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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01220 (03/2019) | | **STATE OF WISCONSIN**  Bureau of Community Health Promotion  Chronic 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 |
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| 4. Client Name (Last, First MI) | | | 5. Date of Birth | 6. Client ID Number |
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| SECTION 2 – HEALTHY LIFESTYLE ASSESSMENT | | | | |
| 1. **How many cups of fruits and vegetables do you eat in an average day?**         cups   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 whole 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 7 days, how often did you have a drink containing alcohol?**   Number of days:       None   1. **How many alcoholic drinks, on average, do you consume during a day you drink?**   Number of drinks:       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 | | | | |