



SEARHC

SouthEast Alaska Regional Health Consortium

SEARHC Annual Women's Assessment Form – 2009

Name: _____ **DOB:** _____ **DOV:** _____

Clinic: Please route completed form and copy of PCC to WW Staff for F/U

Clinic Checklist Ht _____ cm Wt _____ kg
BP 1 ____ / ____ BP 2 ____ / ____ (2nd BP \geq 5 min later)
 Fasting lipid panel + GLU or Non-fasting TC, HDL, GLU

Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

Yes No Don't know Don't want to answer

Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

Yes No Don't know Don't want to answer

Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?

Yes No Don't know Don't want to answer

Has a doctor, nurse, or other health professional ever told you that you had any of the following: heart attack (also called myocardial infarction), angina, coronary heart disease, or stroke?

Yes No Don't know Don't want to answer

Has your father, brother, or son had a stroke or heart attack before age 55?

Yes No Don't know Don't want to answer

Has your mother, sister, or daughter had a stroke or heart attack before age 65?

Yes No Don't know Don't want to answer

Has either of your parents, your brother or sister, or your child ever been told by a doctor, nurse, or other health professional that he or she has diabetes?

Yes No Don't know Don't want to answer

Email address if you want to receive Women's Health information by email:

Please Turn Over

Are you currently taking medication for high cholesterol?

- Yes, as prescribed Yes, but did not take today No Don't know
 Don't want to answer

Are you currently taking medication for high blood pressure?

- Yes, as prescribed Yes, but did not take today No Don't know
 Don't want to answer

Are you currently taking medication for diabetes?

- Yes, as prescribed Yes, but did not take today No Don't know
 Don't want to answer

Please check your highest grade in school:

- 8th grade High School grad or GED
 Some high school Some college or higher
 Don't know Don't want to answer

Do you now smoke cigarettes?

- Everyday Some days
 Not at all Don't know
 Don't want to answer

Do you consider yourself Hispanic or Latina? Yes No Don't know

How many cups of fruit do you usually eat each day?

Check one: 0 1 2 3 4 5 6 7 Not sure **(Choose the best answer)**

How many cups of 100% fruit juice do you usually drink each day?

Check one: 0 1 2 3 4 5 6 7 Not sure **(Choose the best answer)**

How many cups of vegetables do you usually eat each day?

Check one: 0 1 2 3 4 5 6 7 Not sure **(Choose the best answer)**

In a usual week, how many days per week do you do **moderate** activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

Check one: 0 1 2 3 4 5 6 7 Not Sure **(Choose the best answer)**

On days when you do **moderate** activities for at least 10 minutes at a time, **on average**, how much total time per day do you spend doing these activities?

____ Hours and/or ____ minutes per day Not Sure