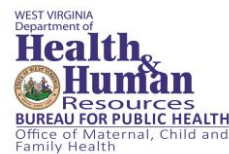




West Virginia WISEWOMAN Participant Consent



Facility Name		Date	SSN#	
Last Name	First Name	M.I.	Date of Birth	

The WISEWOMAN Program is designed to help you reduce your risk of:

- ♥ developing cardiovascular disease (heart)
- ♥ having a heart attack
- ♥ having a stroke
- ♥ becoming diabetic

If you are enrolled in the WV Breast and Cervical Cancer Screening Program (WVBCCSP) and between the ages of 40-64, you are eligible for the WISEWOMAN Program. If you choose to join today, you will:

- ♥ need to answer some personal, medical and health behavior questions
- ♥ have your height, weight, waist and hips measured
- ♥ have your blood pressure checked
- ♥ give a small blood sample that is used to measure your blood sugar (glucose) and cholesterol

This cardiovascular screening and the healthy lifestyle changes you choose to make will benefit both your life now and the lives of other women in the future.

Have you ever been told by a doctor or another medical professional to limit physical activity to less than a brisk walk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel chest discomfort when you are physically active or when you are resting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have bone, back or joint pain that could be made worse by walking more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know of any reason why you should not exercise without a doctor's permission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Did you receive the <u>Healthy Behavior Resources</u> brochure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you review the <u>Take Charge of Your Health</u> booklet with health professional staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand the information on this form and agree to join the WV WISEWOMAN Program.

I also understand that I may drop out of this program at any time.

I understand that I will be contacted to discuss my progress towards lifestyle change.

Participant Name (Printed) _____ Date _____

Staff Name (Printed) _____ Date _____

Participant Signature _____ Date _____

Staff Signature _____ Date _____