

ATTACHMENT 5C

**MYRX PARTICIPANT TELEPHONE FOLLOW-UP:
BEING ACTIVE AND MANAGING STRESS**

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

Date: _____

Participant 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: _____

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?

Participant 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 participant'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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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.				

Has the participant missed any doses in the past two weeks?

- Yes
- No

If answer is yes, explain why. _____

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

I. Hypertension:

1. Exercise can lower your blood pressure.

- True**
 False

2. How much physical activity is enough?

- 20 minutes everyday
 90 minutes a day once you are in shape
 150 minutes a week
 It depends on the size of your heart

3. People who have hypertension can do any kind of exercise they want.

- True
 False

4. Exercise can be dangerous if it increases your heart rate too fast.

- True
 False

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

- True**
 False

II. Diabetes:

1. For a person in good control of their diabetes, exercise lowers blood glucose.

- True
- False

2. Examples of aerobic exercise include which of the following activities?

- Brisk walking
- Swimming
- Dancing
- All of the above**

3. Exercise can cause low blood glucose levels.

- True
- False

4. When you're stressed, it's hard to keep your blood glucose on track because:

- Your body makes hormones that affect your blood glucose
- It's hard to pay attention to your diabetes
- Both of the above are correct**

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

- True
- False

For office use only:

1st attempt: Date _____ Time: _____ Outcome: _____

2nd attempt: Date _____ Time: _____ Outcome: _____

3rd attempt: Date _____ Time: _____ Outcome: _____

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