

Every Woman Matters

Med-IT Data Entry

- ▶ Health Coaching

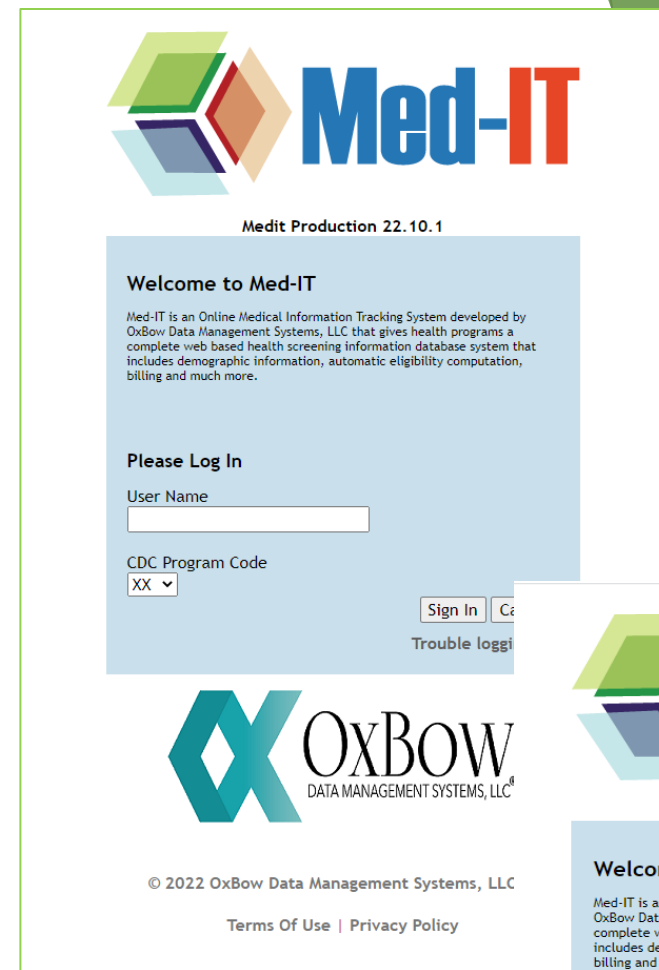
How to Login to Med-IT


- To access Med-IT go to:

www.med-itweb.com

- **To Login:**

- Enter your **User Name**
- Enter CDC Program Code by clicking the drop down arrow and select **NE** (for Nebraska)
- Click on **Sign In**
- On the **next** screen enter your Password
- Click on Login




Med-IT Production 22.10.1

Welcome to Med-IT


Med-IT is an Online Medical Information Tracking System developed by OxBow Data Management Systems, LLC that gives health programs a complete web based health screening information database system that includes demographic information, automatic eligibility computation, billing and much more.


Please Log In

User Name

CDC Program Code
XX ▾

[Trouble logging in?](#)


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Med-IT Production 22.10.1

Welcome to Med-IT

Med-IT is an Online Medical Information Tracking System developed by OxBow Data Management Systems, LLC that gives health programs a complete web based health screening information database system that includes demographic information, automatic eligibility computation, billing and much more.

