

UID _____

C. Goal Setting / Well-Being Goals: Set goals with the participant

I want to work with you to set goals to improve your health and well-being. This week we will focus on a goal to maintain a healthy weight. Let's set a goal, and next week I will call you and ask you how you are doing.

Is there anything you are already doing to be healthy (for example, reducing your fat intake, going for walks on a daily basis)? [Ask the participant to be specific about what they are doing. Praise the participant if they are already incorporating healthy activities into their day.]

[Set goal with participant to maintain a healthy weight. The participants should develop the goals for themselves, but you can help talk them through it. The goals should be very specific and reasonable.]

1. One way I want to improve my health is ... (e.g. be more active):

2. My goal for this week is ... (e.g. walk briskly 2 times for 15 minutes each):

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

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

5. How often I will do it (e.g. Monday and Thursday):

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

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

8. How sure do I feel that I that I can reach this goal (circle one):

0	1	2	3	4	5	6	7	8	9	10
Not at all		A Little			50/50			Very Sure		Totally Sure

D. Are there any special topics you'd like me to address in a future session?

Thank you for your time today. I will call you next week to see how you are doing. Is there a time next week that is best for you?

FU. DESCRIPTION OF INTERACTION AND FOLLOW-UP PLAN (Please describe your interaction with the participant and any follow-up that is necessary)

CHW. The following questions are to be answered by the Community Health Worker after the phone call:

To what extent do you agree with the following statements?	Strongly Agree	Agree	Disagree	Strongly Disagree	IF DISAGREE, DESCRIBE WHY
1. The participant was attentive during the call					
2. The participant understood what I said to him or her					
3. The participant was interested in the information I gave him or her					
4. The participant will be able to change their behaviors					
5. I was able to address any concerns the participant had.					

UID _____

Project RICE Follow-up Documentation Form
Session 1 (Intro)
Follow-up B

Phone Call Protocol (in cases of no response)

- | | |
|---------------------------------------------------------|------------------|
| <input type="checkbox"/> First attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Second attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Third attempt (no message) | Date/Time: _____ |

DATE OF CONTACT:

Date (M/D/Y)

___/___/___

START TIME: _____ (AM/PM)

LOCATION OF CONTACT:

END TIME: _____ (AM/PM)

TYPE OF CONTACT:

- ☐ In-Person
- ☐ Via Phone

COMPLETED BY:

- | | |
|--------------------|-------------------|
| ___ Christina Choi | ___ Asim Akhtar |
| ___ Lynn Choi | ___ Rucha Kavathe |
| ___ Sandra Oh | |
| ___ Soon Ja Lee | |

OTHER PERSON(S) PRESENT?:

- ___ No
- ___ Yes who: _____

[Prior to beginning this call, review the participant's goal setting worksheet and notes from the previous follow-up]

A. I'd like to hear about how you've been doing. Do you have any questions for me?

B. Last week, we talked about maintaining a healthy weight and set a goal to do this. Have you been sticking to the plan we talked about?

- ☐ Yes
- ☐ No

YES- [If participant has been meeting the goal, praise their progress and encourage them to stick with it.]

What's working for you?

NO- [If participant has not been meeting the goal]

What challenges have you had in meeting your goal? How can I help you to meet your goal / what support can I provide? [this includes providing a referral to other people, like a doctor, social services, etc.]

C. [Document if the participant has changed his/her behavior regarding the issue below and what they are doing, as well as if they are experiencing any barriers, and what assistance was provided during the call.]

Thank you for your time today. I will call you soon to remind you about attending the next session. We will be discussing healthy eating and providing tips to help you keep a healthy diet.

FU. DESCRIPTION OF INTERACTION AND FOLLOW-UP PLAN (Please describe your interaction with the participant and any follow-up that is necessary)

CHW. The following questions are to be answered by the Community Health Worker after the phone call:

END OF SURVEY

UID _____

**Project RICE Follow-up Documentation Form
Session 2 (Nutrition/Healthy Eating)
Follow-up A**

Phone Call Protocol (in cases of no response)

- | | |
|---------------------------------------------------------|------------------|
| <input type="checkbox"/> First attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Second attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Third attempt (no message) | Date/Time: _____ |

DATE OF CONTACT:

Date (M/D/Y)

___/___/___

START TIME: _____ (AM/PM)

LOCATION OF CONTACT:

END TIME: _____ (AM/PM)

TYPE OF CONTACT:

- ☐ In-Person
- ☐ Via Phone

COMPLETED BY:

___ Christina Choi	___ Asim Akhtar
___ Lynn Choi	___ Rucha Kavathe
___ Sandra Oh	
___ Soon Ja Lee	

OTHER PERSON(S) PRESENT?:

___ No
___ Yes who: _____

[Prior to beginning this call, review participant's goals/progress from Session 1 phone calls.]

