NC WISEWOMAN Follow-up Screening (DHHS 4051A)

Agency:

1. Patient Identification

Patient Name: *Last* *First* *M.I.*

HIS ID (CNDS):

Date of Birth: ___/___/_____

Inactive Date: ___/___/_____

Enrollment Status: □ Active □ Has Insurance □ Moved □ Age Ineligible □ Income Ineligible □ Lost To Follow-up □ Deceased □ Request to Drop
BCCCP Referral Status: □ Actively enrolled in BCCCP □ Not Enrolled in BCCCP WISEWOMAN Referral Only

2. Patient Enrollment/Annual Screening

Screening Date
___/___/_____

Visit Type:
□ Follow-up—LSP/HC Complete

3. Primary Language Spoken at Home

□ English □ Spanish □ Arabic □ Chinese □ French □ Italian □ Japanese
□ Korean □ Polish □ Russian □ Tagalog □ Vietnamese □ Creole □ Portuguese
□ Hmong □ Other Language □ Don't want to answer

Race 1: □ White □ Black or African American □ Native Hawaiian or other Pacific Islander □ American Indian or Alaska Native □ Unknown
Race 2: □ White □ Black or African American □ Native Hawaiian or other Pacific Islander □ American Indian or Alaska Native □ Unknown □ NA

Zip Code _____

Ethnicity □ Hispanic/Latino □ Non-Hispanic/Latino □ Unknown

Years of education: □ <9th grade □ Some high school □ High school grad. or equiv. □ Some college or higher □ Don't know □ Don't want to answer

WW Patient Navigation Paid By: □ BCCCP □ WISEWOMAN □ Indian Health Services/Tribal Funds □ Other Funds □ N/A (did not receive navigated services)

Clinical Measurement Results

(For 1st BP, 2nd BP, Weight, Total Cholesterol, HDL, LDL, Glucose, 777=Unable to Obtain, 888=Client Refused
For Height, Waist: 77=Unable to Obtain, 88=Client Refused For A1C & Triglycerides: 7777=Unable to Obtain, 8888=Client Refused)

Clinical Measurement Date ___/___/_____

Blood Pressure 1st Reading _____/_____

Blood Pressure 2nd Reading _____/_____

Height (inches) _____

Weight (pounds) _____

Waist Circumference (inches) _____

Risk Reduction Counseling

Risk Reduction Counseling Date ___/___/_____

4. Medical History

(DKNS=don't know/not sure, DWTA=don't want to answer)

a. Do you have **high cholesterol?**
□ Yes □ No □ DKNS □ DWTA

b. Do you have hypertension (**high blood pressure)**?
□ Yes □ No □ DKNS □ DWTA

c. Do you have **Diabetes** (either Type 1 or Type 2)?
□ Yes □ No □DKNS □ DWTA

d. Have you been diagnosed as having:

I. **Stroke/transient ischemic attack (TIA)**
□ Yes □ No □ DKNS □ DWTA

II. **Heart Attack**
□ Yes □ No □ DKNS □ DWTA

III. **Coronary Heart Disease**
□ Yes □ No □ DKNS □ DWTA

IV. **Heart Failure**
□ Yes □ No □ DKNS □ DWTA

V. **Vascular Disease (peripheral arterial disease)**
□ Yes □ No □ DKNS □ DWTA

VI. **Congenital Heart Disease and Defects**
□ Yes □ No □ DKNS □ DWTA

5. Medication Status

(NA/55=Not Applicable, 0=None, DKNS/77=don't know/not sure, DWTA/88=don't want to answer)

a. Do you take a statin medication to lower your cholesterol?
□ Yes □ No □ NA □ DKNS □ DWTA

b. Do you take other (non-statin) medication to lower your cholesterol?
□ Yes □ No □ NA □ DKNS □ DWTA

c. Do you take medication to lower your blood pressure?
□ Yes □ No □ NA □ DKNS □ DWTA

d. Do you take medication to lower your blood sugar (for diabetes)?
□ Yes □ No □ NA □ DKNS □ DWTA

e. Are you taking aspirin daily to help prevent a heart attack or stroke?
□ Yes □ No □ NA □ DKNS □ DWTA

f. During the past 7 days, on how many days did you take prescribed medications to lower your cholesterol? _____ (number of days)

g. During the past 7 days, on how many days did you take prescribed medication (including diuretics) to lower your blood pressure? _____ (number of days)

h. During the past 7 days, on how many days did you take prescribed medication to lower blood sugar (for diabetes)? _____ (number of days)

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6. Blood Pressure, Self-Measurement (at Home or using other calibrated sources)

a. Do you measure your blood pressure?
- □ Yes
- □ No-Was never told to measure blood pressure
- □ No-Doesn't know how to measure blood pressure
- □ No-Doesn't have equipment
- □ DKNS □ DWTA □ Not Applicable

b. How often do you measure your blood pressure?
- □ Multiple times per day □ Daily □ A Few times per week
- □ Weekly □ Monthly □ DKNS □ DWTA
- □ Not Applicable

c. Do you regularly share blood pressure readings with a health care provider for feedback?
- □ Yes □ No □ DKNS □ DWTA □ Not Applicable

7. Nutrition Assessment (00=None, 88=Don't want to answer, DWTA=don't want to answer)

a. How many cups of fruits and vegetables do you eat in an average day
_____ (in cups)

b. How many vegetables do you eat in an average day?
_____ (in cups)

c. Do you eat fish at least two times a week?
□ Yes □ No □ DWTA

d. 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 □ DWTA

e. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?
□ Yes □ No □ DWTA

f. Are you currently watching or reducing your sodium or salt intake?
□ Yes □ No □ DWTA

g. In the past 7 days, how often do you have a drink containing alcohol?
_____ (Number of Days) □ DWTA

h. How many alcoholic drinks, on average, do you consume during a day you drink?
_____ (Number of Drinks) □ DWTA

8. Physical Activity Assessment (000=None, 888=Don't want to answer)

a. How much moderate physical activity do you get in a week? _____ (in minutes)

b. How much vigorous physical activity do you get in a week? _____(in minutes)

9. Smoking status (66=less than one, 88=don't want to answer, 00=none)

a. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)
□ Current □ Quit (1-12 months ago) □ Quit(>12 months ago) □ Never Smoked □ DWTA

10. Quality of Life Assessment (77=Don't know/Not Sure, 88=Don't want to answer)

a. 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? □ Not at all □ Several Days □ More than half □ Nearly Every Day □ DWTA
- II. Feeling down, depressed, or hopeless? □ Not at all □ Several Days □ More than half □ Nearly Every Day □ DWTA

Tobacco Cessation Resource Referral

Referral Date ___/___/___

Type of Cessation Resource	Status of Cessation Resource	
□ Quit Line □ Community-based tobacco program □ Other tobacco cessation resources	□ Yes - Completed Tobacco Cessation Program □ No - Partially completed Tobacco Cessation Program □ No – Discontinued from tobacco cessation activity when reached	□ No – Could not reach to conduct tobacco cessation activity □ Client Refused Referral

Workup Status

Diagnostic Exam Date ___/___/___

Referral Reason ☐ Blood Pressure

What is the status of the work-up?

☐ 1. Medically necessary ☐ 2. Not medically needed ☐ 3. Medically necessary follow-up appointment declined ☐ 8. Client refused workup

Comments

Comments: