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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-01220 (03/2019) | **STATE OF WISCONSIN**Bureau of Community Health PromotionChronic Disease Prevention and Cancer Control Section |
| wisewoman healthy lifestyle assessment |
| **SECTION 1 – CLIENT AND PROVIDER INFORMATION** |
| 1. Provider Agency Name | 2. Print Performing Provider Name | 3. Date of Integrated Office Visit |
|       |       |       |
| 4. Client Name (Last, First MI) | 5. Date of Birth | 6. Client ID Number |
|       |       |       |
| SECTION 2 – HEALTHY LIFESTYLE ASSESSMENT |
| 1. **How many cups of fruits and vegetables do you eat in an average day?**

      cups1. **Do you eat fish at least two times a week?**

[ ]  Yes [ ]  No1. **Thinking about all of the servings of grain products you eat in a typical day, how many are whole grains?**

[ ] Less than half [ ] About half [ ] More than half1. **Do you drink less than 36 ounces (450 calories) of sugar-sweetened beverages weekly?**

[ ]  Yes [ ]  No1. **Are you currently watching or reducing your sodium or salt intake?**

[ ]  Yes [ ]  No1. **In the past 7 days, how often did you have a drink containing alcohol?**

Number of days:       [ ] None1. **How many alcoholic drinks, on average, do you consume during a day you drink?**

Number of drinks:       [ ] None1. **How many minutes of physical activity (exercise) do you get in a week?**

Number of Minutes:       [ ]  None1. **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 smoked1. **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
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