A. I'd like to hear about how you've been doing. Do you have any questions for me about last week's session on nutrition and healthy eating? What was the most helpful? Was anything confusing?

**B. In last week's education session, we talked about eating a healthy diet and learned about the Plate Method to help us eat a balanced meal.
Do you remember how to use the Plate Method?**

[Ask participants to tell you about the Plate Method, or review with them]

According to the plate method, ¼ of your plate should be carbohydrates or starchy foods like rice, noodles/roti, or potatoes. Carbohydrates have the greatest effect on your blood glucose level and causes it to rise quickly.

Choose whole grains (such as brown rice, whole wheat bread/roti) instead of white rice or white flour breads.

½ your plate should be vegetable side dishes and salads. Vegetables provide vitamins, minerals, and fiber, and have very little calories.

¼ of your plate should be foods that are high in protein (chicken, lamb, goat, fish, beans (also a starch), and tofu, pork/beef [as relevant to the participant])

On the side, add a cup of milk or yogurt (choose nonfat or low fat).

Have a small piece of fruit or ½ cup fruit salad for dessert instead of sweets such as cakes or cookies.

Drink water with lemon or unsweetened tea, rather than sugary drinks like juice or soda.

Check one:

___ Participant remembers none or very little of the material

___ Participant remembers some of the material

___ Participant remembers most or all of the material

HE. Healthy Eating Update: Have you practiced using the Plate Method this week? If so, how did it go? If not, why not? [Encourage participant to use the Plate Method approach to planning meals and help them address any barriers they may have.]

UID _____

C. Goal Setting / Well-Being Goals: Set goals with the participant

I want to work with you to set goals to improve your health and well-being. This week we will focus on a goal to eat healthier, more balanced meals. Let's set a goal, and next week I will call you and ask you how you are doing.

First, is there anything you are already doing to eat healthier, more balanced meals (for example, eating less fast or processed food, eating more vegetables)? [Ask the participant to be specific about what they are doing. Praise the participant if they are already incorporating healthy eating into their day.]

[Set goal with participant to eat a healthy diet. The participants should develop the goals for themselves, but you can help talk them through it. The goals should be very specific and reasonable.]

1. One way I want to improve my health is:

EAT A HEALTHY DIET

2. My goal for this week is ...

Some possible goals:

I will eat more vegetables every day—about half of the plate at each meal

I will eat fast food less often, or choose better foods when eating out such as salads or steamed vegetable dishes

I will use less oil when cooking and try steaming vegetables/broiling meat instead

I will mix white rice with brown rice at dinner

I will cut back to one can of soda per week [if participant normally drinks more than that]

3. When I will do it (e.g. at lunch and dinner):

4. Where I will do it (e.g. at work/home/restaurant):

5. How often I will do it (e.g. every day):

6. What might get in the way of my plan (e.g. I don't have time to prepare/buy meals with more vegetables, I don't know how to choose healthier foods):

7. What I can do about it (e.g. I'll plan out my meals ahead of time, and purchase vegetables at the store. / I will choose foods on the menu that contain fresh or steamed vegetables and lean meats.):

8. How sure do I feel that I that I can reach this goal (circle one):

0	1	2	3	4	5	6	7	8	9	10
Not at all		A Little			50/50			Very Sure		Totally Sure

PA. Physical Activity Update: As you know, physical activity is an important part of a healthy lifestyle. In the last session, we suggested building up to 60 minutes of exercise per week. Have you been able to do any activities this week that count towards your physical activity goal? Remember, 10 minutes at a time is ok. If not, why not?
[praise the participant's progress / discuss any challenges or barriers]

[illegible]

To what extent do you agree with the following statements?	Strongly Agree	Agree	Disagree	Strongly Disagree	IF DISAGREE, DESCRIBE WHY
1. The participant was attentive during the call					
2. The participant understood what I said to him or her					
3. The participant was interested in the information I gave him or her					
4. The participant will be able to change their behaviors					
5. I was able to address any concerns the participant had.					

3

UID _____

**Project RICE Follow-up Documentation Form
Session 2 (Nutrition/Healthy Eating)
Follow-up B**

Phone Call Protocol (in cases of no response)

- | | |
|---------------------------------------------------------|------------------|
| <input type="checkbox"/> First attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Second attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Third attempt (no message) | Date/Time: _____ |

DATE OF CONTACT:

Date (M/D/Y)

___/___/___

START TIME: _____ (AM/PM)

LOCATION OF CONTACT:

END TIME: _____ (AM/PM)

TYPE OF CONTACT:

- ☐ In-Person
- ☐ Via Phone

COMPLETED BY:

- | | |
|--------------------|-------------------|
| ___ Christina Choi | ___ Asim Akhtar |
| ___ Lynn Choi | ___ Rucha Kavathe |
| ___ Sandra Oh | |
| ___ Soon Ja Lee | |

OTHER PERSON(S) PRESENT?:

- ___ No
___ Yes who: _____

[Prior to beginning this call, review the participant's goal setting worksheet and notes from the previous follow-up]

A. I'd like to hear about how you've been doing. Do you have any questions for me?

B. Last week, we talked about eating a healthy diet and set a goal to do this. Have you been sticking to the plan we talked about?

