Evaluation on World Hypertension League Blood Pressure Screening Resource

Date: __________________________________________________________

Name (Optional): __________________________________________________

Email (Optional): __________________________________________________

Country where you used the resource: _________________________________

Would the Region’s Income be considered (Circle One): Low   Low-Middle   Middle   High

Use of resource (Circle One):
1. Community BP screening, 2) Clinic BP screening, 3) other (specify ________________)

What aspects of the resource were most useful? ________________________________

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________________________________________________________________________

What was missing from the resource that should be added? __________________________

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________________________________________________________________________

What background resources to support this resource should be added to the World Hypertension League website? __________________________

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________________________________________________________________________
What changes would you recommend when the World Hypertension League updates this resource?

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What device(s) did you use in your BP screening program? (manufacturer and exact model)

________________________________________________________

What were the advantages and disadvantages of the device and approximate costs?

________________________________________________________

________________________________________________________

________________________________________________________

Were there any essential partnerships or sponsors that were utilized during field testing? Circle one Yes or No

If Yes, please indicate who the key partners or sponsors were along with their contact information. Please feel free to attach any success stories along with photographs and/or logos to post on the WHL website (www.whleague.org) and on the WHL Newsletter.

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Did you provide any additional educational resources such as hypertension fact sheets, dietary salt awareness or healthy food consumption during assessments? Circle one Yes or No

Did you use this resource as part of World Hypertension Day - May 2015? Circle one Yes or No

Are you willing to be part of the BP screening network in the World Hypertension League to share your best practices and learnings? Circle one Yes (ensure your name and email are indicated), No

Thank you for your time in evaluating this resource. The resource is being field tested 2014-2015 and revisions are expected in 2015-2016. Please E-mail a completed Section 7 Evaluation form along with any requests, questions, or inquiries on this resource to: CEO@whleague.org.