



# WISEWOMAN Health Risk Questions

Date \_\_\_\_\_

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

Please check ONE answer for each question.

- What is your highest level of education?  
 Less than 9<sup>th</sup> grade    Some high school    High school graduate or equivalent    Some college    College graduate    Don't know

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- 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
- 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    I am lactose intolerant  
**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    Non-fat or Fat-free    Soy milk (1% or 1/2%)
- 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
- 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

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- 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

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- How do you feel about being more 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

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- 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