- ☐ Yes
☐ No

YES- [If participant has been meeting the goal, praise their progress and encourage them to stick with it.]

What's working for you?

NO- [If participant has not been meeting the goal]

What challenges have you had in meeting your goal? How can I help you to meet your goal / what support can I provide? [this includes providing a referral to other people, like a doctor, social services, etc.]

C. [Document if the participant has changed his/her behavior regarding the issue below and what they are doing, as well as if they are experiencing any barriers, and what assistance was provided during the call.]

Thank you for your time today. I will call you next week to remind you about attending the next session. We will be discussing the health benefits of physical activity and exercise, and will provide tips and demonstrate exercises to help you stay active.

FU. DESCRIPTION OF INTERACTION AND FOLLOW-UP PLAN [Please describe your interaction with the participant and any follow-up that is necessary]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2

UID _____

CHW. The following questions are to be answered by the Community Health Worker after the phone call:

To what extent do you agree with the following statements?	Strongly Agree	Agree	Disagree	Strongly Disagree	IF DISAGREE, DESCRIBE WHY
1. The participant was attentive during the call					
2. The participant understood what I said to him or her					
3. The participant was interested in the information I gave him or her					
4. The participant will be able to change their behaviors					
5. I was able to address any concerns the participant had.					

END OF SURVEY

UID _____

Project RICE Follow-up Documentation Form
Session 3 (Physical Activity)
Follow-up A

Phone Call Protocol (in cases of no response)

- | | |
|---------------------------------------------------------|------------------|
| <input type="checkbox"/> First attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Second attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Third attempt (no message) | Date/Time: _____ |

DATE OF CONTACT:

Date (M/D/Y)

___/___/___

START TIME: _____ (AM/PM)

END TIME: _____ (AM/PM)

LOCATION OF CONTACT:

TYPE OF CONTACT:

- ☐ In-Person
- ☐ Via Phone

COMPLETED BY:

___ Christina Choi	___ Asim Akhtar
___ Lynn Choi	___ Rucha Kavathe
___ Sandra Oh	
___ Soon Ja Lee	

OTHER PERSON(S) PRESENT?:

___ No
___ Yes who: _____

[Prior to beginning this call, review participant's goals/progress from Session 2 phone calls.]

A. I'd like to hear about how you've been doing. Do you have any questions for me about last week's session on the health benefits of physical activity and exercise? What was the most helpful? Was anything confusing?

B. In last week's education session, we talked about the health benefits of physical activity and exercise and learned about the different forms of physical activity and how much you should do each week.

Do you remember the three forms of physical activity and how much you should do each week?

[Ask participants to tell you, or review with them]

The three forms of physical activity are:

- Endurance/aerobic exercises (such as brisk walking, dancing, climbing stairs, playing a sport)
- Strengthening exercises (such as lifting weights, using resistance bands, doing push-ups, heavy gardening)
- Stretching (such as a shoulder/arm stretch, calf stretch, yoga)

How much should you do, and how often?

- Do 30 minutes or more of moderate-intensity endurance activity on 5 or more days each week.
- (Build up to 150 minutes each week. Remember, 10 minutes at a time is ok.)
- Do strength exercises for all of your major muscle groups on 2 or more days per week for 30-minute sessions each, but don't exercise the same muscle group on any 2 days in a row.
- You should stretch before and after each exercise session you do.

Check one:

- ___ Participant remembers none or very little of the material
- ___ Participant remembers some of the material
- ___ Participant remembers most or all of the material

PA. Physical Activity Update: In the last session, we suggested building up to 90 minutes of exercise per week. Have you been able to do any activities this week that count towards your physical activity goal? Remember, 10 minutes at a time is ok. If not, why not? Have you been using your pedometer? How many steps do you take per day on average?
[praise the participant's progress / discuss any challenges or barriers; talk to them about gradually increasing their steps]

UID _____

C. Goal Setting / Well-Being Goals: Set goals with the participant

I want to work with you to set goals to improve your health and well-being. This week we will focus on a goal to be more physically active. Let's set a goal, and next week I will call you and ask you how you are doing.

First, is there anything you are already doing to be physically active (such as taking walks or using the stairs instead of the elevator/escalator)? [Ask the participant to be specific about what they are doing. Praise the participant if they are already incorporating physical activity into their day.]

[Set goal with participant to be more physically active. The participants should develop the goals for themselves, but you can help talk them through it. The goals should be very specific and reasonable.]

