



WISEWOMAN Participant Agreement

* **Name:** _____ **Phone:** _____

***Date of Agreement:** _____ ***Readiness to Change (0-10)** _____

Reasons ready / not ready: _____

***My Health Coach is:** _____ **Phone:** _____

***My small step** is (something I can be successful at doing in the next two months): _____

***My plan** is _____

Who will help me? _____

Where will I do it? _____

When will I do it? _____

What do I need to be successful? _____

Things that may keep me from completing my small step:

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Access to healthy food |
| <input type="checkbox"/> Caregiver / caregiver Responsibilities | <input type="checkbox"/> Cost of medications |
| <input type="checkbox"/> Cost or Place to Exercise | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Language / Translation |
| <input type="checkbox"/> Time / Schedule | <input type="checkbox"/> Other: _____ |

I was given the following to help me achieve my goals:

- | | |
|--|--|
| <input type="checkbox"/> Blood Pressure Monitor – Model/Serial No: _____ | |
| <input type="checkbox"/> Gym Membership | <input type="checkbox"/> Market Fresh Vouchers |
| <input type="checkbox"/> Referral to the Tobacco Quitline | <input type="checkbox"/> Quit Kit |
| <input type="checkbox"/> Transportation Assistance | <input type="checkbox"/> Other: _____ |

On a scale of 0-10, how confident are you that you can be successful in making your small step?
_____ (0 = not confident at all, 10 = really confident)

Notes: _____

***Participant signature:** _____ ***Date:** _____

Participant email: _____

Next appointment (or best time to call) _____

Health Coach Signature: _____ Date: _____

*Items with an asterisk are required