

In a Heartbeat Participant Survey

Please fill in the circle that best describes your understanding of the key ideas in the box below.

Key Ideas	Before Presentation					After Presentation				
	Didn't know anything	Didn't know much	Not sure	Knew some	Knew a lot	Don't know anything	Don't know much	Not sure	Know some	Know a lot
Warning signs or symptoms people may experience when having a heart attack	○	○	○	○	○	○	○	○	○	○
Physical conditions or personal behaviors that increase the risk of heart attack	○	○	○	○	○	○	○	○	○	○
The importance of acting quickly at the first signs of a heart attack	○	○	○	○	○	○	○	○	○	○
The first thing to do if you think someone is having a heart attack	○	○	○	○	○	○	○	○	○	○
The best way to travel to the hospital if you think someone is having a heart attack	○	○	○	○	○	○	○	○	○	○
Behaviors we can change that reduce the odds of having a heart attack	○	○	○	○	○	○	○	○	○	○
How the warning signs of heart attack may differ in women	○	○	○	○	○	○	○	○	○	○
Differences in heart attack symptoms from person to person	○	○	○	○	○	○	○	○	○	○

Please list any physical conditions or personal behaviors (sometimes called risk factors) that would make it more likely for somebody to have a heart attack.

From what you may have heard or read, please list the warning signs or symptoms people may experience when having a heart attack.

If you thought someone was having a heart attack what is the FIRST thing you would do? Please choose one answer.

- Take them to the hospital
- Tell them to call their doctor
- Call 911
- Call their spouse or family member
- Do know/not sure
- Do something else

Please explain: _____

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

The materials I received are:

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
<i>Easy to read</i>					
Magnet	<input type="radio"/>				
Handout	<input type="radio"/>				
Presentation	<input type="radio"/>				

Please comment if you strongly disagree or disagree

Easy to understand

Magnet	<input type="radio"/>				
Handout	<input type="radio"/>				
Presentation	<input type="radio"/>				

Please comment if you strongly disagree or disagree

Something I will use

Magnet	<input type="radio"/>				
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Handout	O	O	O	O	O
Presentation	O	O	O	O	O

Please comment if you strongly disagree or disagree

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

Has a doctor, nurse or other health professional ever told **you** that you had a heart attack, also called a myocardial infarction?

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

Has a doctor, nurse or other health professional ever told **you** that you had angina or coronary heart disease?

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

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?

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

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 angina or coronary heart disease?

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

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)

Please indicate your height: _____ feet, _____ inches

Please indicate your weight: _____ lbs

Please indicate your age: _____ years

Please indicate your gender:

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

Do you have health insurance?

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