Password

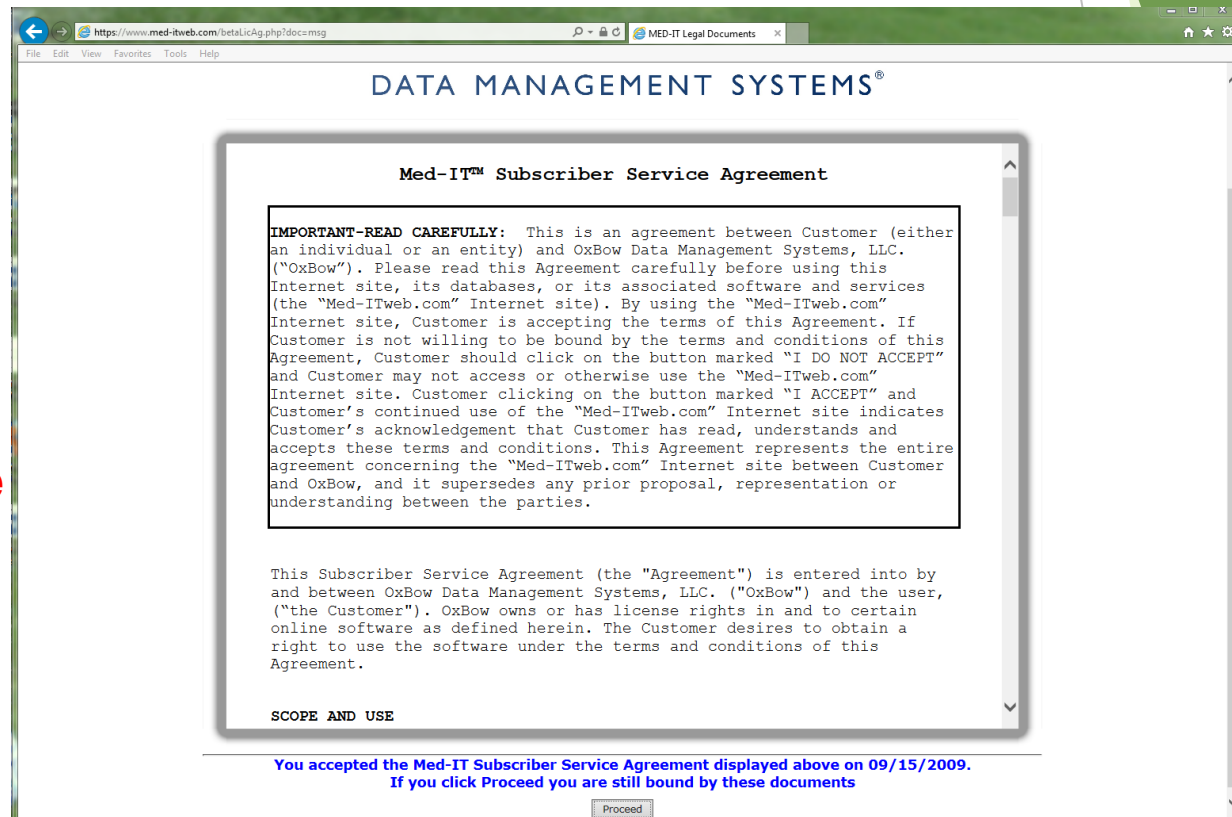

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How to Login to Med-IT

Click 'Proceed' to continue.
You'll have to click 'Proceed'
two times.

You are now logged into
Med-IT.

**Verify if this screen went away? The
user agreements do not come up
when I log in.**





Health Coaching

How to Initiate a Pre Assessment For Health Coaching Community Based Clients. This gets your Community Based Clients on your Health Coaching List

- ▶ The CHH web page has hard copies of the assessment available for download

▶ OR

- ▶ The assessment link is available online: <https://www.surveymonkey.com/r/HCPreAssessment>

Health Coaching Initial Intake and Pre-Assessment



NOTES:

- Who is this form for? Women age 40-64 who are uninsured, under-insured and/or do not qualify for EWM.
- Please complete assessment form and submit to the Women's and Men's Health Program at the following email: dhhs_ewm@nebraska.gov or complete online by going to: <https://www.surveymonkey.com/r/HCPreAssessment>

Please answer each question and PRINT clearly!

Date Completed with Client: ____/____/____ Venue Name: _____

Community Health Hub (CHH):

Central District Health Department - CDHD Elkhorn Logan Valley Public Health Department - ELVPHD

Lincoln Lancaster County Health Department - LLCHD Panhandle Public Health Department - PPHD

South Heartland District Health Department - SHDHD Southwest Nebraska Public Health Department - SWNPHD

Three Rivers Public Health Department - 3RPHD Other _____

Client ID#: _____ (clients first 3 letters of last name and date of birth mmdyyy, example CRA020564)

Birthdate: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Preferred way of Contact?: Home Phone Work Phone Cell Phone Email

Is it okay to text your cell phone? Yes No

Are you of Hispanic/Latina(o) origin? Yes No Unknown

What is your primary language spoken in your home? English Spanish Vietnamese Other _____

What race or ethnicity are you? (check all boxes that apply)

