

**“In a Heartbeat”
Heart Attack Community Engagement Initiative**

To be filled out by trainer

Pre/Post Intervention Surveys

EDUCATION PRESENTATION INFORMATION SHEET

A. Number of Pre-Surveys _____ **Number of Post-Surveys** _____

B. Date _____ **C. Pilot Site** _____

D. Presenter _____

E. Target Population(s) Please check all that apply

	History of Cardiovascular Disease
	Other Risk Factors (diabetes, overweight, uncontrolled blood pressure/cholesterol, etc.) Please specify:
	Older Adults
	Gender-based Please specify: male female
	Race/Ethnicity-based Please specify: White ____ Black ____ Hispanic ____ American Indian ____ Alaska Native ____ Asian or Pacific Islander ____
	Other Please specify:

F. Presentation Location
(such as YMCA, Rotary club, worksite, hospital, etc.)

Trainers: Please return this information sheet bundled together with the completed pre and post surveys, to:

Contact name and Address

“In a Heartbeat”
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1. Would you say that in general your health is: **Check One**

<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Very Good
<input type="checkbox"/>	Good
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Poor
<input type="checkbox"/>	Don't Know

2. Please list any physical conditions or personal behaviors (sometimes known as "risk factors") that would make it more likely for somebody to have a **heart attack**?

3. From what you may have heard or read, please list the warning signs or symptoms people may experience when having a **heart attack**? (please list as many as you can recall)

4. If you thought SOMEONE was having a **heart attack**, what is the **FIRST** thing you would do? **Check One**

<input type="checkbox"/>	Take them to the hospital
<input type="checkbox"/>	Tell them to call their doctor
<input type="checkbox"/>	Call 911
<input type="checkbox"/>	Call their spouse or family member
<input type="checkbox"/>	Do something else Please explain:
<input type="checkbox"/>	Don't Know/Not Sure

Please explain why: _____

PRE SURVEY – Pilot Only

5. Has a doctor, nurse or other health professional ever told **you** that you had a heart attack, also called a myocardial infarction, angina, and/or coronary heart disease?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

6. Has a doctor, nurse or other health professional ever told **someone you spend time with**, such as a co-worker, close family member or friend, that he or she had a heart attack, also called a myocardial infarction, angina and/or coronary heart disease?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

7. What is the highest grade or year of school you completed?

<input type="checkbox"/>	Never attended school or only attended kindergarten
<input type="checkbox"/>	Grades 1 through 8 (Elementary)
<input type="checkbox"/>	Grades 9 through 11 (Some high school)
<input type="checkbox"/>	Grade 12 or GED (High school graduate)
<input type="checkbox"/>	College 1 year to 3 years (Some college or technical school)
<input type="checkbox"/>	College 4 years or more (College graduate)

8. Please indicate your height: _____ feet, _____ inches

9. Please indicate your weight: _____ lbs

10. Please indicate your age: _____ years

11. Please indicate your gender:

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	Refuse

12. Do you have health insurance?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

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<input type="checkbox"/>	Very Good
<input type="checkbox"/>	Good
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Poor
<input type="checkbox"/>	Don't Know

2. Please list any physical conditions or personal behaviors (sometimes known as "risk factors") that would make it more likely for somebody to have a **heart attack**?

3. From what you may have heard or read, please list the warning signs or symptoms people may experience when having a **heart attack**? (please list as many as you can recall)

4. If you thought SOMEONE was having a **heart attack**, what is the **FIRST** thing you would do? **Check One**

<input type="checkbox"/>	Take them to the hospital
<input type="checkbox"/>	Tell them to call their doctor
<input type="checkbox"/>	Call 911
<input type="checkbox"/>	Call their spouse or family member
<input type="checkbox"/>	Do something else Please Explain:
<input type="checkbox"/>	Don't Know/Not Sure

Please explain why: _____

POST SURVEY – Pilot Only

5. Has a doctor, nurse or other health professional ever told **you** that you had a heart attack, also called a myocardial infarction, angina, and/or coronary heart disease?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

6. Has a doctor, nurse or other health professional ever told **someone you spend time with**, such as a co-worker, close family member or friend, that he or she had a heart attack, also called a myocardial infarction, angina and/or coronary heart disease?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

7. What is the highest grade or year of school you completed?

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8. Please indicate your height: _____ feet, _____ inches

9. Please indicate your weight: _____ lbs

10. Please indicate your age: _____ years

11. Please indicate your gender:

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	Refuse

POST SURVEY – Pilot Only

12. Do you have health insurance?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

The last three questions are related to the educational materials that you received during the heart attack education session.

13. Were the materials easy to read?

If no, please explain: _____

	Yes	No	Don't Know
Magnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Were the materials easy to understand?

If no, please explain: _____

	Yes	No	Don't Know
Magnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Will you use the materials?

If no, please explain: _____

	Yes	No	Don't Know
Magnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to provide any additional comments regarding the heart attack materials that you received:
