NC WISEWOMAN Follow-up Screening (DHHS 4051A)

Agency:

1. Patient Identification

Patient Name: *Last* *First* *M.I.*

HIS ID (CNDS): | **Date of Birth:** ___/___/_____ | **Inactive Date:** ___/___/_____

Enrollment Status: □ Active □ Has Insurance □ Moved □ Age Ineligible □ Income Ineligible □ Lost To Follow-up □ Deceased □ Request to Drop

BCCCP Referral Status: □ Actively enrolled in BCCCP □ Not Enrolled in BCCCP WISEWOMAN Referral Only

2. Patient Enrollment/Annual Screening

Screening Date ___/___/_____

Visit Type:
□ Follow-up—LSP/HC Complete

3. Primary Language Spoken at Home

□ English □ Spanish □ Arabic □ Chinese □ French □ Italian □ Japanese
□ Korean □ Polish □ Russian □ Tagalog □ Vietnamese □ Creole □ Portuguese
□ Hmong □ Other Language □ Don't want to answer

Race 1: □ White □ Black or African American □ Native Hawaiian or other Pacific Islander □ American Indian or Alaska Native □ Unknown

Race 2: □ White □ Black or African American □ Native Hawaiian or other Pacific Islander □ American Indian or Alaska Native □ Unknown □ NA

Zip Code ______________

Ethnicity □ Hispanic/Latino □ Non-Hispanic/Latino □ Unknown

Years of education: □ <9th grade □ Some high school □ High school grad. or equiv. □ Some college or higher □ Don't know □ Don't want to answer

WW Patient Navigation Paid By: □ BCCCP □ WISEWOMAN □ Indian Health Services/Tribal Funds □ Other Funds □ N/A (did not receive navigated services)

Clinical Measurement Results

(For 1st BP, 2nd BP, Weight, Total Cholesterol, HDL, LDL, Glucose, 777=Unable to Obtain, 888=Client Refused
For Height, Waist: 77=Unable to Obtain, 88=Client Refused For A1C & Triglycerides: 7777=Unable to Obtain, 8888=Client Refused)

Clinical Measurement Date ___/___/_____	**Blood Pressure 1st Reading** _____/_____	**Blood Pressure 2nd Reading** _____/_____
Height (inches) __________	Weight (pounds) __________	Waist Circumference (inches) __________

Risk Reduction Counseling

Risk Reduction Counseling Date ___/___/_____

4. Medical History

(DKNS=don't know/not sure, DWTA=don't want to answer)

a. Do you have **high cholesterol?**
□ Yes □ No □ DKNS □ DWTA

b. Do you have hypertension (**high blood pressure**)?
□ Yes □ No □ DKNS □ DWTA

c. Do you have **Diabetes** (either Type 1 or Type 2)?
□ Yes □ No □DKNS □ DWTA

d. Have you been diagnosed as having:

I. **Stroke/transient ischemic attack (TIA)**
□ Yes □ No □ DKNS □ DWTA

II. **Heart Attack**
□ Yes □ No □ DKNS □ DWTA

III. **Coronary Heart Disease**
□ Yes □ No □ DKNS □ DWTA

IV. **Heart Failure**
□ Yes □ No □ DKNS □ DWTA

V. **Vascular Disease (peripheral arterial disease)**
□ Yes □ No □ DKNS □ DWTA

VI. **Congenital Heart Disease and Defects**
□ Yes □ No □ DKNS □ DWTA

5. Medication Status

(NA/55=Not Applicable, 0=None, DKNS/77=don't know/not sure, DWTA/88=don't want to answer)

a. Do you take a statin medication to lower your cholesterol?
□ Yes □ No □ NA □ DKNS □ DWTA

b. Do you take other (non-statin) medication to lower your cholesterol?
□ Yes □ No □ NA □ DKNS □ DWTA

c. Do you take medication to lower your blood pressure?
□ Yes □ No □ NA □ DKNS □ DWTA

d. Do you take medication to lower your blood sugar (for diabetes)?
□ Yes □ No □ NA □ DKNS □ DWTA

e. Are you taking aspirin daily to help prevent a heart attack or stroke?
□ Yes □ No □ NA □ DKNS □ DWTA

f. During the past 7 days, on how many days did you take prescribed medications to lower your cholesterol? _________ (number of days)

g. During the past 7 days, on how many days did you take prescribed medication (including diuretics) to lower your blood pressure?_________ (number of days)

h. During the past 7 days, on how many days did you take prescribed medication to lower blood sugar (for diabetes)? _________ (number of days)

NC WISEWOMAN Follow-up Screening DHHS (4051B)

Agency:

1. Patient Identification

HIS ID (CNDS):

