

**Telephone Follow-Up: Being Active and Managing Stress**

**TSU PATIENT CENTERED CARE COLLABORATION TO IMPROVE  
MINORITY HEALTH (PCCC) INITIATIVE**

**Date:** \_\_\_\_\_

**Patient Name** (Last name, First initial): \_\_\_\_\_

**Client ID:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Study diagnosis (circle all that apply):**      Hypertension                  Diabetes

**Date of the First Home Visit:** \_\_\_\_\_

**Pharmacist:** \_\_\_\_\_

- **Blood pressure at first home visit:** \_\_\_\_\_
- **Hemoglobin A1C at first home visit:** \_\_\_\_\_

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**Script:**

*Intern: Hello, my name is \_\_\_\_\_. I am with the medication therapy management program at Texas Southern University College of Pharmacy. On \_\_\_\_\_ (date of first home visit), a pharmacist visited with you to discuss your blood pressure/diabetes and medications. Your blood pressure/hemoglobin A1C at that time was \_\_\_\_\_. Do you have about 20 minutes to talk to me about your blood pressure/diabetes?*

Patient answer: **No** (then proceed with the following question)

1. "When is a good time to contact you?"

Record time and date: \_\_\_\_\_

*"Okay, thank you very much Mr./Ms. (say patient's last name.) We will definitely try calling you back at this more convenient time and look forward to speaking with you. Have a good day."*

OR

Patient answer: **Yes** (then proceed with the following questions)

2. Medication Adherence

Medication (Name/ Strength)	Purpose	Schedule	Date of Last Dose	Special Instructions
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

o Has the patient missed any doses in the past two weeks?  Yes  No

If answer is yes, explain why.

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**Knowledge Questions Exercise:** Ask the patient the following questions and mark their answers (refer to appropriate section below based on patient's diagnosis)

### **I. Hypertension:**

1. Exercise can lower your blood pressure.  
a)  **True**  
b)  False
  
2. How much physical activity is enough?  
a)  20 minutes everyday  
b)  90 minutes a day once you are in shape  
c)  **150 minutes a week**  
d)  It depends on the size of your heart
  
3. People who have hypertension can do any kind of exercise they want.  
a)  True  
b)  **False**
  
4. Exercise can be dangerous if it increases your heart rate too fast.  
a)  True  
b)  **False**
  
5. Serious depression is common in people with hypertension, but treatment can help.  
a)  **True**  
b)  False

### **II. Diabetes:**

1. For a person in good control of their diabetes, exercise lowers blood glucose.  
a)  **True**  
b)  False
  
2. Examples of aerobic exercise include which of the following activities?  
a)  Brisk walking  
b)  Swimming  
c)  Dancing  
d)  **All of the above**
  
3. Exercise can cause low blood glucose levels.  
a)  **True**  
b)  False
  
4. When you're stressed, it's hard to keep your blood glucose on track because:  
a)  Your body makes hormones that affect your blood glucose

- b)  It's hard to pay attention to your diabetes
- c)  **Both of the above are correct**

5. Serious depression is common in people with diabetes, but treatment can help.

- a)  **True**
- b)  False

**For office use only:**

1<sup>st</sup> attempt: Date  Time:  Outcome:   
2<sup>nd</sup> attempt: Date  Time:  Outcome:   
3<sup>rd</sup> attempt: Date  Time:  Outcome:

After three failed attempts, the patient is dropped from program.