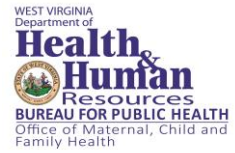




WEST VIRGINIA WISEWOMAN
Hypertension Self-Monitoring Module
Checklist



Facility Name		Date	SSN#
Last Name	First Name	M.I.	Date of Birth

Participants Hypertension Status:

- Alert
- Newly Diagnosed
- Uncontrolled

Monitor Serial Number: _____

Date of Self-Management Module: ____/____/____

Check all that apply:

- Participant has been instructed on how to properly take her blood pressure using the monitor
- Participant successfully demonstrated how to take her blood pressure
- Participant was shown how to log her blood pressure in log book or electronically
- Participant instructed to take blood pressure twice daily
- Medication adherence assessed
- Medications reviewed and/or instructions given
- Referred for medication counseling to:
 - Pharmacist
 - Other: _____
- Dietary information discussed and provided:
 - Sodium
 - DASH Diet
- Referred to a registered dietician (optional) _____
- Review of program encounters
- Date of next appointment for Health Coaching: ____/____/____
- Copy of this form given to participant