


If You Are a Woman Age 30-64 Please Complete This Page

WISEWOMAN staff will be contacting you soon regarding further opportunities.

 <p>WISEWOMAN Yaa Kudzigéiyi Shaawát Part of the SEARHC Family</p>	<p>Name: _____ DOB: _____ DOV: _____</p>	
<p>Clinic Checklist: <input type="checkbox"/> Ht/Wt <input type="checkbox"/> Two BPs 5 min apart <input type="checkbox"/> Fasting lipid profile + GLU OR <input type="checkbox"/> Non-fasting TC, HDL, GLU</p>		
<p>Clinic: Please route this & copy of PCC to WW Staff for F/U. Thanks!</p>		
<p>1. Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p>2. Have you ever been told by a doctor, nurse or other health provider that you have high blood pressure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p>3. Have you ever been told by a doctor, nurse or other health professional that you have diabetes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>4. Do you have a family history of premature coronary heart disease (CHD)?</p> <p><input type="checkbox"/> Yes, my father or brother < 55 years old has had CHD <input type="checkbox"/> Yes, my mother or sister <65 years old has had CHD <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p>6. Are you currently taking medication for high cholesterol?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	
<p>7. Are you currently taking medication for high blood pressure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p>8. Are you currently taking medication for diabetes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p>9. Do you currently smoke cigarettes every day, some days, or not at all?</p> <p><input type="checkbox"/> Everyday <input type="checkbox"/> Some days <input type="checkbox"/> Not at all</p>
<p>11. Do you consider yourself to be of Hispanic or Latina origins?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Unknown</p>	<p>12. Please check your highest grade in school:</p> <p><input type="checkbox"/> 8th grade <input type="checkbox"/> Some high school <input type="checkbox"/> High School grad or GED <input type="checkbox"/> Some college or higher <input type="checkbox"/> Refused <input type="checkbox"/> Unknown</p>	