1. One way I want to improve my health is:

BE MORE PHYSICALLY ACTIVE

2. My goal for this week is ... (e.g. take brisk walks 3 times during the week, practice yoga/tai chi 4 times a week):

3. When I will do it (e.g. during my lunch break, after dinner, after I wake up):

4. Where I will do it (e.g. at the park, around the parking lot or office [be specific, which park/which streets?]):

5. How often I will do it (e.g. 3 times a week, 4 times a week):

6. What might get in the way of my plan (e.g. I don't have time, I'm not motivated, I'm too tired):

7. What I can do about it (e.g. Identify free time during the day/week [CHW to assist the participant with this], ask a friend/family member to exercise with me, take walks in the morning or early afternoon when not as tired):

8. How sure do I feel that I that I can reach this goal (circle one):

0	1	2	3	4	5	6	7	8	9	10
Not at all		A Little			50/50			Very Sure		Totally Sure

UID _____

HE. Healthy Eating Update: Have you been eating more vegetables and using the Plate Method to keep your meals balanced? If so, how is it going? If not, why not? [Encourage participant to eat more vegetables and use the Plate Method approach to planning meals and help them address any barriers they may have.]

D. Are there any special topics you'd like me to address in a future session?

Thank you for your time today. I will call you next week to see how you are doing. Is there a time next week that is best for you?

AFTER THE PHONE CALL:

FU. DESCRIPTION OF INTERACTION AND FOLLOW-UP PLAN (Please describe your interaction with the participant and any follow-up that is necessary)

CHW. [The following questions are to be answered by the Community Health Worker after the phone call:]

To what extent do you agree with the following statements?	Strongly Agree	Agree	Disagree	Strongly Disagree	IF DISAGREE, DESCRIBE WHY
1. The participant was attentive during the call					
2. The participant understood what I said to him or her					
3. The participant was interested in the information I gave him or her					
4. The participant will be able to change their behaviors					
5. I was able to address any concerns the participant had.					

END OF SURVEY

UID _____

**Project RICE Follow-up Documentation Form
Session 3 (Physical Activity)
Follow-up B**

Phone Call Protocol (in cases of no response)

- | | |
|---------------------------------------------------------|------------------|
| <input type="checkbox"/> First attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Second attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Third attempt (no message) | Date/Time: _____ |

DATE OF CONTACT:

Date (M/D/Y)

___/___/___

START TIME: _____ (AM/PM)

LOCATION OF CONTACT:

END TIME: _____ (AM/PM)

TYPE OF CONTACT:

- ☐ In-Person
- ☐ Via Phone

COMPLETED BY:

- | | |
|--------------------|-------------------|
| ___ Christina Choi | ___ Asim Akhtar |
| ___ Lynn Choi | ___ Rucha Kavathe |
| ___ Sandra Oh | |
| ___ Soon Ja Lee | |

OTHER PERSON(S) PRESENT?:

- ___ No
___ Yes who: _____

[Prior to beginning this call, review the participant's goal setting worksheet and notes from the previous follow-up]

A. I'd like to hear about how you've been doing. Do you have any questions for me?

B. Last week, we talked about being more physically active and set a goal to do this. Have you been sticking to the plan we talked about?

- ☐ Yes
☐ No

YES- [If participant has been meeting the goal, praise their progress and encourage them to stick with it.]

What's working for you?

NO- [If participant has not been meeting the goal]

What challenges have you had in meeting your goal? How can I help you to meet your goal / what support can I provide? [this includes providing a referral to other people, like a doctor, social services, etc.]

UID _____

- C. [Document if the participant has changed his/her behavior regarding the issue below and what they are doing, as well as if they are experiencing any barriers, and what assistance was provided during the call.]

Issue	Yes/No	Amount/Type	Barriers to Action	Assistance Provided
3. Being more physically active			<div><input type="checkbox"/> Don't have time to exercise</div> <div><input type="checkbox"/> Lack of motivation</div> <div><input type="checkbox"/> Need someone to exercise with</div> <div><input type="checkbox"/> Don't have a place to exercise</div> <div><input type="checkbox"/> Difficulty doing physical activity / Health problems prevent me from exercising</div> <div><input type="checkbox"/> Don't like to exercise</div> <div><input type="checkbox"/> Don't know how</div> <div><input type="checkbox"/> Don't think it will benefit me</div> <div><input type="checkbox"/> Other: _____</div> <div>_____</div> <div>_____</div> <div>_____</div>	

Thank you for your time today. I will call you soon to remind you about attending the next session. We will be discussing preventing diabetes complications and other chronic diseases, such as heart disease, stroke, and cancer.

