



Health Intake

Date _____

Last Name	First Name	Middle Initial	MBCIS ID (Office Use Only)

Education

1. What is your highest level of education?

- Less than 9th grade Some high school High school graduate or equivalent Some college College graduate Don't know

Cholesterol

2. Have you ever been told you have high cholesterol?

- Yes No Don't know

3. Do you take **statins** to lower your cholesterol?

- Yes No Don't know Not applicable

4. Do you take **other medication** to lower your cholesterol?

- Yes No Don't know Not applicable

5. During the past 7 days, on how many days did you take prescribed medication (including diuretics) to lower your cholesterol? _____ days Don't know Not applicable

Blood Pressure

6. Have you ever been told that you have hypertension (high blood pressure)?

- Yes No Don't know

7. Do you take medication to lower your blood pressure?

- Yes No Don't know Not applicable

8. During the past 7 days, on how many days did you take prescribed medication (including diuretics) to lower your blood pressure? _____ days Don't know Not applicable

Blood Sugar (Diabetes)

9. Do you have diabetes? (either Type 1 or Type 2)

- Yes No Don't know

10. Are you taking medication to lower your blood sugar (for diabetes)?

- Yes No Don't know Not applicable

11. During the past 7 days, on how many days did you take prescribed medication to lower your blood sugar (for diabetes)? _____ days Don't know Not applicable

12. Have you ever been told you had gestational diabetes (diabetes while pregnant)?

- Yes No Don't know

Health Intake

Date _____

Last Name	First Name	Middle Initial	MBCIS ID (Office Use Only)
-----------	------------	----------------	----------------------------

Heart Health

13. Have you been diagnosed as having any of the following conditions: coronary heart disease/chest pain, heart attack, heart failure, stroke/transient ischemic attack (TIA), vascular disease, or congenital heart defects?
- Stroke / TIA Heart attack Coronary heart disease Heart failure Vascular disease (peripheral artery disease) Congenital heart disease and defects
14. Are you taking aspirin daily to prevent a heart attack or stroke?
 Yes No Don't know
15. Has your father, brother, or son had a stroke or heart attack before age 55?
 Yes No Don't know
16. Has your mother, sister, or daughter had a stroke or heart attack before age 65?
 Yes No Don't know
17. Has either of your parents, your brother or sister, or your child ever been told that he or she has diabetes?
 Yes No Don't know

BP Measurement

18. Do you measure your blood pressure at home or using other calibrated sources (like a machine at a pharmacy)?
- Yes No – I was never told to measure my blood pressure No – I don't know how to measure my blood pressure No – I don't have equipment to measure blood pressure No – I have equipment, but I don't use it I don't have high blood pressure
19. How often do you measure your blood pressure at home or using other calibrated sources?
- Multiple times per day Daily A few times per week Weekly Monthly Don't know Not applicable
20. Do you regularly share blood pressure readings with a health care provider for feedback?
 Yes No Don't know Not Applicable

Lifestyle

21. How many cups of fruits and vegetables do you eat in an average day (round to the nearest whole number)?
_____ cups. *Includes fresh, canned or frozen fruits and vegetables.*
22. Do you eat fish at least two times a week?
(Examples: tuna, salmon, perch, walleye that has been baked, broiled, or grilled, and *not fried*)
 Yes No
23. Thinking about all the servings of grain products you eat in a typical day, how many are whole grains?
(Examples: brown rice, whole wheat bread, oatmeal, all bran cereal)
 Less than half About half More than half

Health Intake

Date _____

Last Name	First Name	Middle Initial	MBCIS ID (Office Use Only)

24. Do you drink less than 36 ounces (450 calories) of beverages containing added sugars weekly?
(Examples: pop or soda, energy drinks, Kool-Aid, flavored coffee) (1 can of pop = 12 ounces)
 Yes No

25. Are you currently watching or reducing your sodium or salt intake?
 Yes No

26. In the past 7 days, how often did you have a drink containing alcohol? _____ days

27. On average, how many alcoholic drinks do you consume during a day you drink? _____ drinks

28. How many minutes of physical activity (exercise) do you get in a week? _____ hours _____ minutes

Smoking Status

29. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)
 Current Smoker Quit (1-12 months ago) Quit (More than 12 months ago) Never smoked

30. Do you use any of the following? Smokeless tobacco (including chewing tobacco, snuff, dip, snus, and dissolvable tobacco), bidis, hookah, electronic cigarettes.
 Yes Quit (1-12 months ago) Quit (More than 12 months ago) Not using

31. Do you want to quit using tobacco products?
 No I'm thinking about Yes, I want to quit I quit recently I do not use tobacco
quitting

Health Status

32. Over the past 2 weeks, how often have you had little interest or pleasure in doing things?
 Not at all Several days More than half Nearly every day

33. Over the past 2 weeks, how often have you been feeling down, depressed, or hopeless?
 Not at all Several days More than half Nearly every day

Food Access

34. Within the past 12 months, we (my household) worried whether our food would run out before we got money to buy more?
 Often Sometimes Never Don't know / Refused

35. Within the past 12 months the food we (my household) bought just did last, and we did not have enough money to get more.
 Often Sometimes Never Don't know / Refused