American Indian/Alaska Native Tribe _____ Black/African American

Mexican American White

Asian Pacific Islander/Native Hawaiian

Other _____ Unknown

Are you a Refugee? Yes No Unknown If yes, where from? _____

Highest level of education completed: <9th grade Some high school High school graduate or equivalent Some college or higher

Don't know

County of Residence in Nebraska: _____

Do you have a primary care physician? Yes No Unknown

DIET & PHYSICAL ACTIVITY	1. How much fruit do you eat in an average day? (1 cup equals 1 large banana or 1 medium apple)	_____ Cups <input type="radio"/> DK*
	2. How many vegetables do you eat in an average day? (1 cup equals 12 baby carrots or 1 ear corn)	_____ Cups <input type="radio"/> DK*
	3. Do you eat fish at least two times a week?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*
	4. How many servings of grain products do you eat in a day? (serving equals 1 slice whole wheat bread, 3 cups popped popcorn, 1/2 cup rice/pasta, 3/4 cup oatmeal)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6+ <input type="radio"/> DK*
	4a. Of these servings, how many are whole grain?	<input type="radio"/> Less than half <input type="radio"/> About half <input type="radio"/> More than half <input type="radio"/> DK*
	5. Do you drink less than 36 ounces of beverages with added sugars weekly? (3 (12 ounce) cans regular soda, juice, alcohol, specialty drinks)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*
	6. Are you currently watching or reducing your sodium or salt intake?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*
7. How many minutes of physical activity do you get in a WEEK? (walking/running, aerobic dancing, water aerobics, general gardening, bicycling)	_____ Minutes <input type="radio"/> DK*	

How to Match Client Cycles

- If client has an existing **Health Behavior Support Service (HBSS)** records, you will see them listed on this screen.
- Locate the client cycle on the EWM/WW Health Coaching list sent out by your TA in the column titled “**cycle number**” (NOT cycle count).
- Match the cycle on your EWM/WW HC list with the cycle located in the *right column* of the screen titled “**WW Cycles**”. If the cycle doesn’t match up, what you have on your HC you need to click on the cycle number that matches what is on your list.
- After matching the cycles, click **Add** to bring up the LSP/HC screen.

The screenshot displays the 'Nebraska Breast & Cervical Cancer Program' interface. On the left, the 'Client Information' panel shows details for client ID 39554, including contact info, eligibility, and quick links. The main area, titled 'List of LSP/HC Sessions for Cycle # 12', contains a table with the following data:

LSP/HC Date	LSP/HC	Session Type	Session Setting	Provider Completed By	Program Completion
08/31/2022	Health Coaching	Smart phone/tablet Application	Individual	HUB-Central District Health	No - Lifestyle Program/Health Coaching is still in progress
09/13/2021	Health Coaching	Smart phone/tablet Application	Individual	CENTRAL OFFICE	No - Lifestyle Program/Health Coaching is still in progress
09/13/2021	Health Coaching	Smart phone/tablet Application	Individual	CENTRAL OFFICE	No-Withdrawal by health coach (3 Attempts have been made)
05/25/2021	Health Coaching	Phone	Individual	CENTRAL OFFICE	No-Withdrawal by health coach (3 Attempts have been made)
01/21/2021	Check. Change. Control	Smart phone/tablet Application	Individual	CENTRAL OFFICE	Yes - Lifestyle Program/Health Coaching is Complete
04/02/2020	Health Coaching	Evidence that mailed materials were opened and reviewed	Individual	CENTRAL OFFICE	No-Withdrawal by client (Not interested, previously had HCLSP, time constraint, family issues)

On the right side of the interface, there are sections for 'Release Notes', '12 WW Cycles' (with a table of dates and ages), 'Due Dates', and 'Alerts' (10 Alerts! (MDE 7.0) and 43 Alerts! (WW MDE 18.1)). The bottom status bar indicates 'Page: 1 of 1' and 'Displaying 1 - 6 of 6'.