AFTER THE PHONE CALL:

FU. DESCRIPTION OF INTERACTION AND FOLLOW-UP PLAN (Please describe your interaction with the participant and any follow-up that is necessary)

CONTINUE TO LAST PAGE

UID _____

CHW. [The following questions are to be answered by the Community Health Worker after the phone call:]

To what extent do you agree with the following statements?	Strongly Agree	Agree	Disagree	Strongly Disagree	IF DISAGREE, DESCRIBE WHY
1. The participant was attentive during the call					
2. The participant understood what I said to him or her					
3. The participant was interested in the information I gave him or her					
4. The participant will be able to change their behaviors					
5. I was able to address any concerns the participant had.					

END OF SURVEY

UID _____

Project RICE Follow-up Documentation Form
Session 4 (Diabetes Complications/Chronic Diseases)
Follow-up A

Phone Call Protocol (in cases of no response)

- | | |
|---------------------------------------------------------|------------------|
| <input type="checkbox"/> First attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Second attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Third attempt (no message) | Date/Time: _____ |

DATE OF CONTACT:

Date (M/D/Y)

___/___/___

START TIME: _____ (AM/PM)

LOCATION OF CONTACT:

END TIME: _____ (AM/PM)

TYPE OF CONTACT:

- ☐ In-Person
☐ Via Phone

COMPLETED BY:

- | | |
|--------------------|-------------------|
| ___ Christina Choi | ___ Asim Akhtar |
| ___ Lynn Choi | ___ Rucha Kavathe |
| ___ Sandra Oh | |
| ___ Soon Ja Lee | |

OTHER PERSON(S) PRESENT?:

- ___ No
___ Yes who: _____

[Prior to beginning this call, review participant's goals/progress from Session 3 phone calls.]

A. I'd like to hear about how you've been doing. Do you have any questions for me about last week's session on preventing diabetes complications and other chronic diseases, such as heart disease, stroke, and cancer? What was the most helpful? Was anything confusing?

B. In last week's education session, we talked about diabetes complications and other chronic diseases, such as heart disease, stroke, and cancer. We learned that high cholesterol, high blood pressure, and having extra weight—especially around the waist— can lead to heart disease and stroke. We also learned that smoking and tobacco use increases the risk of developing heart disease, stroke, and disease and cancer of the lungs.

Do you currently smoke or use tobacco? ___ No [say: It's great that you don't smoke or use tobacco!]

___ Yes→How many cigarettes per week? _____

[If participant smokes or uses tobacco, say:] Since smoking and tobacco use increases the risk of developing heart disease, stroke, and disease and cancer of the lungs, you can lower your risk by gradually cutting down until you quit.

Do you remember some of the ways to lower your risk of heart disease and stroke?

[Ask participants to tell you, or review with them]

- **Keep your blood glucose under control. Remember that keeping your meals balanced with lots of vegetables and eating whole grains is a good way to keep blood sugar levels from getting too high.**
- **Keep your blood pressure under control and check it regularly. The target for most people is below 120/80. One way to help your blood pressure is to reduce the salt in your diet, including salty foods such as soy sauce, fast food, processed foods, and salty snacks.**
- **Keep your cholesterol under control. Some ways to keep your cholesterol in check is to eat less meats, eggs, full-fat milk, and full-fat cheese. [For Koreans: eat less kalbi, organ meat, bacon, pork fat.] Also, avoid saturated fats and trans fats which are found in fast foods, snack foods, cakes and cookies, and fried foods. Reduce oil used in cooking and avoid deep-fried foods such as tempura/samosas/pakorras, etc.**
You should have your cholesterol checked at least once a year to make sure you have a high HDL (good cholesterol) and a low LDL (bad cholesterol).
- **If you drink alcohol, do so in moderation. This means an average of one to two drinks per day for men and one drink per day for women.**

Check one:

- ___ Participant remembers none or very little of the material
___ Participant remembers some of the material
___ Participant remembers most or all of the material

UID _____

HE. Healthy Eating Update: Now that we have reviewed the types of foods that can lead to high blood pressure and high cholesterol, let's talk about your efforts to stick to a healthy diet. Have you been limiting the amount of **fast foods, processed foods, fried foods, and cakes and cookies** that you eat [give culturally appropriate examples]? If so, how is it going? If not, why not? [Help participant address any barriers s/he may have.]

PA. Physical Activity Update: As you know, physical activity is also very important to prevent diabetes complications and other chronic diseases such as heart attack and stroke. In the last session, we suggested building up to 120 minutes of exercise per week. Have you been able to do any activities this week that count towards your physical activity goal? Remember, 10 minutes at a time is ok. If not, why not? Have you been using your pedometer? How many steps do you take per day on average? [praise the participant's progress / discuss any challenges or barriers; talk to them about gradually increasing their steps]

C. Goal Setting / Well-Being Goals: Set goals with the participant

I want to work with you to set goals to improve your health and well-being. This week we will focus on a goal to **manage your blood pressure and cholesterol**. Let's set a goal, and next week I will call you and ask you how you are doing.

