

**SEARHC WISEWOMAN Women's Health Annual Assessment Form – 2014**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

1. Please Check your highest grade in school:

< 9<sup>th</sup>    Some high school    High school grad or GED    Some college or higher    Don't know

2. Do you consider yourself Hispanic or Latina?    Yes    No

3. What is the primary language spoken in your home?

English    Spanish    Tagalog    Chinese    French    Italian    Arabic    Japanese    Korean  
 Russian    Creole    Hmong    Polish    Portuguese    Vietnamese    Other Language

4. Do you smoke cigarettes, pipes, or cigars?

Yes    Never smoked    Quit 1-12 months ago    Quit more than 12 months ago

5. How many hours a day, on average, are you in the same room or vehicle with another person who is smoking? \_\_\_\_\_ # of hours    None

6. Do you have high cholesterol?    Yes    No **(If no, skip to question # 9)**    Don't know    Not sure

7. Do you take medication to lower you cholesterol?    Yes    No    No, could not obtain medication

8. During the past 7 days, on how many days did you take prescribed medication to lower you **cholesterol**?

**Check one:**    0    1    2    3    4    5    6    7    Not sure

9. Have you been diagnosed by a healthcare provider as having any of these conditions:

**coronary heart disease/chest pain**  
**heart attack**  
**heart failure**  
**stroke/transient ischemic attack (TIA)**  
**vascular disease**  
**congenital heart defect**

Yes    No

10. Do you have diabetes (either Type 1 or Type 2)?    Yes    No **(If no, skip to question # 13)**

Don't know    Not sure

11. Are you taking medication to lower your blood sugar for diabetes?

Yes    No    No, could not obtain medication

12. During the past 7 days, on how many days did you take prescribed medication to lower **blood sugar** for diabetes? **Check one:**    0    1    2    3    4    5    6    7    Not sure

**Please Turn Over**

13. Do you have hypertension (high blood pressure)?  Yes  No (If no, skip to question # 19)  
 Don't know  Not sure
14. Do you take medication to lower your blood pressure?  Yes  No  No, could not obtain medication
15. During the past 7 days, on how many days did you take prescribed medication (including diuretics/water pill) to lower your **blood pressure**? **Check one:**  0  1  2  3  4  5  6  7  Not sure
16. Do you measure your blood pressure at home or use another location outside of the clinic?  
 Yes  
 No, I was never told to measure my blood pressure  
 No, I don't have equipment to measure my blood pressure
17. If yes, how often do you measure you blood pressure?  
 Multiple times a day  Daily  A few times per week  Weekly  Monthly
18. Do you regularly share blood pressure readings with a health care provider for feedback?  Yes  No

19. How many cups of fruit do you eat in an average day?  
**Check one:**  0  1  2  3  4  5  6  7  None
20. How many cups of vegetables do you eat in an average day?  
**Check one:**  0  1  2  3  4  5  6  7  None
21. Do you drink less than 36 ounces (450 calories) of beverages (soda, coffee drinks, juice, ice tea) with added sugar weekly?  Yes  No
22. Do you eat two servings or more of fish weekly?  Yes  No
23. Do you eat 3 ounces or more of whole grains (1 slice of whole wheat bread or ½ cup of brown rice =1oz) daily?  Yes  No
24. Are you currently watching or reducing your salt or sodium intake?  Yes  No

25. How much **moderate** physical activity (you are able to talk during activity) do you get in a week?  
 \_\_\_\_\_ Hours and/or \_\_\_\_\_ Minutes  None
26. How much **vigorous** physical activity (you are not able to talk during activity) do you get in a week?  
 \_\_\_\_\_ Hours and/or \_\_\_\_\_ Minutes  None

27. Thinking about your physical health, which includes physical illness and injury, on how many days during the past 30 days was your physical health not good? \_\_\_\_\_ Days \_\_\_\_\_ Don't know/Not sure
28. During the past 30 days, how many days did poor physical or mental health, keep you from doing your usual activities, such as self-care, work, or recreation? \_\_\_\_\_ Days \_\_\_\_\_ Don't know/Not sure



**Thank You!**

