



## EXERCISE: ACT RAPIDLY Assessment Tool Worksheet

Review date: <Eight weeks after the last patient visit>

Clinician:

Visit Date	Patient Name	BP at visit	Action Taken (Select all that apply)	Eight - Week Outcome (Select one)	Notes (Select all that apply)
___/___/___		___/___	<input type="checkbox"/> None <input type="checkbox"/> Arranged for follow-up BP <input type="checkbox"/> Prescribed home BP monitor/ABPM <input type="checkbox"/> Increased/added medication <input type="checkbox"/> Counseled diet/lifestyle change <input type="checkbox"/> Other:	<input type="checkbox"/> BP unknown <input type="checkbox"/> BP still high <input type="checkbox"/> BP controlled	<input type="checkbox"/> Unsure about "true" BP <input type="checkbox"/> Competing priorities <input type="checkbox"/> Medication complexity concern <input type="checkbox"/> Medication adherence concern <input type="checkbox"/> Patient does not want treatment <input type="checkbox"/> Other: <input type="checkbox"/> Follow-up issue <input type="checkbox"/> Uncontrolled hypertension
___/___/___		___/___	<input type="checkbox"/> None <input type="checkbox"/> Arranged for follow-up BP <input type="checkbox"/> Prescribed home BP monitor/ABPM <input type="checkbox"/> Increased/added medication <input type="checkbox"/> Counseled diet/lifestyle change <input type="checkbox"/> Other	<input type="checkbox"/> BP unknown <input type="checkbox"/> BP still high <input type="checkbox"/> BP controlled	<input type="checkbox"/> Unsure about "true" BP <input type="checkbox"/> Competing priorities <input type="checkbox"/> Medication complexity concern <input type="checkbox"/> Medication adherence concern <input type="checkbox"/> Patient does not want treatment <input type="checkbox"/> Other: <input type="checkbox"/> Follow-up issue <input type="checkbox"/> Uncontrolled hypertension
___/___/___		___/___	<input type="checkbox"/> None <input type="checkbox"/> Arranged for follow-up BP <input type="checkbox"/> Prescribed home BP monitor/ABPM <input type="checkbox"/> Increased/added medication <input type="checkbox"/> Counseled diet/lifestyle change <input type="checkbox"/> Other	<input type="checkbox"/> BP unknown <input type="checkbox"/> BP still high <input type="checkbox"/> BP controlled	<input type="checkbox"/> Unsure about "true" BP <input type="checkbox"/> Competing priorities <input type="checkbox"/> Medication complexity concern <input type="checkbox"/> Medication adherence concern <input type="checkbox"/> Patient does not want treatment <input type="checkbox"/> Other: <input type="checkbox"/> Follow-up issue <input type="checkbox"/> Uncontrolled hypertension