First, is there anything you are already doing to manage your blood pressure and cholesterol (such as checking blood pressure regularly, eating less salt and less foods that are high in cholesterol)? [Ask the participant to be specific about what they are doing. Praise the participant if they are already incorporating physical activity into their day.]

UID _____

[Set goal with participant to manage blood pressure and cholesterol. The participants should develop the goals for themselves, but you can help talk them through it. The goals should be very specific and reasonable.]

1. One way I want to improve my health is:

MANAGE BLOOD PRESSURE AND CHOLESTEROL

2. My goal for this week is ...

[If participant smokes/uses tobacco]: CUT DOWN ON CIGARETTE / TOBACCO USE

[If participant does not smoke/use tobacco]: (e.g. Cut back on salt and salty foods, Use less salt/soy sauce in cooking;
Choose nonfat or 1% milk/yogurt/cheese; Eat less meat at meals)

3. When I will do it:

4. Where I will do it:

5. How often I will do it:

6. What might get in the way of my plan:

7. What I can do about it:

8. How sure do I feel that I that I can reach this goal (circle one):

0	1	2	3	4	5	6	7	8	9	10
Not at all		A Little			50/50			Very Sure		Totally Sure

D. Are there any special topics you'd like me to address in a future session?

Thank you for your time today. I will call you next week to see how you are doing. Is there a time next week that is best for you?

END CALL WITH PARTICIPANT AND CONTINUE TO LAST PAGE

UID _____

AFTER THE PHONE CALL:

FU. DESCRIPTION OF INTERACTION AND FOLLOW-UP PLAN (Please describe your interaction with the participant and any follow-up that is necessary)

CHW. [The following questions are to be answered by the Community Health Worker after the phone call:]

To what extent do you agree with the following statements?	Strongly Agree	Agree	Disagree	Strongly Disagree	IF DISAGREE, DESCRIBE WHY
1. The participant was attentive during the call					
2. The participant understood what I said to him or her					
3. The participant was interested in the information I gave him or her					
4. The participant will be able to change their behaviors					
5. I was able to address any concerns the participant had.					

END OF SURVEY

UID _____

Project RICE Follow-up Documentation Form
Session 4 (Diabetes Complications/Chronic Diseases)
Follow-up B

Phone Call Protocol (in cases of no response)

- | | |
|---------------------------------------------------------|------------------|
| <input type="checkbox"/> First attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Second attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Third attempt (no message) | Date/Time: _____ |

DATE OF CONTACT:

Date (M/D/Y)

___/___/___

START TIME: _____ (AM/PM)

LOCATION OF CONTACT:

END TIME: _____ (AM/PM)

TYPE OF CONTACT:

- ☐ In-Person
- ☐ Via Phone

COMPLETED BY:

- | | |
|--------------------|-------------------|
| ___ Christina Choi | ___ Asim Akhtar |
| ___ Lynn Choi | ___ Rucha Kavathe |
| ___ Sandra Oh | |
| ___ Soon Ja Lee | |

OTHER PERSON(S) PRESENT?:

- ___ No
- ___ Yes who: _____

[Prior to beginning this call, review the participant's goal setting worksheet and notes from the previous follow-up]

A. I'd like to hear about how you've been doing. Do you have any questions for me?

B. Last week, we talked about managing blood pressure and cholesterol, and set a goal to do this. Have you been sticking to the plan we talked about?

- ☐ Yes
- ☐ No

YES- [If participant has been meeting the goal, praise their progress and encourage them to stick with it.]

What's working for you?

NO- [If participant has not been meeting the goal]

What challenges have you had in meeting your goal? How can I help you to meet your goal / what support can I provide? [this includes providing a referral to other people, like a doctor, social services, etc.]

UID _____

C. [Document if the participant has changed his/her behavior regarding the issue below and what they are doing, as well as if they are experiencing any barriers, and what assistance was provided during the call.]

Issue	Yes/No	Amount/Type	Barriers to Action	Assistance Provided
4. Managing blood pressure and cholesterol / Quitting smoking / tobacco use if relevant			<input type="checkbox"/> Can't maintain healthy diet <input type="checkbox"/> Difficulty doing physical activity <input type="checkbox"/> Don't have time <input type="checkbox"/> Lack of motivation <input type="checkbox"/> Don't know how <input type="checkbox"/> Difficulty quitting smoking / using tobacco <input type="checkbox"/> Don't think it will benefit me <input type="checkbox"/> Other: _____ _____ _____ _____	

Thank you for your time today. I will call you soon to remind you about attending the next session. We will be discussing stress and how it affects your body, and will be giving you tips to better manage stress.

