

INCLUDE Study One-On-One Progress Note

Participant ID: _____ Date: _____ Interviewer: _____

Before we begin, what is your current weight today in pounds? _____

As a reminder, your original weight was _____ pounds and your original BMI was _____. For Asian adults, a BMI considered overweight is > 23 .^{[SEP][SEP]}

Today, your current weight is _____ pounds. Losing even a small amount of weight, like 5%, can help people prevent diabetes. Earlier, we had set losing 5% of your original weight as a goal.

Based on this goal, your goal weight is _____ pounds.

FOLLOW-UP ON PREVIOUS ACTION PLAN

REVIEW CURRENT PLAN WITH PARTICIPANT ☐ *Review the current plan (from most recent follow-up):*

1. How did it go with your plan? [*Recognize success/partial success; trouble-shoot barriers below.*] (check one)

- ☐ Success – Participant completed or exceeded the plan [GO TO NEXT SECTION]
- ☐ Partial Success – Participant completed the plan in part [GO TO QUESTION 2.A]
- ☐ No Success/ Did Not Try – Participant did not complete any part of the plan [GO TO QUESTION 2.A]

2.A. [*If last plan was “Partial Success” or “No Success/Did Not Try”*]: What challenge/s you are facing? (check all that apply)

- ☐ Plan was too hard
- ☐ Weather related
- ☐ Lack of time / Conflicted with schedule
- ☐ Own illness/injury/pain
- ☐ Other: _____

2.B. Describe the solutions discussed with the participant to address each challenge faced.

1. _____
2. _____
3. _____
4. _____

DEVELOPMENT OF NEW ACTION PLAN

Strategies (*See guidance corresponding to participant’s level of success with current plan:*)

- ☐ **Success** – Great job with your last plan! Let’s create a new plan for the next two weeks. What do you think about making some changes to be even healthier? (*e.g. Adding more vegetables and/or whole grains to your diet / Exercising more days per week and/or for longer each time*)
- ☐ **Partial Success** – Good try with your last plan. Let’s create a new plan for the next two weeks. What do you think about making some changes to improve your chance for better success this time? (*Re-work plan to address barriers*)

☐ **No Success/ Did Not Try** – I’m sorry it didn’t work out with your last plan. Let’s create a new plan for the next two weeks. What do you think about making some changes to improve your chance for better success this time? (*Re-work plan to address barriers*)

1. Over the next 2 weeks, the participant selected to focus on:

- ☐ Eat a healthy diet
- ☐ Be physically active

- ☐ Cope with stress
- ☐ Limit alcohol
- ☐ Stop smoking

2. Record of Participant’s Action Plan:

My goal for this week is (e.g., walk 4 times):

When I will do it (e.g., mornings before breakfast):

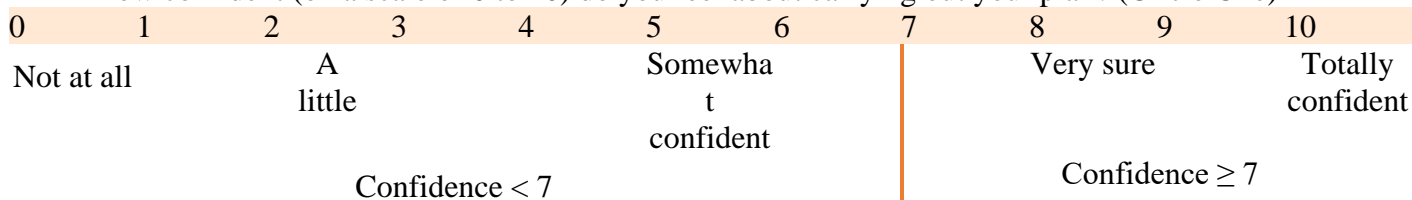
Where I will do it (e.g., at the park):

How often I will do it (e.g., Monday thru Thursday):

What might get in the way of my plan (e.g., I have to take the children to school one day):

What I can do about it (e.g., I’ll choose days when I don’t take them to school):

How confident (on a scale of 0 to 10) do you feel about carrying out your plan? (Circle One)



[Note: Revise Action Plan until confidence is greater than 7.]

DIABETES MANAGEMENT

[ONLY Administer this during the first progress note call] **It is recommended that you see these specialists at least once a year. When was the last time you went to see a referred specialist regarding managing your diabetes?**

Specialist	Did you ever see this specialist?			If yes, approximate month and year of most recent visit
	Yes	No	Don't know/ Not sure	

Eye				
Foot				
Kidney				
Dentist				
Other				

1. Do you need a referral for a specialist?

- ☐ Yes – if yes, which specialist? _____
- ☐ No

2. Have you had an A1C test in the last 3 months?

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure

3. If no, did the study staff assist participant to set up appointment with doctor?

- ☐ Yes
- ☐ No

MEDICATION ADHERENCE

1. Are you currently taking any medications to reduce blood sugar (like Metformin)?

If no, jump to next section

If yes, continue the following part;

How many diabetes medications are you currently taking to reduce blood sugar?

