



## Washington State WISEWOMAN Participant Agreement

**\*Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**\*My overall goal is related to:**

- Blood Pressure Control       Nutrition       Physical Activity  
 Tobacco Use       Healthy Weight       Stress Management

**\*My small step is** (something I can be successful at doing in the next two months) \_\_\_\_\_

**\*My plan is** \_\_\_\_\_

Who will help me? \_\_\_\_\_

Where will I do it? \_\_\_\_\_

When will I do it? \_\_\_\_\_

What do I need to be successful? \_\_\_\_\_

**\*I will:**

- Work on my healthy behavior goal
- Sign up for and complete \_\_\_\_\_  
\_\_\_\_\_ (lifestyle program)
- Follow through with recommendations from my health care provider
- Take my medicine as prescribed
- \_\_\_\_\_

**\*The WISEWOMAN Program will:**

- Support me by providing resources to help me reach my goal
- Pay for my lifestyle program
- Pay for my eligible medical office visit and necessary lab work
- Follow up with me 2 weeks after my initial visit and regularly, as needed.
- \_\_\_\_\_

On a scale of 0-10, how confident are you that you can be successful in making your small step?  
\_\_\_\_\_ (0 = not confident at all, 10 = really confident)

**\*Participant signature** \_\_\_\_\_ **\*Date** \_\_\_\_\_

**WISEWOMAN Contacts are:** \_\_\_\_\_

**\*Items with an asterisk are required**