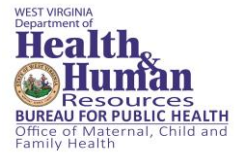




WEST VIRGINIA WISEWOMAN Risk Assessment With Risk Reduction Counseling



Facility Name		Risk Reduction Counseling Begin Date		SSN#
Last Name	First Name	M.I.	Date of Birth	

<input type="checkbox"/> Annual Risk Assessment
<input type="checkbox"/> Risk Re-Assessment at 6 months

Framingham Point Score = _____
Framingham 10 Year Risk Percent = _____
MORISKY SCORE = _____
0 = High Medication Adherence
1 or 2 = Moderate Medication Adherence
Greater than 2 = Low Medication Adherence

PARTICIPANT STAGE OF CHANGE		
<input type="checkbox"/> <u>PRE-CONTEMPLATION</u>	Has little or no intention to change behavior in foreseeable future	
<input type="checkbox"/> <u>CONTEMPLATION</u>	Is thinking about making a change in behavior	
<input type="checkbox"/> <u>PREPARATION</u>	Is ready to plan how she will make a change in behavior	
<input type="checkbox"/> <u>ACTION</u>	Is in the process of trying to make a change in her behavior	
<input type="checkbox"/> <u>MAINTENANCE</u>	Is trying to maintain a change she has made in her behavior	
PRIORITY AREAS	Participant selected the <u>ONE</u> following priority focus area after receiving risk reduction counseling.	
Nutrition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Smoking cessation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication adherence for hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Risk Reduction Counseling	Completion Date: / /
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CALCULATING THE MORISKY SCORE

- ☐ Not taking any prescribed medications
- ☐ Taking medication prescribed by a doctor

Medication Adherence Questions:

Do you sometimes forget to take your medicine?

- ☐ Yes=1
- ☐ No=0

In the past two weeks, were there any days when you did not take your medicine?

- ☐ Yes=1
- ☐ No=0

Have you ever cut back or stopped taking your medicine without telling your doctor because you felt worse when you took it?

- ☐ Yes=1
- ☐ No=0

When you leave home or travel, do you sometimes forget to bring your medicine?

- ☐ Yes=1
- ☐ No=0

Did you take all of your medicine yesterday?

- ☐ Yes=0
- ☐ No=1

When you feel like your symptoms are under control, do you sometimes stop taking your medicine?

- ☐ Yes=1
- ☐ No=0

Do you ever feel hassled about sticking to your treatment plan?

- ☐ Yes=1
- ☐ No=0

How often do you have difficulty remembering to take all of your medicine?

- ☐ Never/rarely
- ☐ Once in a while
- ☐ Sometimes
- ☐ Usually
- ☐ All the time

Total points equal the MORISKY SCORE.