



## Health Intake

Date \_\_\_\_\_

Last Name	First Name	Middle Initial	MBCIS ID (Office Use Only)

### Education

1. 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

### Cholesterol

2. Have you ever been told you have high cholesterol?

- ☐ Yes    ☐ No    ☐ Don't know

3. Do you take **statins** to lower your cholesterol?

- ☐ Yes    ☐ No    ☐ Don't know    ☐ Not applicable

4. Do you take **other medication** to lower your cholesterol?

- ☐ Yes    ☐ No    ☐ Don't know    ☐ Not applicable

5. During the past 7 days, on how many days did you take prescribed medication (including diuretics) to lower your cholesterol? \_\_\_\_\_ days    ☐ Don't know    ☐ Not applicable

### Blood Pressure

6. Have you ever been told that you have hypertension (high blood pressure)?

- ☐ Yes    ☐ No    ☐ Don't know

7. Do you take medication to lower your blood pressure?

- ☐ Yes    ☐ No    ☐ Don't know    ☐ Not applicable

8. During the past 7 days, on how many days did you take prescribed medication (including diuretics) to lower your blood pressure? \_\_\_\_\_ days    ☐ Don't know    ☐ Not applicable

### Blood Sugar (Diabetes)

9. Do you have diabetes? (either Type 1 or Type 2)

- ☐ Yes    ☐ No    ☐ Don't know

10. Are you taking medication to lower your blood sugar (for diabetes)?

- ☐ Yes    ☐ No    ☐ Don't know    ☐ Not applicable

11. During the past 7 days, on how many days did you take prescribed medication to lower your blood sugar (for diabetes)? \_\_\_\_\_ days    ☐ Don't know    ☐ Not applicable

12. Have you ever been told you had gestational diabetes (diabetes while pregnant)?

- ☐ Yes    ☐ No    ☐ Don't know

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## Heart Health

13. Have you been diagnosed as having any of the following conditions: coronary heart disease/chest pain, heart attack, heart failure, stroke/transient ischemic attack (TIA), vascular disease, or congenital heart defects?
- ☐ Stroke / TIA    ☐ Heart attack    ☐ Coronary heart disease    ☐ Heart failure    ☐ Vascular disease (peripheral artery disease)    ☐ Congenital heart disease and defects
14. Are you taking aspirin daily to prevent a heart attack or stroke?
- ☐ Yes    ☐ No    ☐ Don't know
15. Has your father, brother, or son had a stroke or heart attack before age 55?
- ☐ Yes    ☐ No    ☐ Don't know
16. Has your mother, sister, or daughter had a stroke or heart attack before age 65?
- ☐ Yes    ☐ No    ☐ Don't know
17. Has either of your parents, your brother or sister, or your child ever been told that he or she has diabetes?
- ☐ Yes    ☐ No    ☐ Don't know

## BP Measurement

18. Do you measure your blood pressure at home or using other calibrated sources (like a machine at a pharmacy)?
- ☐ Yes    ☐ No – I was never told to measure my blood pressure    ☐ No – I don't know how to measure my blood pressure    ☐ No – I don't have equipment to measure blood pressure    ☐ No – I have equipment, but I don't use it    ☐ I don't have high blood pressure
19. How often do you measure your blood pressure at home or using other calibrated sources?
- ☐ Multiple times per day    ☐ Daily    ☐ A few times per week    ☐ Weekly    ☐ Monthly    ☐ Don't know    ☐ Not applicable
20. Do you regularly share blood pressure readings with a health care provider for feedback?
- ☐ Yes    ☐ No    ☐ Don't know    ☐ Not Applicable

## Lifestyle

21. How many cups of fruits and vegetables do you eat in an average day (round to the nearest whole number)? \_\_\_\_\_ cups. *Includes fresh, canned or frozen fruits and vegetables.*
22. Do you eat fish at least two times a week?  
(Examples: tuna, salmon, perch, walleye that has been baked, broiled, or grilled, and *not fried*)
- ☐ Yes    ☐ No
23. Thinking about all the servings of grain products you eat in a typical day, how many are whole grains?  
(Examples: brown rice, whole wheat bread, oatmeal, all bran cereal)
- ☐ Less than half    ☐ About half    ☐ More than half

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24. Do you drink less than 36 ounces (450 calories) of beverages containing added sugars weekly?

(Examples: pop or soda, energy drinks, Kool-Aid, flavored coffee) (1 can of pop = 12 ounces)

☐ Yes ☐ No

25. Are you currently watching or reducing your sodium or salt intake?

☐ Yes ☐ No

26. In the past 7 days, how often did you have a drink containing alcohol? \_\_\_\_\_ days

27. On average, how many alcoholic drinks do you consume during a day you drink? \_\_\_\_\_ drinks

28. How many minutes of physical activity (exercise) do you get in a week? \_\_\_\_\_ hours \_\_\_\_\_ minutes

## **Smoking Status**

29. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)

☐ Current Smoker ☐ Quit (1-12 months ago) ☐ Quit (More than 12 months ago) ☐ Never smoked

30. Do you use any of the following? Smokeless tobacco (including chewing tobacco, snuff, dip, snus, and dissolvable tobacco), bidis, hookah, electronic cigarettes.

☐ Yes ☐ Quit (1-12 months ago) ☐ Quit (More than 12 months ago) ☐ Not using

31. Do you want to quit using tobacco products?

☐ No ☐ I'm thinking about quitting ☐ Yes, I want to quit ☐ I quit recently ☐ I do not use tobacco

## **Health Status**

32. Over the past 2 weeks, how often have you had little interest or pleasure in doing things?

☐ Not at all ☐ Several days ☐ More than half ☐ Nearly every day

33. Over the past 2 weeks, how often have you been feeling down, depressed, or hopeless?

☐ Not at all ☐ Several days ☐ More than half ☐ Nearly every day

## **Food Access**

34. Within the past 12 months, we (my household) worried whether our food would run out before we got money to buy more?

☐ Often ☐ Sometimes ☐ Never ☐ Don't know / Refused

35. Within the past 12 months the food we (my household) bought just did last, and we did not have enough money to get more.

☐ Often ☐ Sometimes ☐ Never ☐ Don't know / Refused