



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FOR Y USE ONLY

YMCA Name: _____

Program Site: _____

BLOOD PRESSURE SELF-MONITORING PROGRAM PARTICIPANT EVALUATION

Thank you for your participation in the Blood Pressure Self-Monitoring program. We would appreciate you taking the time to complete the following survey to provide us with feedback. The information in this survey is confidential and anonymous.

1. Did you receive messages from your Y's Healthy Heart Ambassador?

Email

- Yes
- No

Text

- Yes
- No

Telephone

- Yes
- No

2. How strongly do you disagree or agree with the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the frequency of communications I receive from my Healthy Heart Ambassador.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The messages are helpful in the practice of monitoring my blood pressure and attending office hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have made progress towards my health and well-being goals as a result of participating in the Blood Pressure Self-Monitoring Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to continue to self-monitor my blood pressure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since participating, I have increased my daily physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found the Office Hour locations to be convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Did you attend any Office Hours?

- Yes
- No (skip to question 5)

4. How valuable were the Office Hours to you?

- Not valuable at all
- Not very valuable
- Somewhat valuable
- Very valuable

5. Did you attend any of the Nutrition Education Seminars?

- Yes
- No (skip to question 7)

6. How valuable were the Nutrition Education Seminars to you?

- Not valuable at all
- Not very valuable
- Somewhat valuable
- Very valuable

7. Since participating in the Blood Pressure Self-Monitoring Program, have you self-monitored your blood pressure for at least 2 times per month for 4 consecutive months?

- Yes
- No

8. Since participating in the Blood Pressure Self-Monitoring Program, have you shared your self-monitoring blood pressure readings with your health care provider?

- Yes
- No (skip to question 10)
- I plan to during my next visit (skip to question 10)

9. Do you plan to continue sharing your self-monitoring blood pressure readings with your health care provider?

- Yes
- No

10. Were you already a member of this Y before participating in the Blood Pressure Self-Monitoring Program?

- Yes (skip to question 12)
- No

11. Do you plan on becoming a member of this Y?

- Yes, already became a member
- Yes, in the next 30 days
- Yes, in the next 60 days
- Yes, within the year
- No

12. Please leave any further comments about the Blood Pressure Self-Monitoring program in the space below:
