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| --- | --- | --- | --- |
| BP NEVHC (Text Sent Out) | Patient Response (Text Sent In) | NEVHC Response (Text Sent Out) | Patient Response to NEVHC Response (Text Sent In) |
| ***Every Other Day***  **BP1. Remember to take your blood pressure and let us know what your blood pressure is today** | **Two way text (Response will be blood pressure number)**  ***Note: Response categorized in category by computer***  ***If blood pressure is (i) less than ≤ 139/89 send out text BP2*** | **One way text**  **BP2. *(Daily?)***   1. **Good Job! Your blood pressure is under control. If you have medicine prescribed for blood pressure, continue to take it as instructed.** 2. **Good Job! Your blood pressure is under control. Continue your healthy lifestyle such as managing your weight, exercising and reducing your salt.** 3. **Good Job! Your blood pressure is under control. If you smoke, quitting will help reduce your blood pressure.** 4. **Good Job! Your blood pressure is under control. Reducing your salt intake will help reduce your blood pressure.** 5. **Good Job! Your blood pressure is under control. Increasing your physical activity will help reduce your blood pressure.** 6. **Good Job! Your blood pressure is under control. Losing weight will help reduce your blood pressure.** 7. **Good Job! Your blood pressure is under control. Decreasing your stress levels will help reduce your blood pressure.** |  |
| BP NEVHC (Text Sent Out) | Patient Response (Text Sent In) | NEVHC Response (Text Sent Out) | Patient Response to NEVHC Response (Text Sent In) |
| **BP1. Remember to take your blood pressure and let us know what your blood pressure is today** | **Two way text (Response will be blood pressure number)**  ***Note: Response categorized in category by computer***  ***If blood pressure is (ii) between 140-159/90-99 send out text BP3*** | **One way text**  **BP3.**  **Your blood pressure is a little elevated, check it again later today and call your Care Coordinator if you have questions.** |  |
| **BP1. Remember to take your blood pressure and let us know what your blood pressure is today** | **Two way text (Response will be blood pressure number)**  ***Note: Response categorized in category by computer***  ***If blood pressure is (iii) between 160 - 179/100 – 109 send out text BP4*** | **One way text**  **BP4.**  **Your blood pressure is elevated today, check it again later today and call your care coordinator or doctor.**  ***(Note:******Health Education staff will call the patient to ensure they called their Care Coordinator)*** |  |
| BP NEVHC (Text Sent Out) | Patient Response (Text Sent In) | NEVHC Response (Text Sent Out) | Patient Response to NEVHC Response (Text Sent In) |
| **BP1. Remember to take your blood pressure and let us know what your blood pressure is today** | **Two way text (Response will be blood pressure number)**  ***Note: Response categorized in category by computer***  ***If blood pressure is (iv) = or > 180/110 send out text BP5*** | **BP5.**  **Your blood pressure is very elevated today, if you are having any of the following symptoms**  **- Chest pain**  **- Shortness of Breath**  **- Back pain**  **- Numbness or Weakness**  **- Change in Vision**  **- Difficulty Speaking**  **Call 911 to seek emergency medical assistance right away** |  |
| ***Monthly Text (1x a month)***  **BP6.**  **This is a reminder to attend the next blood pressure class at the \_\_\_\_health Center at \_\_\_\_(Date/time).Remember to bring your blood pressure monitor to the class. Will you be attending?** | **Two way text**  **(Response will be Yes or No)** |  |  |
| BP NEVHC (Text Sent Out) | Patient Response (Text Sent In) | NEVHC Response (Text Sent Out) | Patient Response to NEVHC Response (Text Sent In) |