How to Add a Health Coaching Record

- To add a new HC session, enter client ID in ID box located in the left navigation column, then click **Go**. You can also search for the client by name, DOB by clicking
- Select the **WW Data** tab located near the top of the screen and click the drop down arrow to the right.
- Select **LSP/HC** in the drop down menu

Nebraska Breast & Cervical Cancer Program

Client Info ▾ BCC Data ▾ CRC Data ▾ WW Data ▾ Navigated Only \$ Billing ▾ Contract/Provider ▾ Reports/Utilities ▾ Type to find... ▾ Log Off Admin

Every Woman Matters

NEBRASKA OFFICE OF WOMEN'S HEALTH

Switch Client

ID 39554 Go Clear Add

Client Information

AAAA, aaa [BCC] [CRC][WW]

Status: Active
Diagnostic
Cell #: 402-314-8195
SSN: 000-00-0000
DOB: 02/05/1964 (58)
Custom Id:

L.Contact: 07/22/2015
Address
1515 B Street
Lincoln, NE

Eligibility

FPL: 196.23%
Status: Eligible
Note: United Health Care
Enrolled: 05/02/2012

Additional Information

Reminders (1)

Quick Links

[Reload Screen]
Search Client
Summary of Services
Summary of Notes
Mark to Send Letter
Client Activity

Quick Tips
Terms of Use
Med-IT Privacy Policy

Logged In As

Client Information

Personal Information

Last Name: AAAA
First Name: aaa
MI:
Maiden Name: Alternate ID: 448-53 SSN: 000-00-0000
Date of Birth: 02/05/1964 Gender: Female
Marital Status: Select one ▾
Date Fee Received:
MED-IT ID: 0000000039554 Legacy ID: 0000000054800

Note:

Contact Information

Address: 1515 Lolly Pop Lane Address 2:
Zip Code: 68506 State: NE
County: Lancaster City: Lincoln
Equivalent County: Lancaster Email:
 Receive Information by Email

Release Notes

View Release Notes

29 BCC Cycles

#	Date	A...	N1	N2
29	09/22/20...	58		
20	01/02/20...	57		
28	12/02/20...	57		
27	07/01/20...	57		
26	09/03/20...	56		
25	09/01/20...	56		
24	03/01/20...	56		
23	01/05/20...	55		
22	08/29/20...	55		
21	01/01/20...	54		
19	06/07/20...	54		
18	03/28/20...	54		
17	12/01/20...	53		
16	02/14/20...	52		
15	02/08/20...	52		
13	01/20/20...	51		
14	01/20/20...	51		
12	10/12/20...	51		
11	09/15/20...	51		
10	08/01/20...	51		
9	07/04/20...	51		
8	03/12/20...	51		
7	02/25/20...	51		
6	08/25/20...	50		
5	06/13/20...	49		
4	06/12/20...	49		
3	06/11/20...	49		
2	06/10/20...	49		

Nebraska Breast & Cervical Cancer Program

Client Info ▾ BCC Data ▾ CRC Data ▾ WW Data ▾ Navigated Only \$ Billing ▾ Contract/Provide

Every Woman Matters

NEBRASKA OFFICE OF WOMEN'S HEALTH

Switch Client

ID 39554 Go Clear Add

Client Information

AAAA, aaa [BCC] [CRC][WW]

Status: Active
Diagnostic
Cell #: 402-314-8195
SSN: 000-00-0000
DOB: 02/05/1964 (58)
Custom Id:

L.Contact: 07/22/2015
Address
1515 B Street
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Eligibility

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Status: Eligible
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Additional Information

Reminders (1)

Quick Links

[Reload Screen]
Search Client
Summary of Services
Summary of Notes
Mark to Send Letter
Client Activity

Quick Tips
Terms of Use
Med-IT Privacy Policy

Logged In As

Client Information

Personal Information

Last Name: AAAA
First Name: aaa
MI:
Maiden Name: Alternate ID: 448-53 SSN: 000-00-0000
Date of Birth: 02/05/1964 Gender: Female
Marital Status: Select one ▾
Date Fee Received:
MED-IT ID: 0000000039554 Legacy ID: 0000000054800

Note:

Contact Information

Address: 1515 Lolly Pop Lane Address 2:
Zip Code: 68506 State: NE
County: Lancaster City: Lincoln
Equivalent County: Lancaster Email:
 Receive Information by Email