_____ type(s) oral diabetes medications

_____ insulin injection

Oral Type 1: _____ times/day; _____ pills/each time

Oral Type 2: _____ times/day; _____ pills/each time

Insulin 1: _____ times/day or week; _____ units/each time

Insulin 2: _____ times/day or week; _____ pills/each time

1a. Did you take your diabetes medication or insulin as recommended by your doctor (right dose, right frequency) over the past 2 weeks?

- ☐ Yes
- ☐ No

2. Did the participant report any challenges with medication adherence? (select all that apply)

- ☐ No challenges
- ☐ Don't need it /feel fine
- ☐ Too complicated
- ☐ Too expensive
- ☐ Trouble remembering
- ☐ Makes me feel sick /side effects

- ☐ Can't understand/read label
- ☐ Embarrassed
- ☐ Other: _____

3. Did the participant report doing any of the following? (select all that apply)

- ☐ Skipping doses when feeling fine
- ☐ Adjusting doses
- ☐ Sharing medication with others
- ☐ None of the above

Review Page 3 of the NYC Health Bulletin “Taking Your Medicine” Booklet with the participant.

KEEPING UP WITH DAILY MEDICATIONS

PROBLEM

WHAT TO DO

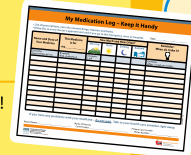
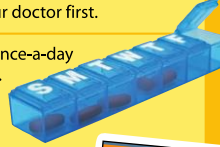
1. I don't think I need it.
I feel just fine.

- Many conditions, such as high blood pressure and high cholesterol, damage your body even when you don't have symptoms.
- Don't stop taking your medicine unless you talk to your doctor first.

2. Too complicated!
Too many pills!
Too many schedules!
I can't keep track of them all!



- Ask your doctor if any of your pills can be changed to once-a-day or long-acting forms (so you take fewer pills each day).
- Use a daily or weekly pillbox to organize medications.
- Put all your medicine bottles in a bag and bring them to your doctor to see if any are no longer needed.
- Call 311 or ask your doctor or pharmacist for a "Medication Log" that lists all of your medicines and when to take them.



Call 311 for a free Medication Log.

3. I can't afford it.
This costs too much.
I'll just take less.

- No one should ever have to go without medicine to save money!
- Ask your doctor if your medication comes in a lower-cost generic form, or if you qualify for free medication. Many people do. (See More Information.)

4. I just can't remember.
I forget to order refills.
Or I run out when I'm traveling.

- Don't run out! Ask your health plan if you can get up to 3 months worth of medicine at once.
- Many pharmacies or health plans have reminder programs, or will deliver or mail refills. Ask them.

5. This medicine isn't working.
I think it's making me sick. I feel worse now than I did before.

- Tell your doctor right away. If medication is causing side effects, you can switch to a different one.
- But don't stop taking it unless your doctor or pharmacist tells you to.

6. I don't understand the labels.
I can't read them,
so I can't follow the instructions.



- Many pharmacies can print labels in different languages, in larger print, or put pictures on the container.
- Call 311 or ask your doctor or pharmacist for a "Medication Log" that lists all your medicines and when to take them.

7. I'm embarrassed.
I don't want people to know I'm taking medicine.

- Find a private space at work or home to take your medicine.
- Keep medications someplace only you have access to. (Just don't forget where you put them!).



4. What recommendations did you make to the participant? (select all that apply)

- ☐ Do not skip or stop taking medicine on your own – Take as directed
- ☐ Do not lower dose on your own – Take as directed
- ☐ Do not share medication
- ☐ Talk to doctor about side effects, adjusting dosage, or other concerns about medication
- ☐ Take your medication at the same time every day
- ☐ Use a pillbox
- ☐ Ask doctor if there are lower-cost generic options
- ☐ Find out about refill options
- ☐ Have a healthy diet and regular physical activity to help medication work better
- ☐ Other: _____
- ☐ No recommendations made.
- ☐ Handout not reviewed.

DIET

1. In the past 2 weeks, on average, how many cups of green vegetables did you eat each day?
_____Cups
2. In the past 2 weeks, on average, how many cups of refined grains (which includes white rice, regular noodles, regular bread, regular dumplings, regular bun) do you eat each day?
_____Cups
3. In the past 2 weeks, on average, how many cups of fruits did you eat each day?
_____Cups
4. In the past 2 weeks, on average, how many cups of cookies/chips did you eat each day?
_____Cups

[Based on their report diet, emphasize the following rule of thumb to them]

Rule of Thumb:

- 1) Try to reduce rice/noodles/dumplings/bread, instead they can have as much as green vegetables as they want. Keeping blood sugar under control does not mean they need to stay hungry
- 2) Pay attention to starchy vegetables such as potatoes, corns, yams, taro. These can increase blood sugar very rapidly. When they have these as a veggie dish, they need to reduce rice/noodles etc.
- 3) Choose white over red meat (red meat includes beef, lamb, pork; white meat includes fish, seafood, tofu, chicken)
- 4) They can have fruits but need to keep in mind the quantity in mind