AFTER THE PHONE CALL:

FU. DESCRIPTION OF INTERACTION AND FOLLOW-UP PLAN (Please describe your interaction with the participant and any follow-up that is necessary)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

CONTINUE TO LAST PAGE

UID _____

CHW. [The following questions are to be answered by the Community Health Worker after the phone call:]

To what extent do you agree with the following statements?	Strongly Agree	Agree	Disagree	Strongly Disagree	IF DISAGREE, DESCRIBE WHY
1. The participant was attentive during the call					
2. The participant understood what I said to him or her					
3. The participant was interested in the information I gave him or her					
4. The participant will be able to change their behaviors					
5. I was able to address any concerns the participant had.					

END OF SURVEY

UID _____

Phone Call Protocol (in cases of no response)

- | | |
|---------------------------------------------------------|------------------|
| <input type="checkbox"/> First attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Second attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Third attempt (no message) | Date/Time: _____ |

**Project RICE Follow-up Documentation Form
Session 5 (Stress Management & Support)
Follow-up A**

DATE OF CONTACT:

Date (M/D/Y)

___/___/___

START TIME: _____ (AM/PM)

END TIME: _____ (AM/PM)

LOCATION OF CONTACT: _____

TYPE OF CONTACT:

- ☐ In-Person
- ☐ Via Phone

COMPLETED BY:

- | | |
|--------------------|-------------------|
| ___ Christina Choi | ___ Asim Akhtar |
| ___ Lynn Choi | ___ Rucha Kavathe |
| ___ Sandra Oh | |
| ___ Soon Ja Lee | |

OTHER PERSON(S) PRESENT?:

- ___ No
___ Yes who: _____

[Prior to beginning this call, review participant's goals/progress from Session 3 phone calls.]

A. I'd like to hear about how you've been doing. Do you have any questions for me about last week's session on stress? What was the most helpful? Was anything confusing?

B. In last week's education session, we talked about the effect of stress on the body. We learned that a little bit of stress is normal, but that beyond a certain point, stress starts causing major damage to your health, your mood, your productivity, your relationships, and your quality of life.

To help manage stress, let's consider these questions [from the curriculum]:

- **What causes my stress?** (such as major life changes, work, family/children, unrealistic expectations, perfectionism)
- **What changes are taking place in my body?** (such as high blood pressure, eating too much and weight gain)
- **What emotional changes are taking place?** (such as irritation, anger, too much worrying, trouble sleeping)
- **How can I cope with stress?** (such as support from family and friends, meditation, taking time to relax, physical activity, social activities, doing the things you love)

Stress can have a very large impact on health and can help lead to diabetes and other chronic diseases. Stress hormones called cortisol actually cause resistance to insulin, which can lead to diabetes. In addition, stress decreases your motivation to stick to your healthy eating and physical activity goals, and can increase the use of cigarettes/tobacco and alcohol which we know contribute to heart disease, diabetes, and other chronic diseases.

[continue to next section]

HE. Healthy Eating Review/Update: As we learned last week, when we are stressed, we tend to make poor and unhealthy food choices, such as eating on the run or eating fast food because we are too tired to prepare a healthy meal. When we are worried or upset, we also may choose to eat "comfort" foods, which are usually high in carbohydrates, fats, sugar, and calories. In cases when we are stressed, worried, or upset, it becomes even more important to remember to eat more vegetables and eat a balanced meal. Remember, one way to keep your meal balanced is to follow the Plate Method (1/2 vegetables, 1/4 carbohydrates, 1/4 protein/meat).

UID _____

Have you been eating more vegetables and using the Plate Method to keep your meals balanced? If so, how is it going? If not, why not? Are there situations when stress or emotions keep you from eating a healthy diet? [If participants say that “stress eating” or “comfort eating” is a problem for them, give them strategies for other ways to relieve stress besides eating (see the curriculum). Encourage participant to eat more vegetables and use the Plate Method approach to planning meals and help them address any barriers they may have.]

PA. Physical Activity Review/Update: As we discussed last week, physical activity can be very effective to help relieve stress. Often, however, we become even less active when we are stressed because we feel we don’t have the time or energy to be active. In cases when we are stressed, worried, or upset, it becomes even more important to find some time during our stressful days to do something active. This is good for our mind, our bodies, and helps relieve stress. In the last session, we suggested building up to 150 minutes of exercise per week. Have you been able to do any activities this week that count towards your physical activity goal? Remember, 10 minutes at a time is ok. If not, why not? Have you been using your pedometer? How many steps do you take per day on average? [praise the participant’s progress / discuss any challenges or barriers; talk to them about gradually increasing their steps]

Check one [taking into consideration all of the material discussed in A, B, HE, and PA]:

☐ Participant remembers none or very little of the material

☐ Participant remembers some of the material

☐ Participant remembers most or all of the material

C. Goal Setting / Well-Being Goals: Set goals with the participant

This week we will focus on developing a goal to help you manage stress. Let’s talk about how stress affects you personally, and then we can come up with ways to help you better manage those things that cause the most stress in your life.