| ***Every 2 Weeks Text***  **BP7.**  **Please choose one goal for this week from this list, and text us back the number of the goal:**   1. **Healthy Eating** 2. **Increase Exercise** 3. **Reduce Salt** 4. **Remembering to take medicine** 5. **Keeping medical appointments** 6. **Stop Smoking** 7. **Reduce Stress** 8. **Lose weight** | ***Two way text (Response number)***  ***If 1 Received, send text BP8***  ***(No response = not participating)*** | ***One & Two way text***  ***Healthy Eating (Every other Day?)***  **BP8.**   1. **Healthy Eating Goal: Eat a variety of fruits, vegetables, and whole grains every day.** 2. **Healthy Eating Goal: Eat at least 5 servings of fruits and vegetables per day; the more colors the better.** 3. **Healthy Eating Goal: Limit junk food and sweets to once in a while.** 4. **Healthy Eating Goal: Drink water instead of soda, juice, sport drinks, or agua de fruta.** 5. **Healthy Eating Goal: Eating breakfast helps prevent overeating at lunchtime.** 6. **Healthy Eating Goal: Limit fast food to once a week.** 7. **Healthy Eating Goal: Pack healthy snacks like fruit, cheese sticks, and raw veggies to prevent unhealthy temptations.** 8. **Did you make any healthy changes? (Yes/No)** | **One way text**  **(Response will be Yes or No)** |
| BP NEVHC (Text Sent Out) | Patient Response (Text Sent In) | NEVHC Response (Text Sent Out) | Patient Response to NEVHC Response (Text Sent In) |
| ***Every 2 Weeks Text***  **BP7.**  **Please choose one goal for this week from this list, and text us back the number of the goal:**   1. **Healthy Eating** 2. **Increase Exercise** 3. **Reduce Salt** 4. **Remembering to take medicine.** 5. **Keeping medical appointments** 6. **Stop Smoking** 7. **Reduce Stress** 8. **Lose weight** | ***Two way text (Response number)***  ***If 2 Received, send text BP9***  ***(No response = not participating)*** | ***One & Two way text***  ***Increasing Exercise (Every other Day?)***  **BP9.**   1. **Increasing Exercise Goal:Physical activity helps reduce body weight; it increases strength, and eases stress.** 2. **Increasing Exercise Goal:Physical activity helps prevent or manage existing diseases such as diabetes, high blood pressure, heart disease, and some cancers.** 3. **Increasing Exercise Goal:Start by limiting time spent in front of the television, computer, or video games to a maximum of 2 hours per day.** 4. **Increasing Exercise Goal:Take every opportunity to stay active. Go on walks, visit friends and family, do house chores, walk your dog, or spend some time gardening.** 5. **Increasing Exercise Goal:Set a personal goal to stay physically active at least 30 minutes a day.** 6. **Increasing Exercise Goal:Involve yourself in a fun activity that can help you burn off extra calories.** 7. **Increasing Exercise Goal:Take a walk, go to the park, sign up for a class or a volunteer program which will help keep you on your feet and moving around.** 8. **Did you make any healthy changes? (Yes/No)** | **One way text**  **(Response will be Yes or No)** |
| BP NEVHC (Text Sent Out) | Patient Response (Text Sent In) | NEVHC Response (Text Sent Out) | Patient Response to NEVHC Response (Text Sent In) |
| ***Every 2 Weeks Text***  **BP7.**  **Please choose one goal for this week from this list, and text us back the number of the goal:**   1. **Healthy Eating** 2. **Increase Exercise** 3. **Reduce Salt** 4. **Remembering to take medicine.** 5. **Keeping medical appointments** 6. **Stop Smoking** 7. **Reduce Stress** 8. **Lose weight** | ***Two way text (Response number)***  ***If 3 Received, send text BP10***  ***(No response = not participating)*** | ***One & Two way text***  ***Reducing Salt (Every other Day?)***  **BP10.**   1. **Reducing Sodium Goal: Reducing sodium intake can help lower blood pressure.** 2. **Reducing Sodium Goal: Avoid cup noodles and bouillon cubes.** 3. **Reducing Sodium Goal: Vending machine snacks are usually high in sodium, choose low sodium items or pack healthy snacks from home.** 4. **Reducing Sodium Goal: Look for “no salt added” or “low sodium” canned foods and products.** 5. **Reducing Sodium Goal: Enjoy fruits and vegetables without adding salt or Tajin seasoning.** 6. **Reducing Sodium Goal: Instead of salt, cook with herbs, garlic, lemon, vinegar, and Mrs.Dash.** 7. **Reducing Sodium Goal: Limit packaged foods, junk food, and fast food.** 8. **Did you make any healthy changes? (Yes/No)** | **One way text**  **(Response will be Yes or No)** |