Release Notes

View Release Notes

29 BCC Cycles

#	Date	A...	N1	N2
29	09/22/20...	58		
20	01/02/20...	57		
28	12/02/20...	57		
27	07/01/20...	57		
26	09/03/20...	56		
25	09/01/20...	56		
24	03/01/20...	56		
23	01/05/20...	55		
22	08/29/20...	55		
21	01/01/20...	54		
19	06/07/20...	54		
18	03/28/20...	54		
17	12/01/20...	53		
16	02/14/20...	52		
15	02/08/20...	52		
13	01/20/20...	51		
14	01/20/20...	51		
12	10/12/20...	51		
11	09/15/20...	51		
10	08/01/20...	51		
9	07/04/20...	51		
8	03/12/20...	51		
7	02/25/20...	51		
6	08/25/20...	50		
5	06/13/20...	49		
4	06/12/20...	49		
3	06/11/20...	49		
2	06/10/20...	49		

Data Entry for Health Coaching/HBSS

Click on **LSP/HC**

Nebraska Breast & Cervical Cancer Program

Client Info | BCC Data | CRC Data | **WW Data** | Billing | Contract/Provider | Reports/Utilities | Type to find...

Log Off Admin

Every Woman Matters

NEBRASKA OFFICE OF WOMEN'S HEALTH

Switch Client

ID 39554 Go

Client Information

- WW Cycle Initiation
- WW Office Visit
- LSP/HC**
- Lifestyle Intervention
- Cycle Notes - WW
- MDE Notes - WW

5 WW Cycles

#	Date	Age	N1	N2
5	08/08/2016	59		
4	07/01/2016	59		
3	06/25/2016	59		
2	01/03/2016	59		
1	07/01/2015	58		

Due Dates

Screening Type	Date of Service	Provider	BMI	Avg. BP	TC	BG	A1c	Alerts
Follow-up after LSP/HC	08/12/2016	Fix It						

Click on **Add**

Nebraska Breast & Cervical Cancer Program

Client Info | BCC Data | CRC Data | **WW Data** | Billing | Contract/Provider | Reports/Utilities | Type to find...

Log Off Admin

Every Woman Matters

NEBRASKA OFFICE OF WOMEN'S HEALTH

Switch Client

ID 39554 Go

- WW Cycle Initiation
- WW Office Visit
- LSP/HC
- Lifestyle Intervention
- Cycle Notes - WW
- MDE Notes - WW

20 BCC Cycles

#	Date	Age	N1	N2
20	07/01/2016	59		
19	04/14/2016	59		
18	03/14/2016	59		
17	02/23/2016	59		
16	02/14/2016	59		
15	02/03/2016	59		

Date	Activity	Outcome	Performed By
11/01/2016	Phone call	Navscreen call2	Melissa Leyoldt

Data Entry for Health Coaching/HBSS

Complete the following data fields:

- *Completed By*
- *HBSS Date*
- *HBSS Received Date*
- *LSP/HC ID (select one):*
 - Check. Change. Control.
 - Health Coaching
 - Living Well
 - National Diabetes Prevention Program
 - Walk and Talk Tool Kit
- *Session Time*
- *Session Type*
- *Session Setting*
- *Session Completion Directions on next page*
- *Notes-only if needed*
- Click **Add**

The screenshot shows the 'LSP/HC Session (Cycle # 3)' data entry form. The form includes the following fields:

- Provider: Fix It
- Completed By: Select one
- * LSP/HC Date: [Date Picker]
- LSP/HC Received Date: [Date Picker]
- LSP/HC ID: Select one
- Session Time: [Text] minutes
- Session Type: Select one
- Session Setting: Select one
- Session Completion: Select one
- Notes: Text area with a rich text editor toolbar (Tahoma font, bold, italic, underline, etc.)
- Needs Barcode: Select One

On the right side, there is a '5 WW Cycles' table:

#	Date	Age	N1	N2
4	09/08/2016	59		
5	07/01/2016	59		
3	06/25/2016	59		
2	01/03/2016	59		
1	07/01/2015	58		

Below the table are 'Due Dates' and 'Alerts' sections:

- 23 Alerts! (MDE 6.0)
- 0 Alerts! (CCDE 1.01)
- 170 Alerts! (WW MDE 9.2)

A green arrow points to the 'Add' button at the bottom right of the form.

