



# 6-month Intervention Checklist

Participant Name \_\_\_\_\_

 Community Health Worker: ☐ Henry Soliveres (NY) ☐ Rico Foz (NJ)

☐ Pre-intervention blood pressure(s) completed (refer to blood pressure log)

Activities	Month 1	Date	Month 2	Date	Month 3	Date	Month 4	Date	Month 5	Date	Month 6	Date
<b>Orientation</b>	<input type="radio"/> Yes <input type="radio"/> No	_____										
<b>One to One session</b>	<input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
<b>Follow-up phone calls</b> <i>(only actual conversations, do not include attempted calls)</i>	# Attempted Calls	_____	# Attempted Calls	_____	# Attempted Calls	_____	# Attempted Calls	_____	# Attempted Calls	_____	# Attempted Calls	_____
	CALL# 1 <input type="radio"/> Yes <input type="radio"/> No	_____	CALL# 1 <input type="radio"/> Yes <input type="radio"/> No	_____	CALL# 1 <input type="radio"/> Yes <input type="radio"/> No	_____	CALL# 1 <input type="radio"/> Yes <input type="radio"/> No	_____	CALL# 1 <input type="radio"/> Yes <input type="radio"/> No	_____	CALL# 1 <input type="radio"/> Yes <input type="radio"/> No	_____
	CALL# 2 <input type="radio"/> Yes <input type="radio"/> No	_____	CALL# 2 <input type="radio"/> Yes <input type="radio"/> No	_____	CALL# 2 <input type="radio"/> Yes <input type="radio"/> No	_____	CALL# 2 <input type="radio"/> Yes <input type="radio"/> No	_____	CALL# 2 <input type="radio"/> Yes <input type="radio"/> No	_____	CALL# 2 <input type="radio"/> Yes <input type="radio"/> No	_____
	Add. Calls <input type="radio"/> Yes <input type="radio"/> No	_____	Add. Calls <input type="radio"/> Yes <input type="radio"/> No	_____	Add. Calls <input type="radio"/> Yes <input type="radio"/> No	_____	Add. Calls <input type="radio"/> Yes <input type="radio"/> No	_____	Add. Calls <input type="radio"/> Yes <input type="radio"/> No	_____	Add. Calls <input type="radio"/> Yes <input type="radio"/> No	_____
<b>Health workshop attended</b>			Sess1 <input type="radio"/> Yes <input type="radio"/> No	_____	Sess3 <input type="radio"/> Yes <input type="radio"/> No	_____	Sess5 <input type="radio"/> Yes <input type="radio"/> No	_____	Sess7 <input type="radio"/> Yes <input type="radio"/> No	_____		
			Sess2 <input type="radio"/> Yes <input type="radio"/> No	_____	Sess4 <input type="radio"/> Yes <input type="radio"/> No	_____	Sess6 <input type="radio"/> Yes <input type="radio"/> No	_____	Sess8 <input type="radio"/> Yes <input type="radio"/> No	_____		
<b>Baseline survey</b>	<input type="radio"/> Yes <input type="radio"/> No	_____										
<b>3-month Survey</b>					<input type="radio"/> Yes <input type="radio"/> No	_____						
<b>6-month Survey</b>											<input type="radio"/> Yes <input type="radio"/> No	_____
<b>Accompany to doctor</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not requested	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not requested	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not requested	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not requested	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not requested	_____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not Requested	_____