



Stress Less Blood Pressure Challenge

Evaluation Form

EIN:

Name:

I completed at least 10 separate days of the Stress Less Blood Pressure Challenge

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

I have high blood pressure.

I want to win the \$100 gift card.

I wanted to learn some stress reduction techniques.

I want to earn my 15 Healthy Lifestyle Activity Points

This challenge looked fun.

Other:

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

Visual Relaxation

Tense & Relax Exercise

Sensory Recall

Humor is the Best Medicine

Breath Break

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

- I enjoyed this challenge.
- It helped to reduce my stress levels.
- It helped to reduce my blood pressure.
- I learned helpful stress reduction techniques.
- I plan to make personal lifestyle changes because of this challenge.
- I would like to do this challenge again.