?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Was medication prescribed to lower your blood pressure?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. During the past seven days, on how many days did you take prescribed medication (including diuretics/ water pills) to lower your blood pressure? Number of Days:
 | [ ]  |
| 1. Do you measure your blood pressure at home or use other community-calibrated sources (for example, pharmacy or free blood pressure clinic)? [ ]  Yes [ ]  No

**If no, check all that apply:**[ ]  I was never told to measure blood pressure [ ]  I don’t know how to measure blood pressure[ ]  I don’t have equipment to measure blood pressure [ ] Not Applicable |
| 1. How often do you measure your blood pressure at home or use other community-calibrated sources?

[ ]  Multiple times per day [ ]  Daily [ ]  A few times a week [ ]  Weekly [ ]  Monthly [ ]  None [ ] Not Applicable |
| 1. Do you regularly share blood pressure readings with a health care provider for feedback?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| SECTION 4 – HEALTHY LIFESTYLE ASSESSMENT |
| 1. How many cups of fruits and vegetables do you eat in an average day?

Number of cups:       [ ]  None |
| 1. Do you eat fish at least two times a week? [ ]  Yes [ ]  No
 |
| 1. Thinking about all of the servings of grain products you eat in a typical day, how many are who grains?

[ ]  Less than half [ ]  About half [ ]  More than half |
| 1. Do you drink less than 36 ounces (450 calories) of sugar-sweetened beverages weekly? [ ]  Yes [ ]  No
 |
| 1. Are you currently watching or reducing your sodium or salt intake? [ ]  Yes [ ]  No
 |
| 1. In the past seven days, how often do you have a drink containing alcohol?

Number of days:       [ ]  None |
| 1. How many alcoholic drinks, on average, did you consume during a day you drink?

Number of days:       [ ]  None |
| 1. How many minutes of physical activity (exercise) do you get in a week?

Number of minutes:       [ ]  None |
| 1. 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 |
| 1. Over the past 2 weeks, how often have you been bothered by any of the following?
	1. Little interest or pleasure in doing things:[ ]  0 – Not at all [ ]  1 – Several days [ ]  2 – More than half [ ]  3 – Nearly every day
2. Feeling down, depressed, or hopeless:[ ]  0 – Not at all [ ]  1 – Several days [ ]  2 – More than half [ ]  3 – Nearly every day
 |
| SECTION 5 – ATTEMPTS TO CONTACT CLIENT |

|  |  |
| --- | --- |
| Date and Time of Attempt 1 | [ ]  No Answer [ ]  Left Message [ ]  Unable to Talk[ ]  Number Disconnected [ ]  Wrong Number |
|             [ ]  am [ ]  pm |
| Date and Time of Attempt 2 | [ ]  No Answer [ ]  Left Message [ ]  Unable to Talk[ ]  Number Disconnected [ ]  Wrong Number |
|             [ ]  am [ ]  pm |
| Date and Time of Attempt 3 [ ]  Client lost to FU | [ ]  No Answer [ ]  Left Message [ ]  Unable to Talk[ ]  Number Disconnected [ ]  Wrong Number |
|             [ ]  am [ ]  pm |