| BP NEVHC (Text Sent Out) | Patient Response (Text Sent In) | NEVHC Response (Text Sent Out) | Patient Response to NEVHC Response (Text Sent In) |
| ***Every 2 Weeks Text***  **BP7.**  **Please choose one goal for this week from this list, and text us back the number of the goal:**   1. **Healthy Eating** 2. **Increase Exercise** 3. **Reduce Salt** 4. **Remembering to take medicine.** 5. **Keeping medical appointments** 6. **Stop Smoking** 7. **Reduce Stress** 8. **Lose weight** | ***Two way text (Response number)***  ***If 4 Received, send text BP11***  ***(No response = not participating)*** | ***One & Two way text***  ***Remembering to take your medicine daily (Every other Day?)***  **BP11.**   1. **Remembering Medication Goal: Start using a calendar, to-do list, or daily alarms to remind yourself of when it’s time to take your medicine.** 2. **Remembering Medication Goal: Put up visual reminders like sticky notes to remind yourself to take your medicine.** 3. **Remembering Medication Goal: Ask friends and family members to help remind you to take your medicine.** 4. **Remembering Medication Goal: Set an alarm on your phone or computer to remind you to take your medicine.** 5. **Remembering Medication Goal: Take your medicine at the same time each day.** 6. **Remembering Medication Goal: Use a pill box, and set it somewhere in sight to remind you to take your medicine.** 7. **Remembering Medication Goal: Create a routine, take your medicine in combination with an activity you never forget to do.** 8. **Did you make any healthy changes? (Yes/No)** | **One way text**  **(Response will be Yes or No)** |
| BP NEVHC (Text Sent Out) | Patient Response (Text Sent In) | NEVHC Response (Text Sent Out) | Patient Response to NEVHC Response (Text Sent In) |
| ***Every 2 Weeks Text***  **BP7.**  **Please choose one goal for this week from this list, and text us back the number of the goal:**   1. **Healthy Eating** 2. **Increase Exercise** 3. **Reduce Salt** 4. **Remembering to take medicine.** 5. **Keeping medical appointments** 6. **Stop Smoking** 7. **Reduce Stress** 8. **Lose weight** | ***Two way text (Response number)***  ***If 5 Received, send text BP12***  ***(No response = not participating)*** | ***One & Two way text***  ***Keeping medical appointments***  ***(Every other Day?)***  **BP12.**   1. **Keeping Appointments Goal: Put up a calendar or to-do list with reminders of upcoming appointment.** 2. **Keeping Appointments Goal: Ask friends and family members to help remind you of appointments.** 3. **Keeping Appointments Goal: Your doctor’s office will call and remind you of your scheduled appointments.** 4. **Keeping Appointments Goal: Make your appointment a priority.** 5. **Keeping Appointments Goal: Schedule your appointments at a time that is convenient for you.** 6. **Keeping Appointments Goal: Set an alarm on your phone or computer to remind you that you have an appointment.** 7. **Keeping Appointments Goal: Put up visual reminders such as sticky notes to remind yourself that you have an appointment** 8. **Did you make any healthy changes? (Yes/No)** | **One way text**  **(Response will be Yes or No)** |
| BP NEVHC (Text Sent Out) | Patient Response (Text Sent In) | NEVHC Response (Text Sent Out) | Patient Response to NEVHC Response (Text Sent In) |