Patient Name: *Last* *First* *M.I.*

6. Blood Pressure, Self-Measurement
(at Home or using other calibrated sources)

a. Do you measure your blood pressure?
 □ Yes
 □ No-Was never told to measure blood pressure
 □ No-Doesn't know how to measure blood pressure
 □ No-Doesn't have equipment
 □ DKNS □ DWTA □ Not Applicable

b. How often do you measure your blood pressure?
 □ Multiple times per day □ Daily □ A Few times per week
 □ Weekly □ Monthly □ DKNS □ DWTA
 □ Not Applicable

c. Do you regularly share blood pressure readings with a health care provider for feedback?
 □ Yes □ No □ DKNS □ DWTA □ Not Applicable

7. Nutrition Assessment
(00=None, 88=Don't want to answer, DWTA=don't want to answer)

a. How many cups of fruits and vegetables do you eat in an average day? ________ (in cups)

b. How many vegetables do you eat in an average day? _____ (in cups)

c. Do you eat fish at least two times a week?
 □ Yes □ No □ DWTA

d. Thinking about all the servings of grain products you eat in a typical day; how many are whole grains?
 □ Less than half □ About half □ More than half □ DWTA

e. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?
 □ Yes □ No □ DWTA

f. Are you currently watching or reducing your sodium or salt intake?
 □ Yes □ No □ DWTA

g. In the past 7 days, how often do you have a drink containing alcohol?
 ___ (Number of Days) □ DWTA

h. How many alcoholic drinks, on average, do you consume during a day you drink?
 ___ (Number of Drinks) □ DWTA

8. Physical Activity Assessment (000=None, 888=Don't want to answer)

a. How much moderate physical activity do you get in a week? _______________ (in minutes)

b. How much vigorous physical activity do you get in a week? _______________(in minutes)

9. Smoking status (66=less than one, 88=don't want to answer, 00=none)

a. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)
 □ Current □ Quit (1-12 months ago) □ Quit(>12 months ago) □ Never Smoked □ DWTA

10. Quality of Life Assessment (77=Don't know/Not Sure, 88=Don't want to answer)

a. Over the past 2 weeks, how often have you been bothered by any of the following problems?

I. Little interest or pleasure in doing things? □ Not at all □ Several Days □ More than half □ Nearly Every Day □ DWTA

II. Feeling down, depressed, or hopeless? □ Not at all □ Several Days □ More than half □ Nearly Every Day □ DWTA

Tobacco Cessation Resource Referral

Referral Date ____/____/______

Type of Cessation Resource	Status of Cessation Resource	
□ Quit Line □ Community-based tobacco program □ Other tobacco cessation resources	□ Yes – Completed Tobacco Cessation Program □ No – Partially completed Tobacco Cessation Program □ No – Discontinued from tobacco cessation activity when reached	□ No – Could not reach to conduct tobacco cessation activity □ Client Refused Referral

Workup Status

Diagnostic Exam Date ____/____/______

Referral Reason □ Blood Pressure

What is the status of the work-up?
□ 1. Medically necessary □ 2. Not medically needed □ 3. Medically necessary follow-up appointment declined □ 4. Client refused workup

Comments

Comments:

NC WISEWOMAN Follow-Up Screening (DHHS 4051C)

Agency:

Patient Identification | **Patient Name:** *Last* *First* *M.I.*

Social Determinants of Health (SDOH) Assessment

1. Computer use

a. During the last 12 months, did you use any of the following?
i. Desktop/Laptop
ii. Smartphone
iii. Tablet/Other portable wireless Computer

□ Yes □ No □ Don't Know □ Don't want to answer

2. Internet Access

a. During the last 12 months, did you or any member of this household have access to the internet?
□ Yes, by paying a cell phone company or internet service provider
□ Yes, without paying a cell phone company or internet service provider
□ No access to internet in this house, apartment, or mobile home
□ Don't Know
□ Don't want to answer

3. Food Insecurities

a. During the last 12 months, were there any times when you were worried that you would run out of food because of a lack of money or other resources?
□ Yes □ No □ Don't Know □ Don't want to answer

4. Transportation Barriers

a. During the last 12 months, have you missed a doctor's appointment because of transportation problems?
□ Yes □ No □ Don't Know □ Don't want to answer

5. Child Care

a. If you are currently using child care services, please identify the type of services you use. (If not using child care services, please select 'Not applicable')

□ Infant (birth to 11 months)
□ Toddler (11 to 36 months)
□ Preschool (3 to 5 years)
□ After School Care (K-9th grade)
□ Not applicable
□ Don't Know
□ Don't want to answer

6. Child Care Barriers

a. During the last 12 months, have you had any of these child care related problems (If not using child care, please select 'Not applicable'. Select all that apply)

□ Cost
□ Availability
□ Location
□ Transportation
□ Hours of Operation
□ Other
□ Not applicable
□ Don't Know

7. Housing

a. What is your housing situation today?
□ I have housing
□ I have housing, but I am worried about losing my housing
□ I do not have housing
□ Don't Know
□ Don't want to answer

