



# WISEWOMAN Participant Agreement

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

\***Date of Agreement:** \_\_\_\_\_ \***Readiness to Change (0-10)** \_\_\_\_\_

Reasons ready / not ready: \_\_\_\_\_

\***My Health Coach is:** \_\_\_\_\_ Phone: \_\_\_\_\_

\***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? \_\_\_\_\_

Things that may keep me from completing my small step:

- |   |   |
|---|---|
| <input type="checkbox"/> None                                   | <input type="checkbox"/> Access to healthy food |
| <input type="checkbox"/> Caregiver / Caregiver Responsibilities | <input type="checkbox"/> Cost of medications    |
| <input type="checkbox"/> Cost or Place to Exercise              | <input type="checkbox"/> Health Education       |
| <input type="checkbox"/> Transportation                         | <input type="checkbox"/> Language / Translation |
| <input type="checkbox"/> Time / Schedule                        | <input type="checkbox"/> Other: _____           |

I was given the following to help me achieve my goals:

- |  |  |
|--|--|
| <input type="checkbox"/> Blood Pressure Monitor – Model/Serial No: _____ |  |
| <input type="checkbox"/> Gym Membership                                  | <input type="checkbox"/> Market Fresh Vouchers |
| <input type="checkbox"/> Referral to the Tobacco Quitline                | <input type="checkbox"/> Quit Kit              |
| <input type="checkbox"/> Transportation Assistance                       | <input type="checkbox"/> Other: _____          |

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)

Notes: \_\_\_\_\_

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

Participant email: \_\_\_\_\_

Next appointment (or best time to call) \_\_\_\_\_

Health Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Items with an asterisk are required