



WISEWOMAN Health Risk Questions

Date _____

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

Please check ONE answer for each question.

1. How do you feel about making changes in your life to be healthier?

- I am not interested I am a little interested in finding out more I am very interested I have been trying to be more healthy lately I already have healthy habits

2. In a regular day, how often do you eat **fruits and vegetables**? *Includes fresh, canned or frozen.* (Examples: carrots, potatoes, broccoli, squash, apples, oranges, bananas, peaches)

- None 1-2 times 3-4 times 5-6 times 7-8 times More than 8

3. In a regular day, how often do you eat or drink **dairy products**? (Examples: milk, yogurt, cheese)

- None 1 time 2 times 3 times More than 3

3a. When you eat or drink dairy products, what type of dairy products do you most often use?

- N/A Unsure Whole Reduced fat (2%) Low-fat (1% or 1/2%) Non-fat or Fat-free

4. In a regular day, how often do you eat **grains and grain products**? (Examples: bread, cereal, rice, noodles/pasta, bagels, crackers, muffins)

- None 1-2 times 3-4 times 5-6 times 7-8 times More than 8

4a. When you eat grains and grain products, how many are **whole grains**? (Examples: brown rice, whole wheat bread, oatmeal, all bran cereal)

- N/A Unsure None 1 2 3 More than 3

5. How do you feel about eating healthy foods?

- I am not interested I am a little interested in finding out more I am very interested I have been trying to eat healthier lately I already eat healthy foods

6. In a regular week, how many days do you take part in **planned physical activity**? (Examples: walking, gardening, dancing, jogging, bike riding or anything that makes your heart beat faster)

- None 1 day 2 days 3 days 4 days 5 days 6 days 7 days

6a. On days when you take part in planned physical activity, how much **total** time do you spend in this activity?

- N/A None Less than 10 minutes 10-20 minutes 20-30 minutes More than 30 minutes

7. How do you feel about being physically active?

- I am not interested I am a little interested in finding out more I am very interested I have been trying to be more active lately I am already very active

8. Do you now smoke cigarettes?

- Every day (#/day____) Some days (#/day____) Not at all Quit Date_____

9. How do you feel about quitting smoking?

- I am not interested I am a little interested in finding out more I am very interested I have been trying to quit smoking lately I do not smoke