



WISEWOMAN

My Health Changes

Name: _____

Year One Screening Date: _____

Body Mass Index _____

Blood Pressure _____/_____

Total Cholesterol _____ mg/dl

HDL Cholesterol _____ mg/dl

Glucose _____ mg/dl

Fruits & Vegetables _____ / day

Dairy Products _____ / day

Type of dairy products _____

Grains _____ / day

Whole grains _____ / day

Physical Activity

_____ minutes / day

_____ days / week

Cigarette Smoking

Other _____

Year Two Screening Date: _____

Body Mass Index _____

Blood Pressure _____/_____

Total Cholesterol _____ mg/dl

HDL Cholesterol _____ mg/dl

Glucose _____ mg/dl

Fruits & Vegetables _____ / day

Dairy Products _____ / day

Type of dairy products _____

Grains _____ / day

Whole grains _____ / day

Physical Activity

_____ minutes / day

_____ days / week

Cigarette Smoking

Other _____

Change from Year One to Year Two

Body Mass Index _____

Blood Pressure _____/_____

Total Cholesterol _____ mg/dl

HDL Cholesterol _____ mg/dl

Glucose _____ mg/dl

Fruits & Vegetables _____ / day

Dairy Products _____ / day

Type of dairy products _____

Grains _____ / day

Whole grains _____ / day

Physical Activity

_____ minutes / day

_____ days / week

Cigarette Smoking

Other _____