**Additional file 2: Intervention Record- Community nurse and GP version** (please tick ✓ in the spaces of the items you have done at each visit)

Code of community nurse: \_\_\_\_\_\_\_\_\_\_ Code of GP: \_\_\_\_\_\_\_\_\_\_\_\_ Code of community health service centre: \_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Community nurse** | **GP** |
| **Date** | **Fortnightly phone call** | **Monthly clinic visit** |
| **Length of time** | Monitor the patient’s progress towards the goal, medication adherence, encourage BP self-monitoring | **Length of time** | Measure BP  | Health education and establish lifestyle goal | Test patients health knowledge  | Adherence to lifestyle recommendations | Medication adherence | Adverse events and unplanned admission  | **Nurse Signature** | Review and discuss individual treatment plan | Medication change (describe) | Discussions with specialists (describe the outcomes | Refer patient to specialist and its reason | **GP Signature** |
| **1st month**\_\_\_\_d/m/y | 1st Phone call \_\_\_\_ | Yes [ ] No [ ]  |  |  |  |  | Complied always ☐ Complied often ☐Complied sometimes☐Complied rarely ☐Non-complied ☐ | Complied always ☐ Complied often ☐Complied sometimes☐Complied rarely ☐Non-complied ☐ |  |  | Issues identified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 2nd phone call\_\_\_\_\_ | Yes [ ] No [ ]  |
| **2nd month**\_\_\_\_d/m/y | 3rd phone call\_\_\_\_\_ | Yes [ ] No [ ]  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4th phone call\_\_\_\_\_ | Yes [ ] No [ ]  |
| **3rd month**\_\_\_\_d/m/y | 5th phone call\_\_\_\_\_ | Yes [ ] No [ ]  |  | BP reading \_\_\_\_\_\_\_ |  | Score: \_\_\_\_\_\_ | Score: \_\_\_\_\_\_ | Score: \_\_\_\_\_\_ | Number:­­­­\_\_\_\_\_ |  |  |  |  |  |  |
| 6th phone call\_\_\_\_\_ | Yes [ ] No [ ]  |
| **4th month**\_\_\_\_d/m/y | 7th phone call\_\_\_\_\_ | Yes [ ] No [ ]  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8th phone call\_\_\_\_\_ | Yes [ ] No [ ]  |
| **5th month**\_\_\_\_d/m/y | 9th phone call\_\_\_\_\_ | Yes [ ] No [ ]  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10th phone call\_\_\_\_\_ | Yes [ ] No [ ]  |
| **6th month**\_\_\_\_d/m/y | 11th phone call\_\_\_\_\_ | Yes [ ] No [ ]  |  | BP reading \_\_\_\_\_\_\_ |  | Score:\_\_\_\_ | Score:\_\_\_\_ | Score:\_\_\_\_ | Number:­­­\_\_\_\_\_ |  |  |  |  |  |  |
| 12th phone call\_\_\_\_\_ | Yes [ ] No [ ]  |