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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01228 (11/2019) | **STATE OF WISCONSIN**  Bureau of Community Health Promotion  Chronic 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 | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| 1. Client Name (Last, First MI) | | | | | | | | | | | | | | | 1. Client ID Number | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 1. Date of Birth | | | | | | 1. Main Phone Number | | | | | | | | | 1. Alternate Phone Number | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 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 |