PHYSICAL ACTIVITY

1. Over the past 7 days, did you do any physical activity?
☐ Yes
☐ No
2. What types of physical activity did you do?
☐ Walking
☐ Aerobic exercise
☐ Strength training
☐ Others
3. What are some barriers that prevented you from engaging in physical activity?
☐ Weather
☐ No time
☐ Too tired
☐ COVID-19 concerns
☐ Others
4. What recommendations did you provide to participants? (*recommended indoor strength training, using water bottle or milk bottle as weights*)
☐ Recommend 10 mins each time, gradually increase it (*if reported no time/ too tired*)

- ☐ Walk instead of taking bus (if possible) while running errands
- ☐ Recommend stretching legs/arms while watching TV, they can stand and watch TV

REVIEW VIDEO KEY CONTENT

[review video key content with participant]

VIDEO FEEDBACK *[ask the following questions after review each video]*

1. How much did you watch the video?

- ☐ Part of the video
- ☐ The whole video
- ☐ Did not watch the video
- ☐ Don't know / Not sure
 - a. [If part/whole]: How helpful is this video?
 - ☐ Extremely helpful ☐ Somewhat helpful ☐ Not helpful
 - b. [If did not watch]: Why didn't you watch the video? (Check all that apply)
 - ☐ Cannot open the videos (due to internet/other technology issues)
 - ☐ Lack of interest/not useful
 - ☐ Forgetfulness
 - ☐ Too busy
 - ☐ Other: _____

Comments: _____

FRESH PRODUCE DELIVERY:

Q1: What vegetables did you receive last week?

Q2: Over the past 2 weeks, how many servings of vegetables did you eat each day? (1 serving = 1 fist)?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

- Other: _____
- Don't know/Not sure
- Prefer not to answer

Q3: On a typical day, how many people do you have at your dinner table (includes people that don't live in your house)?

Q4: How much of the produce did you/your family eat in the last 2 weeks?

- We/I did not eat anything in the box
- We/I ate a quarter of produce in the box
- We/I ate half of produce in the box
- We/I ate three quarters of produce in the box
- We/I ate everything in the box

Q5: Did you share the produce with family/friends/neighbors?

- "No, I ate it myself"
- "Yes, I shared a portion"
- "Yes, I gave it all away to others."

Satisfaction:

Q6: On a scale of 1 (not at all satisfied) to 5 (extremely satisfied), how satisfied are you with the produce box with regard to produce freshness?

Q7: On a scale of 1 (not at all satisfied) to 5 (extremely satisfied), how satisfied are you with the produce box with regard to produce selection?

Q8: On a scale of 1 (not at all satisfied) to 5 (extremely satisfied), how satisfied are you with the produce box with regard to delivery?

Q9: Please share any additional comments you have about the produce box, including what you liked, disliked, or any suggestions for improvement.

FOLLOW-UP ON PREVIOUS SERVICES

1a. Were you referred to a service by a study staff? ☐ Yes ☐ No

1b. List service 1 _____

1c. Were you able to access [service 1]?

- ☐ Yes
- ☐ No

If no, what were the reasons for not following through with referred service?

- ☐ Too far
- ☐ Transportation issues
- ☐ Do not trust service provider
- ☐ Lack of time
- ☐ Service no longer wanted/needed
- ☐ Other (Describe): _____

2a. Were you referred to another service by a study staff? ☐ Yes ☐ No

2b. List service 2 _____

2c. Were you able to access [service 2]?

☐ Yes

☐ No

If no, what were the reasons for not following through with referred service?

☐ Too far

☐ Transportation issues

☐ Do not trust service provider

☐ Lack of time

☐ Service no longer wanted/needed

☐ Other (Describe): _____

3a. Were you referred to another service by a study staff? ☐ Yes ☐ No

3b. List service 3 _____

3c. Were you able to access [service 3]?

☐ Yes

☐ No

If no, what were the reasons for not following through with referred service?

☐ Too far

☐ Transportation issues

☐ Do not trust service provider

☐ Lack of time

☐ Service no longer wanted/needed

☐ Other (Describe): _____

ADDITIONAL SERVICES/ASSISTANCE REQUESTED:

Do you need any additional services?

☐ No, participant did not request services

☐ Yes, participant requested services

☐ English class

☐ Employment / job search

☐ Food bank / food insecurity

☐ Health care specialist

☐ Funeral service assistance

☐ Unemployment assistance

☐ Housing assistance ☐ Medical Equipment

☐ Other

☐ N/A

[Note: If yes, take a note of their needs and tell them “We noted your request and will share that with CHW, and they will get back to you later.”]

Follow-Up Plan

[Ask participant to repeat their Action Plan, check with them the strategies to proceed with the plan when encountering barriers.]

Date: _____ Time: _____