



**Role of Food and Your Health: High Blood Pressure
Participant PRE-Survey**

Please answer the questions below *before* you complete the *Role of Food and your Health: High Blood Pressure* experience.

1. What is your name? _____

2. What is today's date? __/__/____
MM DD YYYY

3. Please circle the number that best represents your current knowledge of the topic below:

	Low		Medium		High	Not applicable
The different ranges for normal and high blood pressure	1	2	3	4	5	6
Ways to control high blood pressure	1	2	3	4	5	6

4. Please circle the number that best represents your confidence that you can do the following:

	Not at all confident		Somewhat confident		Very Confident	Not applicable
Identify foods that are high in sodium	1	2	3	4	5	6
Discuss my blood pressure with my healthcare provider	1	2	3	4	5	6



Participant POST-Survey

Please answer the questions below **after** you complete the *Role of Food and your Health: High Blood Pressure* experience.

1. What is your name? _____

2. Please circle the number that best represents your current knowledge of the topic below:

	Low		Medium		High	Not applicable
The different ranges for normal and high blood pressure	1	2	3	4	5	6
Ways to control high blood pressure	1	2	3	4	5	6

3. Please circle the number that best represents your confidence that you can do the following:

	Not at all confident	Somewhat confident		Very Confident	Not applicable	
Identify foods that are high in sodium	1	2	3	4	5	6
Discuss my blood pressure with my healthcare provider	1	2	3	4	5	6

4. Please rate the **quality of your overall experience** with the *Role of Food and your Health: High Blood Pressure*. Circle your choice below.

Poor	Below Average	Average	Above Average	Excellent	Undecided
1	2	3	4	5	6

5. How likely are you to **recommend** the *Role of Food and your Health: High Blood Pressure* experience to a friend, family member, or co-worker? Circle your choice below.

Extremely unlikely	Unlikely	Neutral	Likely	Extremely likely	Undecided
1	2	3	4	5	6