



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.

We thank you for your time spent taking this survey.

Your response has been recorded.