

## Alabama WISEWOMAN Participant Satisfaction Survey

The Alabama WISEWOMAN would like to thank you for your participation. Your feedback is very important. Please use the provided envelope to send back your completed survey. Thank you.

My Provider:  Franklin Primary  Mobile CHD  Tuscaloosa CHD  Shelby CHD

My Age: \_\_\_\_ My Race/Ethnicity:  African-American  Hispanic or Latino  
 White (Not Hispanic/Latino)  Other

<b>Please check the statements below about the changes in your knowledge and lifestyle since you met with the doctor, nurse practitioner, social worker, or nutritionist for the WISEWOMAN Program</b>						
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
I understand the importance of my heart health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I am more confident that I can improve my heart health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have set health goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have educational materials that help me achieve my health goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I understand my lab results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know my blood pressure values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If told by your doctor that you have high blood pressure, please answer the following</b>						
I know how to improve my blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have lowered my blood pressure values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I understand the importance of regularly taking my medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have taken my prescribed medication on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If you did not take your prescribed high blood pressure medications on time, please answer the following</b>						
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
I have not taken my prescribed medications on time due to:						
-Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Side Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other reasons why I may not take my prescribed medications on time:

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	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
I understand the importance of lowering my salt intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have lowered my salt intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I understand the importance of physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have increased my physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I understand the importance of keeping a healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know my weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I drink more water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I eat more fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I eat more vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I understand the importance of reducing the amount of sugar I eat or drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have lowered the amount of sugar I eat or drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I check food labels at the grocery store in order to eat healthier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I understand the importance of quitting smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have quit smoking as a result of the WISEWOMAN program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the tools that will help me achieve my health goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Which tools that you received from the WISEWOMAN Program do you use?</b>						
	<b>Yes</b>	<b>No</b>	<b>Did not Receive</b>			
Pill Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Stretch Band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Gym Membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
My Plate Food Container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lunch Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Blood Pressure Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Community Resource Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Water bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Please describe how the social worker has helped you reach your health goals