

Client Identification

Program # Last Name First Name MI

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ID # Screening Visit Date generating contact: (mm/dd/yyyy)

(Enter Visit Date from Screening form)



Risk Reduction / Readiness to Change / Priority Areas

- 1. Type of Contact: 1. Face to Face 2. Telephone
2. Risk factors with screening values communicated (risk reduction counseling):
a. Verbally 1. Yes 2. No
b. Written 1. Yes 2. No
3. Risk reduction counseling date
4. Risk reduction counseling completion date
5. Readiness to change assessment date
6. Participant stage of change 1. Pre-contemplation 2. Contemplation 3. Preparation 4. Action 5. Maintenance
7. Did the client accept health coaching? 1. Yes 2. No
8. Did the client accept weight watchers? 1. Yes 2. No
9. Participant decided the following are priority areas:
a. Nutrition 1. Yes 2. No
b. Physical activity 1. Yes 2. No
c. Smoking cessation 1. Yes 2. No
d. Medication adherence for hypertension (high blood pressure) 1. Yes 2. No
e. Mental health 1. Yes 2. No
10. Counseling related to heart disease risk provided about:
a. Nutrition 1. Yes 2. No
b. Physical activity 1. Yes 2. No
c. Smoking Cessation 1. Yes 2. No
d. Mental Health 1. Yes 2. No
11. During this contact, participant referred to community-based resources related to:
a. Nutrition
i. Dietitian services 1. Yes 2. No
ii. Chronic Disease Self-Management Program (CDSMP) 1. Yes 2. No
iii. Fresh Conversations 1. Yes 2. No
iv. Other Nutrition 1. Yes 2. No
b. Physical activity
i. YMCA 1. Yes 2. No
ii. Other Physical Activity 1. Yes 2. No
c. Other:
12. Community-based resources follow up—participant participated in the following:
a. Nutrition
i. Dietitian services 1. Yes 2. No
ii. Chronic Disease Self-Management Program (CDSMP) 1. Yes 2. No
iii. Fresh Conversations 1. Yes 2. No
iv. Other Nutrition 1. Yes 2. No
b. Physical activity
i. YMCA 1. Yes 2. No
ii. Other Physical Activity 1. Yes 2. No

Tobacco Cessation (Quitline)

- 13. Date of referral to tobacco cessation resource (mm/dd/yyyy)
14. Type of tobacco cessation resource: 1. Quit line 2. Community-based tobacco program 3. Other tobacco cessation resource
15. Tobacco cessation activity completed
1. Yes—Completed tobacco cessation activity
2. No—Partially completed tobacco cessation activity
3. No—Refused tobacco cessation activity when reached
4. No—Could not reach to conduct tobacco cessation activity