Clinical Measures and Followup Form

FOR INTERNAL USE ONLY

For Strategy 3

Participant identification (ID) number: _____

Name of person completing the form: _____

Community health worker identification (ID) number: _____

Location:

❑ 1 Clinic

Clinical Measures and Followup Form (continued)

Participant Information

1. **Today's date** (MM/DD/YYYY): _____ /_____/_____
2. **Age (in years):** _____
3. **Sex**

- ❑ 1 Male
- ❑ 2 Female

4. **Do you consider yourself Latino or Hispanic?**

- ❑ 1 Yes
- ❑ 2 No

5. **Which race do you consider yourself to be?**

- ❑ 1 Alaska Native
- ❑ 2 American Indian
- ❑ 3 Asian
- ❑ 4 Black or African American
- ❑ 5 Native Hawaiian or other Pacific Islander
- ❑ 6 White
- ❑ 7 Mixed race

6. **Does your family have a history of heart disease?**

- ❑ 1 Yes
- ❑ 2 No
- ❑ 3 Don't know

7. **Do you have any heart disease risk factors?**

- ❑ 1 Yes
- ❑ 2 No
- ❑ 3 Don't know

Clinical Measures and Followup Form (continued)

Participant Information (continued)

Measurement	Baseline Date: ___ / ___ /____	6 months after baseline Date: ___ / ___ /____	12 months after baseline Date: ___ / ___ /____
8. Cholesterol			
Have you been told by a health care provider that you have high cholesterol?	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No
Are you on medication?	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No
Total	_____ mg/dL	_____ mg/dL	_____ mg/dL
LDL	_____ mg/dL	_____ mg/dL	_____ mg/dL
HDL	_____ mg/dL	_____ mg/dL	_____ mg/dL
Triglycerides	_____ mg/dL	_____ mg/dL	_____ mg/dL
9. Blood Pressure			
Have you been told by a doctor or other health professional that you have high blood pressure?	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No
Are you on medication?	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No
Systolic	_____ mmHg	_____ mmHg	_____ mmHg
Diastolic	_____ mmHg	_____ mmHg	_____ mmHg

Clinical Measures and Followup Form (continued)

Participant Information (continued)

Measurement	Baseline Date: ____ / ____ /____	6 months after baseline Date: ____ / ____ /____	12 months after baseline Date: ____ / ____ /____
10. Diabetes			
Have you been told by a health care provider that you have prediabetes?	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No
Have you been told by a health care provider that you have high blood sugar levels?	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No
Are you on medication?	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No
A1C	_____ %	_____ %	_____ %
Blood sugar level (fasting)	_____ mg/dL	_____ mg/dL	_____ mg/dL
11. Overweight and Obsesity			
Weight	_____ pounds	_____ pounds	_____ pounds
Height	_____ feet _____ inches	_____ feet _____ inches	_____ feet _____ inches
BMI	_____ BMI	_____ BMI	_____ BMI
Waist measurement	_____ inches	_____ inches	_____ inches
12. Medication *(If the patient is on medication[s], ask the question below.)*			
Do you take your medication as prescribed by your health care provider?	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No

Clinical Measures and Followup Form (continued)

Participant Information (continued)

Measurement	Baseline Date: ____ / ____ /_____	6 months after baseline Date: ____ / ____ /_____	12 months after baseline Date: ____ / ____ /_____
13. If the answer to question 12 is "no," please ask the patient: "Can you tell me why you're not taking your medication?" *(Based on the patient's response, please check all the answers that apply.)*			
a. I believe taking medication every day isn't good for me.	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No
b. I forget to take my medication.	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No
c. My provider's directions were confusing.	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No
d. I stopped taking medication when I felt better.	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No
e. I feel sick when I take the medication.	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No
f. I don't have anyone to help me.	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No
g. The medication is too expensive.	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No	❑ 1 Yes ❑ 2 No
h. Other reason (please specify):	_____	_____	_____