**Date**: \_\_\_\_\_\_\_\_\_\_ **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_\_\_ **Provider**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Height** (in 0’0”) \_\_\_\_\_\_\_\_\_\_\_\_\_ **Weight** (in lbs.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Waist circumference** \_\_\_\_\_\_\_\_\_\_\_\_\_

*If the answer to #1 in any of these sections is “No”/“Don’t Know”/“Don’t want to answer”, skip to the next section.*

|  |  |
| --- | --- |
| **Blood Pressure** | 1. Do you have hypertension (high blood pressure)? [ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer
 |
| 1. Was medication prescribed to lower your blood pressure?[ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer
 |
| 1. During the past 7 days, on how many days did you take prescribed medication to lower your blood pressure?\_\_\_\_\_\_\_\_\_\_\_\_ Number of days [ ]  None [ ]  Don’t know [ ]  Don’t want to answer
 |
| 1. Do you measure your blood pressure at home or use other calibrated sources (e.g. at a pharmacy)?
 |
| [ ]  Was never told to measure BP[ ]  Don’t know how to measure BP | [ ]  Don’t have equipment to measure BP[ ]  Don’t know [ ]  Don’t want to answer |
| 1. How often do you measure your blood pressure?[ ]  Multiple times per day [ ]  Daily [ ]  A few times per week[ ]  Weekly [ ]  Monthly [ ]  Never [ ]  Don’t Know [ ]  Don’t want to answer
 |
| 1. Do you regularly share BP readings with a health care provider?

[ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer |
| **Cholesterol** | 1. Do you have high cholesterol? [ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer
 |
| 1. Was medication (Statin) prescribed to lower your cholesterol?

[ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer |
| 1. Was medication (other than Statin) prescribed to lower your cholesterol?

[ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer |
| 1. During the past 7 days (including today), on how many days did you take prescribed medication to lower your cholesterol?

\_\_\_\_\_\_\_\_\_\_\_\_ Number of days [ ]  None [ ]  Don’t know [ ]  Don’t want to answer |
| **Diabetes** | 1. Do you have diabetes? (Type 1 or 2?) [ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer
 |
| 1. Was medication prescribed to lower your blood sugar (for diabetes)?

[ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer |
| 1. During the past 7 days, on how many days did you take prescribed medication to lower your blood sugar (for diabetes)?

\_\_\_\_\_\_\_\_\_\_\_\_ Number of days [ ]  None [ ]  Don’t know [ ]  Don’t want to answer |
| **Cardiovascular** | 1. Have you been diagnosed by a health care provider as having any of these conditions?
* **Stroke/TIA** [ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer
* **Heart attack** [ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer
* **Coronary heart disease** [ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer
* **Heart failure** [ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer
* **Vascular disease (peripheral arterial disease)**

 [ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer* **Congenital heart disease or defects**

 [ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer |
| 1. Are you taking aspirin daily to help prevent a heart attack or stroke?

[ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer |

**Lifestyle Questions**

|  |
| --- |
| 1. How many cups of fruits and vegetables do you eat in an average day?

 \_\_\_\_\_\_\_\_\_ Number of cups [ ]  None [ ]  Don’t know [ ]  Don’t want to answer |
| 1. Do you eat 2 servings or more of fish weekly? [ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer
 |
| 1. Of the grain products you eat in a typical day, how many are whole grain?

[ ]  Less than half [ ]  About half [ ]  More than half [ ]  Don’t want to answer |
| 1. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?

[ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer |
| 1. Are you currently watching or reducing your sodium or salt intake?

[ ]  Yes [ ]  No [ ]  Don’t know [ ]  Don’t want to answer |
| 1. In the past 7 days, how often did you have a drink containing alcohol?

 \_\_\_\_\_\_\_\_\_\_\_\_ Number of times [ ]  None [ ]  Don’t know [ ]  Don’t want to answer |
| 1. How many alcoholic drinks, on average, do you consume during a day you drink?

 \_\_\_\_\_\_\_\_\_\_\_\_ Number of drinks [ ]  None [ ]  Don’t know [ ]  Don’t want to answer |
| 1. How many minutes of physical activity/exercise do you get in a week?

 \_\_\_\_\_\_\_\_\_\_\_\_ Number of minutes [ ]  None [ ]  Don’t know [ ]  Don’t want to answer |
| 1. Do you smoke (include cigarettes, pipes, cigars, vaping, or any smoked tobacco)? [ ]  Current smoker

[ ]  Quit 1-12 months ago [ ]  Quit more than 12 months ago [ ]  Never smoked [ ]  Don’t want to answer |
| 1. Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

[ ]  Not at all [ ]  Several days [ ]  More than half [ ]  Nearly every day [ ]  Don’t want to answer |
| 1. Over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

[ ]  Not at all [ ]  Several days [ ]  More than half [ ]  Nearly every day [ ]  Don’t want to answer |
| **Blood Pressure:** BP reading: \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ mm Hg 2nd BP reading (optional): \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ mm Hg ALERT/BP Disease Level Follow-up [ ]  Not medically needed [ ]  Medically necessary: Follow up date \_\_\_\_\_\_\_\_\_\_\_ [ ]  Medically necessary, but declined [ ]  Client refused workup |
| **Cholesterol and Lipids - Fasting** [ ]  **Yes** [ ]  **No**Total Cholesterol: \_\_\_\_\_\_ mg/dl HDL Cholesterol: \_\_\_\_\_\_mg/dlLDL Cholesterol: \_\_\_\_\_\_\_\_\_\_\_\_\_ mg/dlTriglycerides: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg/dl | **Glucose/A1C Testing – Fasting** [ ]  **Yes** [ ]  **No**HgA1C for diabetes monitoringHgA1C by POC: \_\_\_\_\_\_\_% Diabetes ScreeningHgA1C by venipuncture: \_\_\_\_\_\_\_%Fasting Glucose: \_\_\_\_\_\_\_\_\_\_mg/dl | **If no test,** check reason:[ ]  Inadequate sample[ ]  Client refused[ ]  No measurement recorded |
| **Labs and Follow-up**Lab used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date sent to lab: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Labs reviewed with patient?** [ ]  Yes [ ]  No  **Sent in writing?** [ ]  Yes [ ]  No Date patient informed of lab results (if not avail same day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Risk Reduction****Risk Reduction Counseling completed?** [ ]  Yes Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No**Tobacco Cessation** If referred for smoking cessation, which resource? Check all that apply.[ ]  Tobacco Quit Line [ ]  Community-based tobacco program [ ]  Other tobacco cessation resource (e.g. 2Morrow App)**Outcome of tobacco cessation referral**, if applicable: [ ]  Completed [ ]  Partially completed [ ]  Not completed/declined**Referral Program**: [ ]  Blood pressure Self-Monitoring [ ]  Health Coaching  [ ]  BP Self-Monitoring w/ Clinical Support [ ]  Big 4 Health Coaching [ ]  Diabetes Prevention Program [ ]  Lose to Win YMCA |