



YMCA's Blood Pressure Readiness Assessment

Please answer the following questions to assess your readiness to participate in the program.

- 1) How do you feel about attending office hours a minimum of two times a month and self-monitoring and tracking your blood pressure at home a minimum of two times a month?
 - a. Committed _____
 - b. Maybe interested _____
 - c. Not available _____
- 2) What do you think might get in the way of attending office hours and tracking?
- 3) On a scale of 1 – 10 (1 not ready and 10 very ready) how do you feel about making lifestyle changes to help lower or better manage your blood pressure?
- 4) What's at risk if you don't make changes to lower or better manage your blood pressure?
- 5) Do you think you will benefit from attending the nutrition education seminars?
- 6) Are you committed to tracking your blood pressure?
- 7) Are you at least 18 years old?
- 8) Have you had a recent cardiac event in the last year?
 - a. Do you have atrial fibrillation or any arrhythmias?
 - b. Are you at risk for lymphedema?

Name _____

Email _____

Phone _____