8. Intimate Partner Violence

a. During the last 12 months, how often did your partner physically hurt you?
□ Never □ Rarely □ Sometimes □ Fairly Often
□ Frequently □ Don't want to answer □ No partner

b. During the last 12 months, how often did your partner insult or talk down to you?
□ Never □ Rarely □ Sometimes □ Fairly Often
□ Frequently □ Don't want to answer □ No partner

9. Medication Adherence

a. During the last 12 months, did you ever forget to take your medicine?
□ Yes □ No □ Don't Know □ Don't want to answer

b. During the last 12 months, were you careless at times, about taking your medicine?
□ Yes □ No □ Don't Know □ Don't want to answer

c. During the last 12 months, when you felt better, did you sometimes stop taking your medicine?
□ Yes □ No □ Don't Know □ Don't want to answer

d. During the last 12 months, sometimes if you felt worse when you took your medicine, did you stop taking it?
□ Yes □ No □ Don't Know □ Don't want to answer

NC WISEWOMAN Follow-Up Screening (DHHS 4051D)

Agency:

Patient Identification	**Patient Name:** *Last*	*First*	*M.I.*

Social Determinants Needs Referrals

1. Computer Use

Is there a referral need for Computer use? Yes □ No **Referral Date:** ___/___/____	Agency/Resource for Computer Use Referred to: ____
Computer Use Support Utilization Date: ___/___/____	Status of Computer Use Referral: □ In Progress □ Closed □ Refused □ Already Receiving Service

2. Internet Access

Is there a referral need for Internet Access? Yes □ No **Referral Date:** ___/___/____	Agency/Resource for Internet Access Referred to: ____
Internet Access Support Utilization Date: ___/___/____	Status of Internet Access Referral: □ In Progress □ Closed □ Refused □ Already Receiving Service

3. Food Insecurity

Is there a referral need for Food Insecurity? Yes □ No **Referral Date:** ___/___/____	Agency/Resource for Food Insecurity Referred to: ____
Food Insecurity Support Utilization Date: ___/___/____	Status of Food Insecurity Referral: □ In Progress □ Closed □ Refused □ Already Receiving Service

4. Transportation

Is there a referral need for Transportation? Yes □ No **Referral Date:** ___/___/____	Agency/Resource for Transportation Referred to: ____
Transportation Support Utilization Date: ___/___/____	Status of Transportation Referral: □ In Progress □ Closed □ Refused □ Already Receiving Service

5. Child Care

Is there a referral need for Child care? Yes □ No **Referral Date:** ___/___/____	Agency/Resource for Child Care Referred to: ____
Child Care Support Utilization Date: ___/___/____	Status of Child Care Referral: □ In Progress □ Closed □ Refused □ Already Receiving Service

6. Housing

Is there a referral need for Housing? Yes □ No **Referral Date:** ___/___/____	Agency/Resource for Housing Referred to: ____
Housing Support Utilization Date: ___/___/____	Status of Housing Referral: □ In Progress □ Closed □ Refused □ Already Receiving Service

7. Intimate Partner Violence

Is there a referral need for Intimate Partner Violence? Yes □ No **Referral Date:** ___/___/____	Agency/Resource for Intimate Partner Violence Referred to: ____
Intimate Partner Violence Support Utilization Date: ___/___/____	Status of Intimate Partner Violence Referral: □ In Progress □ Closed □ Refused □ Already Receiving Service

NC WISEWOMAN Follow-Up Screening (DHHS 4051E)	Agency:
Patient Identification	**Patient Name:** *Last* *First* *M.I.*

Social Determinants Needs Referrals

8. Medication Adherence

Is there a referral need for Medication Adherence? Yes □ No **Referral Date:** ___/___/____	Agency/Resource for Medication Adherence Referred to: ____________________
Medication Adherence Support Utilization Date: ___/___/____	Status of Medication Adherence Referral: □ In Progress □ Closed □ Refused □ Already Receiving Service

9. Mental Health

Is there a referral need for Mental Health? Yes □ No **Referral Date:** ___/___/____	Agency/Resource for Mental Health Referred to: ____________________
Mental Health Support Utilization Date: ___/___/____	Status of Mental Health Referral: □ In Progress □ Closed □ Refused □ Already Receiving Service

10. Language Translation

Is there a referral need for Language Translation? Yes □ No **Referral Date:** ___/___/____	Agency/Resource for Language Translation Referred to: ____________________
Language Translation Support Utilization Date: ___/___/____	Status of Language Translation Referral: □ In Progress □ Closed □ Refused □ Already Receiving Service

11. Substance Abuse

Is there a referral need for Substance Abuse? Yes □ No **Referral Date:** ___/___/____	Agency/Resource for Substance Abuse Referred to: ____________________
Substance Abuse Support Utilization Date: ___/___/____	Status of Substance Abuse Referral: □ In Progress □ Closed □ Refused □ Already Receiving Service