

“Check it. Change it. Control it. Your Heart Depends on it.”

Patient Post-Survey (Step 2)

1. Did the “Check it. Change it. Control it.” toolkit help you learn more about your risk for high blood pressure and high cholesterol and what steps that can be taken to overcome the risks?
2. What was the most valuable material in the toolkit and why?
3. Did you share your toolkit with anyone else? If so, who and how did that help your progress?
4. What are risk factors for high blood pressure and high cholesterol?
5. What steps and tools have you been taking or using to help reduce your risk for high blood pressure and high cholesterol?
6. How confident do you feel in your knowledge of your risk for high blood pressure and high cholesterol?
7. What kind of activities do you participate in for a healthy lifestyle?
8. What should your numbers be for heart health?
Blood pressure _____
Cholesterol _____
- Do you know your current numbers?
Blood pressure _____
Cholesterol _____
9. What are differences you've seen or made since your last visit?

Practice Site: _____

Patient First Name: _____

