

Active Choices Program
215 West Breckinridge Street
Louisville, Kentucky 40203
502.587.8673



Follow-up Call Report

Participant's Name: _____ Volunteer's Name: _____

Volunteer's Signature: _____

Call #: _____ # of attempts before reaching: _____ Date: _____

Start Time: _____ Stop Time: _____ Total time volunteered: _____

1. Review case notes & have calendar prepared to schedule next call.

Prior Goals (if applicable):

Frequency (Days/Week): _____ Intensity (light, moderate, hard): _____

Time (Minutes/Day): _____ Type of Activities: _____

2. Place call and make introductions (greeting, purpose of the call, etc).

3. Assess current health:

a. Any new health issues that could impact physical activity?

Yes No Notes: _____

b. Any health problem occurs with physical activity? Yes No

If chest pain, difficulty breathing, dizziness, nausea, left arm pain, or tingling in hands or feet occurs during physical activity, refer for medical attention immediately.

4. Did participant receive/read any mail sent from program? Yes No N/A

5. Current Cardio:

Frequency (Days/Week): _____ Intensity (light, moderate, hard): _____

Time (Minutes/Day): _____ Type of Activities: _____

Review step count: _____

Average steps this month: _____

Step Counts: Highest: _____ Lowest: _____

6. Any **strength training**? Days/Week: _____ Min/Week: _____

Any **flexibility/balance**? Days/Week: _____ Min/Week: _____

7. Progress: Compared prior goals with current pattern? Yes No

a. Participant: Exceeded Achieved Did not achieve goals

b. Participant is: Increasing Decreasing Maintaining

c. If underactive but able: Any intentions to do more? Yes No

8. New physical activity goals:

Frequency (Days/Week): _____ Intensity (light, moderate, hard): _____

Time (Minutes/Day): _____ Type of Activities: _____

9. Tip Sheets to send (to be sent to participant by program coordinator):

Exercise routines: _____

Monthly exercise tracking sheets

Other: _____

10. Facilitator assigned to next phone call: _____

11. **Next scheduled contact** (date and time): _____

Please send call report after every follow-up call. Reports can be sent to Sarah either by email at sirvin@elderserveinc.org, fax at 502-587-0222, or by mail to the address above.

Thank you so much for your contributions to older adults in our community!