

Virginia HHA BPSM: Participant Closeout Form

Please complete the Participant Closeout form below for participant [participant_id] as part of the Virginia Healthy Heart Ambassador Blood Pressure Self-Monitoring Program. Questions may be directed to HealthyHearts@vdh.virginia.gov.

Thank you!

Name of Healthy Heart Ambassador (HHA) coach

(Please include your first name and last name)

Email address of HHA coach or person performing the data entry who should receive emails with survey links

Closeout form for Participant: [participant_enrollment_form][initials], [participant_id]

Has the participant:

- Yes
 No

Completed at least eight (8) Office Hour readings over approximately 4 months per the Healthy Hearts Ambassador program guidance Attended Nutrition Session #1: Dash Way of Eating Attended Nutrition Session #2: Lowering Sodium Intake Attended Nutrition Session #3: Shopping, Preparing and Cooking for Better BP Management Attended Nutrition Session #4: Heart Healthy Eating

Please return to complete this survey when eight (8) Office Hour readings are recorded in REDCap.

Date closeout form completed

Was the participant referred to social services or other support programs?

- Yes
 No
 Unknown

Does the participant currently have a primary care provider?

- Yes
 No
 Unknown

Is the participant currently taking prescription medication to control or manage high blood pressure?

- Yes
 No
 Unknown

Please add any helpful notes below about this participant upon closeout from the Healthy Heart Ambassador Blood Pressure Self-Monitoring program.