

SAMPLE HEART HEALTH PROGRAM INTEREST QUESTIONNAIRE

Organization Name: _____

Date: _____

Begin the survey by saying something like:

“Good afternoon. My name is _____ and I work for _____. We are starting a new program focused on heart health. We’re here today to see how many people may be interested in attending this new program. Do you have a few minutes today to answer some short questions?”

If they’re interested, fill out the survey below .

If they say, “No, I’m not interested,” say: “Thank you for your time. Have a nice day!”

If they say, “I’m interested but don’t have time right now,” see if they can do the survey over the phone, mail the survey in later (with a self-addressed stamped envelope), or meet you at another time to fill it out

Get contact information (name, phone number, and email) for anyone interested.

Sample Questions

1. Would you like information about living a heart healthy lifestyle and lowering your risk for heart disease?

_____ Yes _____ No Notes _____

2. Which of these topics would you like to learn about?

- | | | | |
|--|---|--|---|
| <input type="radio"/> Heart disease | <input type="radio"/> High blood pressure | <input type="radio"/> Diabetes | <input type="radio"/> All of the topics |
| <input type="radio"/> Heart attack signs | <input type="radio"/> Cholesterol | <input type="radio"/> Heart healthy eating | <input type="radio"/> None |
| <input type="radio"/> Physical activity | <input type="radio"/> Healthy weight | <input type="radio"/> Smoke-free living | |

3. Would you like to be in a program with other people who want to learn about heart health?

_____ Yes _____ No Notes _____

4. We are deciding how many times to meet and for how long. Which one of these would work best for you?

- | | |
|---|---|
| <input type="radio"/> 11 classes that are 1 hour long | <input type="radio"/> 4 classes that are 3 hours long |
| <input type="radio"/> 6 classes that are 2 hours long | <input type="radio"/> Other _____ |

5. Check the days of the week and times of day that work best for you.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

6. Would any of these make it easier for you to be in the program?

- Child care Transportation Other _____

Ages of children _____

