

MDHHS-6104, WISEWOMAN HEALTH INTAKE
Michigan Department of Health and Human Services (MDHHS)
(New 1-24)

SECTION 1 – OFFICE USE ONLY

Date

Last Name

First Name

Michigan Breast and Cervical Information System
(MBCIS) ID

SECTION 2 – HEALTH HISTORY

1. Which of the following conditions do you have:

Hypertension

High cholesterol

Diabetes (Type 1 or Type 2)

2. Have you had any of the following: (select all that apply)

Stroke/transient ischemic attack (TIA)

Congenital heart disease and defects

Heart attack

Gestational hypertension

Coronary heart disease

Gestational diabetes

Heart failure

Pre-eclampsia/eclampsia

Vascular disease (peripheral arterial disease)

WISEWOMAN Participants with a history of high cholesterol or are on any cholesterol reducing medication (including statins) **MUST be fasting for their labs.**

3. Have you been prescribed medication to lower: (*response required) (select all that apply)

Blood pressure

Cholesterol (other prescribed medication)

Cholesterol (Statin)

Blood sugar

4. During the past 7 days, how many days did you take prescribed medication for the following conditions: (select all that apply)

High blood pressure 0 1 2 3 4 5 6 7 NA

High cholesterol 0 1 2 3 4 5 6 7 NA

High blood sugar 0 1 2 3 4 5 6 7 NA

5. Are you taking aspirin daily to help prevent a heart attack or stroke?

Yes

No

Don't Know

SECTION 3 - LIFESTYLE

6. Do you measure your blood pressure at home or using other calibrated sources (outside the home)?

Yes

No, I was never told to measure my blood pressure at home.

No, I don't know how to measure my blood pressure at home.

No, I don't have equipment to measure my blood pressure at home.

Not Applicable

7. How often do you measure your blood pressure at home or using other calibrated sources (outside the home)?

Multiple times per day

A few times per week

Monthly

Daily

Weekly

Not Applicable

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8. Do you regularly share blood pressure readings with a healthcare provider for feedback?

Yes No Don't Know Not Applicable

9. How many cups of fruits and vegetables do you eat in an average day (round to the nearest whole number)?

 cups (includes fresh, canned, frozen fruits and vegetables)

10. 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

11. 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

12. Do you drink less than 36 ounces (450 calories) of sugar-sweetened beverages weekly? (Examples: pop or soda, energy drinks, Kool-Aid, flavored coffee) (1 can of pop = 12 ounces)

Yes No

13. Are you currently watching or reducing your sodium or salt intake?

Yes No

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

 days

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

 drinks

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

 hours minutes

17. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)

Current Smoker Quit (more than 12 months ago)
 Quit (1-12 months ago) Never smoked

18. Over the past 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?

not at all several days more than half nearly every day

19. 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

SECTION 4 – SOCIAL DETERMINANTS OF HEALTH

Read the statement in bold to the participant before proceeding with the Social Determinants of Health Questions: **“Everyone deserves the opportunity to have a safe, healthy place to live, work, eat, sleep, learn and play. Problems or stress in these areas can affect health. We ask our WISEWOMAN participants about these issues because we may be able to help.”**

20. Do you use any of the following types of computers: Desktop/Laptop, Smartphone, and/or Tablet/Other portable wireless computer?

Yes No Don't Know

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32. Sometimes if you feel worse when you take your (name of health condition) medicine, do you stop taking it?

Yes

No

Don't Know

Don't want to answer

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Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Section 1557 Coordinator. The contact information is found below.

If you believe that MDHHS has not provided the above services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator
Compliance Office, Suite 411
PO Box 30037
Lansing, MI 48909

517-284-1018 (Main), (TTY number—if covered entity has one), 517-335-6146 (Fax),
MDHHS-Section-1557@michigan.gov (Email).

You can also file a civil rights complaint with the responsible federal agency.

<p>If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at https://bit.ly/2pBS4YG, or by mail or phone at:</p> <p>U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD)</p> <p>Complaint forms are available at https://bit.ly/2IKsHMS.</p>	<p>If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by:</p> <p>Completing a Complaint Form, (AD-3027) found online at: https://bit.ly/2q9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide all the information requested in the form.</p> <p>To request a copy of the complaint form, call 866-632-9992. Send your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410</p> <p>Fax: 202-690-7442; or Email: program.intake@usda.gov</p>
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