Stress Less
Blood Pressure Challenge

Evaluation Form

EIN: **Name:**

1. Why did you participate in this challenge? (check all that apply)

   - ☐ I have high blood pressure.
   - ☐ I wanted to learn some stress reduction techniques.
   - ☐ This challenge looked fun.
   - ☐ I want to win the $50 gift card.
   - ☐ I want to earn my 15 Healthy Lifestyle Activity Points
   - ☐ Other:

2. Which Stress Reductions Activities were most helpful to you (check all that apply)

   - ☐ Visual Relaxation
   - ☐ Sensory Recall
   - ☐ Breath Break
   - ☐ Tense & Relax Exercise
   - ☐ Humor is the Best Medicine

Please rate the statements below by choosing the number that best represents your experience.

1 – Strongly Disagree **2 – Disagree** **3 – Neither Agree or Disagree** **4 – Agree** **5 – Strongly Agree**

3. I enjoyed this challenge. ☐
4. It helped to reduce my stress levels. ☐
5. It helped to reduce my blood pressure. ☐
6. I learned helpful stress reduction techniques. ☐
7. I plan to make personal lifestyle changes because of this challenge. ☐
8. I would like to do this challenge again. ☐

☐ I have tracked my blood pressure before and after completing a stress reduction activity on ten seperate days.

Submit by Email | Print Form

Email: wellness@pima.gov, Fax: 724-8150; Mail: 150 W. Congress, 4th Floor