Some common external causes of stress include:

- | | |
|-----------------------------|-----------------------|
| • Major life changes | • Financial problems |
| • Work | • Being too busy |
| • Relationship difficulties | • Children and family |

Sometimes we can create stress internally, such as:

- | | |
|-----------------------------------|----------------------------|
| • Inability to accept uncertainty | • Unrealistic expectations |
| • Pessimism | • Perfectionism |
| • Negative self-talk | • Lack of assertiveness |

What would you say causes you the most stress, worry, or anxiety?

UID _____

First, is there anything you are already doing to manage your stress (such as yoga, exercise, meditation, massage)?

[Ask the participant to be specific about what they are doing. Praise the participant if they are already incorporating strategies to reduce stress into their day.]

[Set goal with participant to manage stress, focusing on the issue they say causes them the most stress. The participants should develop the goals for themselves, but you can help talk them through it. The goals should be very specific and reasonable.]

1. One way I want to improve my health is:

MANAGE STRESS

2. My goal for this week is ... (e.g. take a 15-30 break every day at work to walk/meditate/ read a favorite book/knit/or do any activity that is relaxing and calming; volunteer to do an activity you like for a couple hours each week; meet with a friend twice a week to walk or have tea, etc.):

3. When I will do it:

4. Where I will do it:

5. How often I will do it:

6. What might get in the way of my plan:

7. What I can do about it:

8. How sure do I feel that I that I can reach this goal (circle one):

0	1	2	3	4	5	6	7	8	9	10
Not at all		A Little			50/50			Very Sure		Totally Sure

UID _____

D. Are there any special topics you'd like me to address in our last session?

Thank you for your time today. I will call you next week to see how you are doing. Is there a time next week that is best for you?

AFTER THE PHONE CALL:

FU. DESCRIPTION OF INTERACTION AND FOLLOW-UP PLAN (Please describe your interaction with the participant and any follow-up that is necessary)

CHW. [The following questions are to be answered by the Community Health Worker after the phone call:]

To what extent do you agree with the following statements?	Strongly Agree	Agree	Disagree	Strongly Disagree	IF DISAGREE, DESCRIBE WHY
1. The participant was attentive during the call					
2. The participant understood what I said to him or her					
3. The participant was interested in the information I gave him or her					
4. The participant will be able to change their behaviors					
5. I was able to address any concerns the participant had.					

END OF SURVEY

UID _____

**Project RICE Follow-up Documentation Form
Session 5 (Stress Management & Support)
Follow-up B**

Phone Call Protocol (in cases of no response)

- | | |
|---------------------------------------------------------|------------------|
| <input type="checkbox"/> First attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Second attempt (leave message) | Date/Time: _____ |
| <input type="checkbox"/> Third attempt (no message) | Date/Time: _____ |

DATE OF CONTACT:

Date (M/D/Y)

___/___/___

START TIME: _____ (AM/PM)

LOCATION OF CONTACT:

END TIME: _____ (AM/PM)

TYPE OF CONTACT:

- ☐ In-Person
- ☐ Via Phone

COMPLETED BY:

- | | |
|--------------------|-------------------|
| ___ Christina Choi | ___ Asim Akhtar |
| ___ Lynn Choi | ___ Rucha Kavathe |
| ___ Sandra Oh | |
| ___ Soon Ja Lee | |

OTHER PERSON(S) PRESENT?:

- ___ No
___ Yes who: _____

[Prior to beginning this call, review the participant's goal setting worksheet and notes from the previous follow-up]

A. I'd like to hear about how you've been doing. Do you have any questions for me?

B. Last week, we talked about managing stress, and set a goal to do this. Have you been sticking to the plan we talked about?

- ☐ Yes
☐ No

YES- [If participant has been meeting the goal, praise their progress and encourage them to stick with it.]

What's working for you?

NO- [If participant has not been meeting the goal]

What challenges have you had in meeting your goal? How can I help you to meet your goal / what support can I provide? [this includes providing a referral to other people, like a doctor, social services, etc.]

C. [Document if the participant has changed his/her behavior regarding the issue below and what they are doing, as well as if they are experiencing any barriers, and what assistance was provided during the call.]

Thank you for your time today. I will call you soon to remind you about attending our last session. We will be discussing accessing healthcare AND having a graduation party with certificates and a raffle drawing to reward you for all your hard work to have a healthier life!

FU. DESCRIPTION OF INTERACTION AND FOLLOW-UP PLAN (Please describe your interaction with the participant and any follow-up that is necessary)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2

UID _____

CHW. [The following questions are to be answered by the Community Health Worker after the phone call:]

To what extent do you agree with the following statements?	Strongly Agree	Agree	Disagree	Strongly Disagree	IF DISAGREE, DESCRIBE WHY
1. The participant was attentive during the call					
2. The participant understood what I said to him or her					
3. The participant was interested in the information I gave him or her					
4. The participant will be able to change their behaviors					
5. I was able to address any concerns the participant had.					

END OF SURVEY