Session Completion

Health Coaching Drop Down in Med-It (WW Data/LSP-HC/Program Completion)		
What it means	Choose in Med It	Payment
Client has been engaged and participated in 3 HC sessions and is now complete.	Yes-Lifestyle Program/Health Coaching is Complete	Final Performance Pay
Client actively participating in HC, still engaged and not yet completed.	No-Lifestyle Program/Health Coaching is still in progress	Pay on the first HC session for engagement based on HBSS chosen.
Client has participated in 1 or 2 Health Coaching Sessions and now has decided to withdraw	No -Withdrawn by client	No payment. Already been paid on 1st session.
Client decided not to participate after discussion and at the conclusion of 1st HC session.	No-Withdrawn by client	Pay on 1st health coaching session for engagement.
Client refuses to engage in health coaching at 1st contact. No discussion.	No-Withdrawn/Discontinued	No payment
3 attempts made & doc in RECALL; at least one written form of contact via mail or text. Time recorded on Progress Report.	No-Withdrawn/Discontinued	No payment
Unable to engage client due to wrong or disconnected phone number, client has moved, no forwarding address. Lost to Follow Up. Documented in Recall	No Answer Recorded	No payment

Recording Recall Activity

- All missed call attempts (i.e., not a good time to call even if you talked to client, emails or texts) should be recorded in **Recall Activity**.
- When you click on **LSP/HC (HBSS)** under the **WW Data** tab and if client has existing **HBSS** records, you will see the screen pictured.
- Click on **Recall Activity**

The screenshot displays the 'Nebraska Breast & Cervical Cancer Program' interface. The 'WW Workflow Navigation' section at the top has the 'Recall Activity' button highlighted in yellow. A callout box with an arrow points to this button, containing the text 'Click here'. Below this, the 'List of LSP/HC Sessions for Cycle # 4' is shown as a table with columns for LSP/HC Date, LSP/HC, Session Type, Session Setting, and Session Completion. The table contains four rows of session data. On the left, the 'Client Information' section shows details for client ID 39554, including status (Active), risk level (High Risk), and contact information. On the right, there are sections for '5 WW Cycles' and 'Alerts'.

LSP/HC Date	LSP/HC	Session Type	Session Setting	Session Completion
10/19/2016	Health Coaching with Community Supports	Phone	Individual	Yes - Lifestyle Program/Health Coaching is Complete
09/14/2016	Health Coaching with Community Supports	Phone	Individual	No - Lifestyle Program/Health Coaching is still in progress
09/14/2016	Health Coaching	Evidence that mailed materials were opened and reviewed	Individual	No - Lifestyle Program/Health Coaching is still in progress
09/08/2016	Health Coaching	Phone	Individual	No - Lifestyle Program/Health Coaching is still in progress

How to Record Recall Activity

Click "Add" to pull up Recall data entry screen

The screenshot shows the 'List of Recall Activities' table with the following data:

Date	Activity	Outcome	Performed By
11/01/2016	Phone call	Navscreen call2	Melissa Leyoldt
11/01/2016	Mailed Letter	Transportation pay	Melissa Leyoldt
11/01/2016	Personal Visit	Translation/interpretation	Melissa Leyoldt
11/01/2016	Phone call	Navscreen call1	Melissa Leyoldt
09/28/2016	Phone call		Aaron Sweazy
09/12/2016	Phone call		Aaron Sweazy
09/01/2016	Phone call		Natalie Kingston
06/25/2014	Mailed Letter	All services card	Melissa Leyoldt
10/01/2011	Phone call		Terrl Allen
10/01/2011	Phone call		Terrl Allen
08/01/2011	Phone call		Terrl Allen
07/05/2011	Phone call		Terrl Allen
06/02/2010	Client not due		Paula Robbins
01/21/2010	Phone call		Tracey Bonneau
10/01/2009	Phone call		Char Wallace
09/30/2009	Phone call		Char Wallace

After you complete the data entry fields, click **Add** to add/save the record.

The screenshot shows the 'Recall Activity' form with the following fields:

- * Performed By: Select one
- * Date: [Calendar icon]
- * Activity: Select one
- Outcome: Select one
- Notes: [Text area]

The 'Add' button is located at the bottom right of the form, next to a 'Back' button.

