



## Control Your Blood Pressure Pre-survey

### Introduction

#### EmPOWERED to Serve: Control Your Blood Pressure PRE-Survey

Please answer the questions below before you begin the *Control Your Blood Pressure* experience.

The survey should take less than 1 minute to complete. Your answers are completely confidential and will only be used to improve future *EmPowered to Serve* trainings and education.

### Survey Questions

1. Please enter the first two letters of your birth month.  
*For example, if you were born in November, enter 'NO'.*  
\_\_\_\_\_
2. Please enter the last three digits of your cell phone number.  
*For example, if your phone number is 214-763-9805, enter '805'.*  
\_\_\_\_\_
3. In which of the following geographic regions do you currently live?
  - a. Central Valley/Kern County, CA
  - b. Las Vegas, NV
  - c. Orlando, FL
  - d. Charlotte, NC
  - e. Indianapolis, IN
  - f. Central Ohio, OH
  - g. Houston, TX
  - h. Philadelphia, PA
4. Which gender do you most identify with?
  - a. Male
  - b. Female
  - c. Non-binary
  - d. Prefer to self-describe: \_\_\_\_\_
  - e. Prefer not to answer
5. Are you of Hispanic, Latino/a, or Spanish origin?
  - a. Yes
  - b. No
  - c. Prefer not to answer

6. What is your race? Please select all that apply.
  - a. Asian or Pacific Islander
  - b. Black or African American
  - c. American Indian or Alaskan Native
  - d. White or Caucasian
  - e. Other, please specify: \_\_\_\_\_
  - f. Prefer not to answer
  
7. What is your age range?
  - a. 18-29
  - b. 30-44
  - c. 45-59
  - d. 60-69
  - e. 70-79
  - f. 80 or older
  - g. Prefer not to answer
  
8. What is the highest level of education you have completed?
  - a. Less than high school
  - b. Some high school
  - c. High school graduate or equivalent
  - d. Associate degree (such as AA, AS)
  - e. Bachelor's degree (such as BA, BS)
  - f. Graduate degree (such as MBA, MS, MD, PhD)
  - g. Prefer not to answer
  
9. Do you currently know your blood pressure numbers?
  - a. Yes
  - b. No
  
10. The cutoff for a healthy blood pressure is anything below which of the following?
  - a. 100/60
  - b. 120/80
  - c. 130/90
  - d. 150/110
  
11. What is one potential consequence of high blood pressure?
  - a. Heart attack
  - b. Stroke
  - c. All of the above
  - d. None of the above

12. Please select the level that best represents your current confidence that you can do the following:

	Not at all confident	A little confident	Somewhat confident	Mostly confident	Totally confident	Not applicable
Make lifestyle changes to help manage my blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitor my blood pressure at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for taking this survey. Your response has been recorded. We hope you enjoy the EmPowered to Serve module.

Do not forget to take the post-survey after you finish the training!



## Control Your Blood Pressure Post-survey

### Introduction

#### EmPOWERED to Serve: Control Your Blood Pressure POST-Survey

Please answer the questions below after you complete the *Control Your Blood Pressure* experience.

The survey should take less than 1 minute to complete. Your answers are completely confidential and will only be used to improve future *EmPowered to Serve* trainings and education.

### Survey Questions

1. Please enter the first two letters of your birth month.  
*For example, if you were born in November, enter 'NO'.*  
\_\_\_\_\_
2. Please enter the last three digits of your cell phone number.  
*For example, if your phone number is 214-763-9805, enter '805'.*  
\_\_\_\_\_
3. The cutoff for a healthy blood pressure is anything below which of the following?
  - a. 100/60
  - b. 120/80
  - c. 130/90
  - d. 150/110
4. What is one potential consequence of high blood pressure?
  - a. Cardiovascular disease
  - b. Stroke
  - c. All of the above
  - d. None of the above

5. After participating in the *Control Your Blood Pressure* experience, please select the level that best represents your current confidence that you can do the following:

	Not at all confident	A little confident	Somewhat confident	Mostly confident	Totally confident	Not applicable
Make lifestyle changes to help manage my blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitor my blood pressure at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please rate the overall quality of your experience with *Get Control Your BP*. Select your choice below.

Excellent	Above average	Average	Below average	Poor	Undecided
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How likely are you to recommend the *Control Your BP* experience to a friend, family member, or co-worker? Select your choice below:

Very likely	Likely	Neutral	Unlikely	Very unlikely	Undecided
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Is there anything you would like to learn more about that was not included in this *Control Your BP* educational session? Please feel free to include any comments or questions you have.

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We thank you for your time spent taking this survey.

Your response has been recorded.