



WISEWOMAN Health History Questions

Date _____

Agency Name		MBCIS ID	
Last Name	First Name	Middle Initial	Birth Date

Please check ONE answer for each question:

- Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?
 Yes No Don't know Don't want to answer
Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
 Yes No Don't know Don't want to answer
Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?
 Yes No Don't know Don't want to answer
- Has a doctor, nurse or other health professional ever told you that you had any of the following:
Heart Attack (also called myocardial infarction), Angina, Coronary Heart Disease, or Stroke?
 Yes No Don't know Don't want to answer
- Has your father, brother, or son had a stroke or heart attack before age 55?
 Yes No Don't know Don't want to answer
Has your mother, sister, or daughter had a stroke or heart attack before age 65?
 Yes No Don't know Don't want to answer
- Has either of your parents, your brother or sister, or your child ever been told by a doctor, nurse or other health professional that he or she has diabetes?
 Yes No Don't know Don't want to answer
- Are you currently taking medication for high cholesterol?
 Yes, as prescribed Yes, but did not take today No Don't know Don't want to answer
Are you currently taking medication for high blood pressure?
 Yes, as prescribed Yes, but did not take today No Don't know Don't want to answer
Are you currently taking medication for diabetes?
 Yes, as prescribed Yes, but did not take today No Don't know Don't want to answer
- Do you now smoke cigarettes?
 Every day Some days Not at all Don't know Don't want to answer
- Have you had a baby weighing more than 9 pounds, or have you had diabetes while pregnant?
 Yes No Don't know
Have you ever been told by a doctor, nurse or other health care professional that you have Borderline Diabetes or Pre-Diabetes?
 Yes No Don't know

Please list all prescription medications you are currently taking:
