

ATTACHMENT 5D

MYRX PARTICIPANT TELEPHONE FOLLOW-UP: HEALTHY EATING

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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. People with hypertension can still eat the foods they like.

- True**
- False

2. The Nutritional Facts label can help you make better food choices when you're shopping.

- True**
- False

3. How much sodium does the body need daily.

- 1000 mg
- 2300 mg
- 200 mg**
- None of the above

4. Eating less salt usually makes blood pressure...

- Go Up
- Go Down**
- Stay the Same

5. Carbohydrate counting is a method that helps you know what to eat and how much to eat.

True
 False

II. Diabetes:

1. People with diabetes can still eat the foods they like.

True
 False

2. The diabetic diet is a healthy diet for most people.

True
 False

3. What effect does unsweetened fruit juice have on blood sugar?

Lowers it
 Raises it
 Has no effect

4. You and your healthcare team can design a meal plan that takes into account.

Your favorite foods
 A variety of foods
 Your like and dislikes
 Your daily routine
 All the above are correct

5. The Nutritional Facts label can help you make better food choices when you're shopping.

True
 False

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.