How to Withdraw a Client

- ▶ An example of an educational mailing piece our EWM/WISEWOMAN Program has available that you can send to a client that has withdrawn or already participated in a healthy behavior support service.
- ▶ Hubs are now responsible for following up by mail with clients on their health coaching list whom they are unable to connect with by phone, email and/or texting. By mail is the final attempt to engage and highlight health coaching services.



WE CARE ABOUT YOUR HEALTH
HELPFUL THINGS TO REMEMBER
We realize you may not be interested in any programs or services at this time but wanted to make you aware of things you can do until we contact you again. Remember that making small changes every day can lead up to big changes in your overall health.

MANAGE BLOOD PRESSURE
• **BLOOD PRESSURE** is the force of blood pushing against blood vessel walls. Sometimes the pressure is too high, causing a condition known as **HIGH** blood pressure.
• **STRESS** and **POOR DIET** have been linked to high blood pressure.
• **KNOW YOUR NUMBERS.** Be sure to track your blood pressure online through **CHECK.CHANGE.CONTROL**.
-SIGN UP online at www.ccctracker.com
-ENTER this code: **WMLH21**
-Once you enter the code you will have access to enter your blood pressure online
-GOAL: Enter 2 blood pressure readings **WEEKLY** for up to 4 **WEEKS**

MANAGE CHOLESTEROL
• **CHOLESTEROL** is a fatty substance that is made by your body. You can also find it in foods that come from animals (meat, eggs, cheese).
• **POOR DIET** have been linked to high cholesterol.
• **KNOW YOUR NUMBERS.** Be sure to get your cholesterol checked at your doctors office or at a local health department.

BLOOD SUGAR
• **BALANCE YOUR CALORIES** - to find your calorie level go to: www.choosemyplate.gov
• Eat **MORE** vegetables, fruits, whole grains, and fat-free or 1% milk and dairy products.
• **CUT BACK** on foods high in solid fats, added sugars and salt (cakes, cookies, ice cream, sweetened drinks).
• **LOWER** your sodium (salt) in the foods you eat.
• Drink **WATER** instead of sugary drinks.

KNOW Your Numbers
• **BLOOD PRESSURE** LESS THAN **120/80** mmHg
• **TOTAL CHOLESTEROL** LESS THAN **200** mg/dL
• **BLOOD SUGAR** LESS THAN **100** mg/dL
• **BODY MASS INDEX (BMI)** BETWEEN **18.5-25**
• **WAIST CIRCUMFERENCE** WAIST LESS THAN **35"** FOR WOMEN **40"** FOR MEN

BODY MASS INDEX
Get **150 MINUTES** of **ACTIVITY** each **WEEK.**
REGULAR activity helps improve your overall health.
• **BEING ACTIVE** can help keep your thinking, learning, and judgment skills **SHARP** as you age.
• **BEING ACTIVE** may help you **SLEEP** better.
• **NOT** smoking or using tobacco products is **ONE** of the **BEST** things you can do for your health.
The Nebraska Tobacco Quitline can help **YOU** quit. **CALL 1-800-QUIT-NOW** to receive **FREE** and confidential, 24/7 access to counseling and support services.

Nebraska Department of Health & Human Services
Women's and Men's Health Programs
301 Centennial Mall South | P.O. Box 948217
Lincoln, NE 68509-8217
402-471-0823 | 800-232-2227
www.dhhs.ne.gov/womenandmen
www.dhhs.ne.gov/menandmen
Email: ehhs.women@nebraska.gov
ehhs.men@nebraska.gov

November 2019

NEBRASKA
Healthy Living. Dependable.

Initiation of the Post Assessment After HBSS/HC Completion

- ▶ HC initiates the Post Assessment during the 3rd and final HC call. The Health Coach has the option of completing the assessment with the client using the survey monkey link or by hard copy.
- ▶ Completion of the Post Assessment is an important step for data collection and MDE submission to CDC.
- ▶ If the HC completes the hard copy, please include the client ID, the county she resides in, date of service and your call date on the hard copy form, then scan and fax to the DHHS central office at 402-471-0913.
- ▶ Please reach out to your TA with any additional questions or concerns.

