

Promotores Activities Form

FOR INTERNAL USE ONLY

(For Strategy 3)

Please complete this form after the manual is taught to record the encounters with the patient.

Participant identification (ID) number: _____

Name of person completing the form: _____

Promotor(a) identification (ID) number: _____

Name of person who taught the manual: _____

Project Location:

Clinic

Which of the following activities do you do? Mark your answer with an X.

ACTIVITIES	First Followup Encounter	3-Month Followup	6-Month Followup	12-Month Followup
	Date: __/__/__	Date: __/__/__	Date: __/__/__	Date: __/__/__
1. Listen to the patient's concerns.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
2. Make an appointment for the patient.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
3. Remind the patient to keep the appointment.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
4. Make transportation arrangements for patient.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
5. Serve as interpreter for the patient.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
6. Provide counseling/ educational materials to patient.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
7. Go over counseling/ educational materials with patient.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
8. Ask patient if he or she has any questions about the medication.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
9. Encourage patient to stay on treatment plan.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

Promotores Activities Form *(continued)*

	First Followup Encounter	3-Month Followup	6-Month Followup	12-Month Followup
10. Give suggestions to the patient on how to remember to take the medication.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
11. Ask the patient about difficulties in changing his or her lifestyle habits.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
12. Explain benefits of changing lifestyle habits to patient.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
13. Encourage patient to participate in support groups.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
14. Refer patient to health and community services.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
15. Conduct followup home visit.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
16. Conduct followup phone call.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
17. Write down what you discussed during the home visit or phone call.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
18. Meet with supervisor on a regular basis.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
19. File notes in patient's chart.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
20. Other: _____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No