| ***Every 2 Weeks Text***  **BP7.**  **Please choose one goal for this week from this list, and text us back the number of the goal:**   1. **Healthy Eating** 2. **Increase Exercise** 3. **Reduce Salt** 4. **Remembering to take medicine.** 5. **Keeping medical appointments** 6. **Stop Smoking** 7. **Reduce Stress** 8. **Lose weight** | ***Two way text (Response number)***  ***If 6 Received, send text BP13***  ***(No response = not participating)*** | ***One & Two way text***  ***Stopping Smoking (Every other Day?)***  **BP13.**   1. **Quit Smoking Goal: When you stop smoking, you will have more energy and a longer life.** 2. **Quit Smoking Goal: Find activities other than smoking which help you relax or decrease stress.** 3. **Quit Smoking Goal: Avoid other smokers and places that might make you want to smoke.** 4. **Quit Smoking Goal: Reward yourself with the money you will save from not smoking.** 5. **Quit Smoking Goal: When you stop smoking, you will have whiter teeth and fresher breath.** 6. **Quit Smoking Goal: When you stop smoking, you will decrease your blood pressure and risk of heart disease.** 7. **Quit Smoking Goal: If you need help quitting, call 1(800) NO BUTTS or 1(800) 662-8887** 8. **Did you make any healthy changes? (Yes/No)** | **One way text**  **(Response will be Yes or No)** |
| BP NEVHC (Text Sent Out) | Patient Response (Text Sent In) | NEVHC Response (Text Sent Out) | Patient Response to NEVHC Response (Text Sent In) |
| ***Every 2 Weeks Text***  **BP7.**  **Please choose one goal for this week from this list, and text us back the number of the goal:**   1. **Healthy Eating** 2. **Increase Exercise**      1. **Reduce Salt** 2. **Remembering to take medicine.** 3. **Keeping medical appointments** 4. **Stop Smoking** 5. **Reduce Stress** 6. **Lose weight** | ***Two way text (Response number)***  ***If 7 Received, send text BP14***  ***(No response = not participating)*** | ***One & Two way text***  ***Reducing Stress (Every other Day?)***  **BP14.**   1. **Reducing Stress Goal: Managing stress in your life can help control your blood pressure.** 2. **Reducing Stress Goal: Recognize your stress symptoms and talk to your health care provider about them.** 3. **Reducing Stress Goal: Get enough sleep each night to decrease stress.** 4. **Reducing Stress Goal: Avoid stressful situations when possible. Realize your limitations and learn to say “no”.** 5. **Reducing Stress Goal: Use meditation and practice deep breathing to help decrease stress.** 6. **Reducing Stress Goal: Talk to someone you trust about problems that cause you stress.** 7. **Reducing Stress Goal: Tips to reduce stress: think positive, count to 10, massage tense muscles, take a hot shower or bath, go on a walk, and make time for yourself.** 8. **Did you make any healthy changes? (Yes/No)** | **One way text**  **(Response will be Yes or No)** |
| BP NEVHC (Text Sent Out) | Patient Response (Text Sent In) | NEVHC Response (Text Sent Out) | Patient Response to NEVHC Response (Text Sent In) |
| ***Every 2 Weeks Text***  **BP7.**  **Please choose one goal for this week from this list, and text us back the number of the goal:**   1. **Healthy Eating** 2. **Increase Exercise**      1. **Reduce Salt** 2. **Remembering to take medicine.** 3. **Keeping medical appointments** 4. **Stop Smoking** 5. **Reduce Stress** 6. **Lose weight** | ***Two way text (Response number)***  ***If 8 Received, send text BP15***  ***(No response = not participating)*** | ***One & Two way text***  ***Lose weight (Every other Day?)***  **BP15.**   1. **Losing Weight Goal: Losing even 10 pounds may lower your blood pressure.** 2. **Losing Weight Goal: Check food labels to make healthier choices.** 3. **Losing Weight Goal: Keep a food journal. Try to eliminate high calorie foods and replace them with healthier, low calorie options.** 4. **Losing Weight Goal: Take a walk, go to the park, sign up for a class or a volunteer program which will help keep you on your feet and moving around.** 5. **Losing Weight Goal: Eat vegetables, fruits, and drink plenty of water to help keep you full and prevent you from reaching for unhealthy snacks.** 6. **Losing Weight Goal: Replace sugary drinks like sodas, juices, and energy drinks with water.** 7. **Losing Weight Goal: Don’t keep tempting unhealthy foods at home.** 8. **Did you make any healthy changes? (Yes/No)** | **One way text**  **(Response will be Yes or No)** |