How to Initiate a Post Assessment For All Health Coaching Clients

- ▶ The CHH web page has hard copies of the assessment available for download
- ▶ OR

- ▶ The assessment link is available online: <https://www.surveymonkey.com/r/HCPPostAssessment>

Health Coaching Post-Assessment



301 Centennial Mall South - P.O. Box 94817
Lincoln, NE 68509-4817 Fax: 402-471-0913
1-800-532-2227
www.dhhs.ne.gov/womenshealth

Reasonable accommodations made for persons with disabilities: TDD (800) 833-7352
Nebraska DHHS provides language assistance at no cost to limited English proficient persons who seek our services.

NOTES:

- **Who is this form for?** Women age 40-64 who are uninsured, under-insured and/or do not qualify for EWM.
- Please complete assessment form and submit to the Women's and Men's Health Program at the following email: dhhs.ewm@nebraska.gov or complete online by going to: <https://www.surveymonkey.com/r/HCPPostAssessment>
- Post Biometrics are REQUIRED. If previous cholesterol was ≥ 240 mg/dl, a total cholesterol is REQUIRED.

Please answer each question and PRINT clearly!

CLIENT INFORMATION	Date Completed with Client: ____/____/____
	Community Health Hub (CHH):
	<input type="radio"/> Central District Health Department - CDHD <input type="radio"/> Elkhorn Logan Valley Public Health Department - ELVPHD <input type="radio"/> Lincoln Lancaster County Health Department - LLCHD <input type="radio"/> Panhandle Public Health Department - PPHD <input type="radio"/> South Heartland District Health Department - SHDHD <input type="radio"/> Southwest Nebraska Public Health Department - SWNPHD <input type="radio"/> Three Rivers Public Health Department - 3RPHD <input type="radio"/> Other _____
	Client ID#: _____ Medit ID#: _____
	Birthdate: ____/____/____

DIET & PHYSICAL ACTIVITY	1. How much fruit do you eat in an average day? (1 cup equals 1 large banana or 1 medium apple)	_____ Cups <input type="radio"/> DK*
	2. How many vegetables do you eat in an average day? (1 cup equals 12 baby carrots or 1 ear corn)	_____ Cups <input type="radio"/> DK*
	3. Do you eat fish at least two times a week?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*
	4. How many servings of grain products do you eat in a day? (serving equals 1 slice whole wheat bread, 3 cups popped popcorn, 1/2 cup rice/pasta, 3/4 cup oatmeal)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6+
	4a. Of these servings, how many are whole grain ?	<input type="radio"/> Less than half <input type="radio"/> About half <input type="radio"/> More than half <input type="radio"/> DK*
	5. Do you drink less than 36 ounces of beverages with added sugars weekly? (3 [12 ounce] cans regular soda, juice, alcohol, specialty drinks)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*
	6. Are you currently watching or reducing your sodium or salt intake?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*
7. How many minutes of physical activity do you get in a WEEK ? (walking/running, aerobic dancing, water aerobics, general gardening, bicycling)	_____ Minutes <input type="radio"/> DK*	

	HIGH BLOOD PRESSURE	HIGH CHOLESTEROL	DIABETES
BLOOD PRESSURE & DIABETES	1. Has your doctor, nurse or other health professional EVER told you that you have:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*
	2. Do you take any medication prescribed by your doctors NOW to lower:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*
	3. During the past 7 days , how many days (including today) did you take your medication as prescribed:	_____ Days <input type="radio"/> DK*	_____ Days <input type="radio"/> DK*
CHOLESTEROL, BLOOD PRESSURE & DIABETES	4. Do you check your BLOOD PRESSURE when you are not at the doctor's office (at home, at pharmacy, or at a store, etc.)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*	
	4a. If no, provide reason:	<input type="radio"/> No, never told to check <input type="radio"/> No, don't know how to check <input type="radio"/> No, don't have equipment	
	4b. If yes, how often do you check your BLOOD PRESSURE :	<input type="radio"/> Multiple times a day <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> A few times per week <input type="radio"/> Monthly <input type="radio"/> DK*	
	4c. If yes, do you share your BLOOD PRESSURE numbers with your doctor that you take at home, the pharmacy or a store?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*	