

NC WISEWOMAN Healthy Behavior Support Services (DHHS 4050A)	Agency:
---	---------

1. Patient Identification	CNDS ID:	Local Patient ID:	
----------------------------------	-----------------	--------------------------	--

Patient Name: <i>Last</i>	<i>First</i>	<i>M.I.</i>
----------------------------------	--------------	-------------

2. Referral Information

Community-Based Resource Referral Made? <input type="checkbox"/> Yes <input type="checkbox"/> No	Community-Based Resource Type (check all that apply): <input type="checkbox"/> Physical Activity <input type="checkbox"/> Nutrition <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Housing and Social Support Services
--	--

Diabetes Prevention Program Referral Made? Yes No

What area would the participant like to focus on changing (check all that apply)?
 Nutrition Physical Activity Stress Management Smoking Blood Pressure Diabetes Other

What barriers (if any) were experienced in the completion of the HBSS (check all that apply)?
 Transportation Financial Issues Family and Social Support Housing Issues Employment Issues
 Lack of Motivation/Commitment Education/Health Literacy Unrealistic Goal Setting Lack of Time Other

3. Healthy Behavior Support Services

HBSS Session Date	HBSS ID Diabetes Prevention Program (DPP) Enhanced Health Coaching(EHC)	Length of Session in minutes	Contact Type	HBSS Completion Status	HBSS Setting
_ / _ / _	<input type="checkbox"/> Health Coaching <input type="checkbox"/> NC HeartWise <input type="checkbox"/> EHC: DPP Online <input type="checkbox"/> EHC: DPP In-Person <input type="checkbox"/> EHC: Community Resource Referral <input type="checkbox"/> Med-South Lifestyle Program <input type="checkbox"/> Walk with Ease Program		<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone <input type="checkbox"/> Online	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Withdrawal/Discontinued	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Combination
_ / _ / _	<input type="checkbox"/> Health Coaching <input type="checkbox"/> NC HeartWise <input type="checkbox"/> EHC: DPP Online <input type="checkbox"/> EHC: DPP In-Person <input type="checkbox"/> EHC: Community Resource Referral <input type="checkbox"/> Med-South Lifestyle Program <input type="checkbox"/> Walk with Ease Program		<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone <input type="checkbox"/> Online	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Withdrawal/Discontinued	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Combination
_ / _ / _	<input type="checkbox"/> Health Coaching <input type="checkbox"/> NC HeartWise <input type="checkbox"/> EHC: DPP Online <input type="checkbox"/> EHC: DPP In-Person <input type="checkbox"/> EHC: Community Resource Referral <input type="checkbox"/> Med-South Lifestyle Program <input type="checkbox"/> Walk with Ease Program		<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone <input type="checkbox"/> Online	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Withdrawal/Discontinued	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Combination
_ / _ / _	<input type="checkbox"/> Health Coaching <input type="checkbox"/> NC HeartWise <input type="checkbox"/> EHC: DPP Online <input type="checkbox"/> EHC: DPP In-Person <input type="checkbox"/> EHC: Community Resource Referral <input type="checkbox"/> Med-South Lifestyle Program <input type="checkbox"/> Walk with Ease Program		<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone <input type="checkbox"/> Online	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Withdrawal/Discontinued	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Combination

NC WISEWOMAN Healthy Behavior Support Services (DHHS 4050A)	Agency:
--	----------------

1. Patient Identification	CNDS ID:	Local Patient ID:
----------------------------------	-----------------	--------------------------

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

3 Healthy Behavior Support Services					
--	--	--	--	--	--

____/____/____ 	<input type="checkbox"/> Health Coaching <input type="checkbox"/> NC HeartWise <input type="checkbox"/> EHC: DPP Online <input type="checkbox"/> EHC: DPP In-Person <input type="checkbox"/> EHC: Community Resource Referral <input type="checkbox"/> Med-South Lifestyle Program <input type="checkbox"/> Walk with Ease Program		<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone <input type="checkbox"/> Online	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Withdrawal/Discontinued	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Combination
____/____/____ 	<input type="checkbox"/> Health Coaching <input type="checkbox"/> NC HeartWise <input type="checkbox"/> EHC: DPP Online <input type="checkbox"/> EHC: DPP In-Person <input type="checkbox"/> EHC: Community Resource Referral <input type="checkbox"/> Med-South Lifestyle Program <input type="checkbox"/> Walk with Ease Program		<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone <input type="checkbox"/> Online	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Withdrawal/Discontinued	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Combination
____/____/____ 	<input type="checkbox"/> Health Coaching <input type="checkbox"/> NC HeartWise <input type="checkbox"/> EHC: DPP Online <input type="checkbox"/> EHC: DPP In-Person <input type="checkbox"/> EHC: Community Resource Referral <input type="checkbox"/> Med-South Lifestyle Program <input type="checkbox"/> Walk with Ease Program		<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone <input type="checkbox"/> Online	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Withdrawal/Discontinued	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Combination

NC WISEWOMAN Healthy Behavior Support Services (DHHS 4050B)			Agency:		
1. Patient Identification		CNDS ID:		Local Patient ID:	
Patient Name: <i>Last</i> <i>First</i> <i>M.I.</i>					
4. NC HeartWise Data					
Program Date	Systolic	Diastolic	Program Date	Systolic	Diastolic
Day One			Day Eight		
Day Two			Day Nine		
Day Three			Day Ten		
Day Four			Day Eleven		
Day Five			Day Twelve		
Day Six			Day Thirteen		
Day Seven			Day Fourteen		
Week One			Week Four		
Week Two			Week Five		
Week Three			Week Six		
Goal Setting: S.M.A.R.T					
Participant SMART Goal:					
Resources Needed:					