Instructions for the PAC: Please summarize the outcome of your conversation with the patient during the 30-day follow-up call by answering the questions below.

1. Does patient know what his/her target BP should be? □ Yes □ No

2. Is the patient monitoring their BP? □ Yes □ No
   a. If Yes, how many times per week on average? ____

3. Did the patient know their last blood pressure? □ Yes □ No

4. Has the patient received any home health rehabilitation services since discharge? □ Yes □ No
   a. If Yes, indicate which types (check all that apply)
      - □ Physical therapy
      - □ Occupational therapy
      - □ Speech and Language therapy
   b. If No, what are the reason(s) for no home health rehab services? (check all that apply)
      - □ Patient did not need therapy
      - □ No transportation
      - □ Financial / insurance
      - □ Patient did not think necessary / refused
      - □ No reason given
      - □ Other ________________

5. Has the patient received any outpatient rehabilitation services since discharge? □ Yes □ No
   a. If Yes, indicate which types (check all that apply)
      - □ Physical therapy
      - □ Occupational therapy
      - □ Speech and language therapy
b. **If No**, what are the reason(s) for no outpatient rehab services? (check all that apply)

- Patient did not need therapy
- Financial / insurance
- No reason given

- No transportation
- Patient did not think necessary / refused
- Other __________

6. Did the patient receive the support they needed from community services during this intervention?

- No, none of the support needed
- Some of the support needed
- Most of the support needed
- All the support needed
- No support was needed

**To be answered by PAC for administrative purposes:**

7. Did you complete the 30-day telephone call including the telephone script?

- Yes  □  No → **Go to Question 7a**

7a. If no, why not

- Patient refused
- Unable to reach after 3 calls
- Partially complete / did not finish call
- Other __________

8. Did you speak with the patient or a proxy?  □  Patient  □  Proxy

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**END OF 30-DAY PAC CALL DATA FORM**