

Know Stroke: Know The Signs. Act in Time.

Program Report Form

Project Coordinator: _____

Affiliation: Prospect Community Empowering Center VA Healthy Pathways Coalition
 VA Business Coalition on Health Other

Church or Business Name: _____

Address: _____

Phone: _____ FAX: _____

Email: _____

Program offered:

Date: _____ Time: _____ Number of attendees: _____

In what setting was the program offered?

_____ Health Department	_____ Place of Worship
_____ Library	_____ Work site
_____ Senior Center	_____ Free Clinic
_____ Community Health Center	_____ Rural/ Migrant Health Center
_____ Hospital	_____ Other (please specify) _____
_____ Physician's Office	_____

How was the program publicized?

_____ Newspaper	_____ Newsletters	_____ Other (please specify): _____
_____ Radio	_____ Church bulletin	_____
_____ TV	_____ Posters	_____

Type of audience that attended (check all that apply):

_____ General public	_____ Residents	_____ Other (please specify): _____
_____ Patients	_____ Employees	_____

Thank you for your help with tracking and evaluating this important educational program.

***Within 5 days of your program, please return
completed pre/post- tests and Program Report Form to:***

Laura Wimmer
Division of Chronic Disease Prevention and Control
Virginia Department of Health
109 Governor Street, 10th floor
Richmond VA 23219
804-864-7884

Know Stroke: Know the Signs. Act in Time.

Pre-Test /Post-Test

Instructions & Answer Key

For the “Know the Sudden Signs of Stroke” toolkit pre/post-test please:

- Make two copies of the pre/post-test for each participant-one copy to use as a pre-test and one to use as a post-test. If possible, use different colored paper for the pre and post tests. This will make it easier to sort through them later.
- Have participants take the pre-test prior to reviewing the printed materials or the video.
- Allow participants to review the printed materials and video.
- Have participants take the post-test.
- Allow participants to grade their own post-test.
- Make sure the “Program Report Form” is complete.

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Division of Chronic Disease Prevention and Control
Virginia Department of Health
109 Governor Street, 10th floor
Richmond VA 23219
804-864-7884
Laura.Wimmer@vdh.virginia.gov

Answer Key

1. c
2. a
3. a
4. a
5. e
6. b
7. c
8. d
9. e
10. a

Know Stroke: Know the Signs. Act in Time.

Know Stroke Awareness Education Kit

Pre-Test _____ *Post-Test* _____ *Date* _____ *Time* _____

Circle the one best response

<p>1. What is a stroke?</p> <ul style="list-style-type: none"> a. A break in a blood vessel in the brain b. A blockage in a blood vessel in the brain c. Both of the above d. None of the above <p>2. Stroke is sometimes referred to as a “Brain Attack”.</p> <ul style="list-style-type: none"> a. True b. False <p>3. A stroke should be treated as a medical emergency just like a heart attack.</p> <ul style="list-style-type: none"> a. True b. False <p>4. A sudden severe headache is a warning sign of a stroke.</p> <ul style="list-style-type: none"> a. True b. False <p>5. Which of the following are warning signs of stroke?</p> <ul style="list-style-type: none"> a. Sudden weakness on one side of the body b. Sudden trouble walking c. Sudden trouble seeing d. Sudden trouble speaking e. All of the above <p>6. What should you do if someone is showing signs of having a stroke?</p> <ul style="list-style-type: none"> a. Eat dinner b. Call 9-1-1, immediately c. Drive the person to the hospital, immediately d. Call the person’s doctor, immediately e. None of the above <p>7. Stroke is the number ____ cause of death in the United States:</p> <ul style="list-style-type: none"> a. 1 b. 2 c. 3 d. 4 e. 5 	<p>8. Some risk factors for stroke include:</p> <ul style="list-style-type: none"> a. High Blood Pressure b. High cholesterol c. Smoking d. All of the above e. None of the above <p>9. Which of these can you do to prevent a stroke?</p> <ul style="list-style-type: none"> a. Know your blood pressure, blood sugar, and cholesterol numbers b. If you have high blood pressure, keep it down c. Don’t smoke d. Lose weight if overweight e. All of the above <p>10. Today, unlike in the past, early treatment makes it possible to prevent disabilities from stroke.</p> <ul style="list-style-type: none"> a. True b. False <p>Please help us make sure we are reaching all types of Virginians. Demographic Questions:</p> <p>What is your age?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 or older <p>Are you? <input type="checkbox"/> Male <input type="checkbox"/> Female:</p> <p>What is your race?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> African-American (Black) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American/Pacific Islander (Hispanic/Latino) <input type="checkbox"/> (Other) <p>Which County/City do you live in?</p> <p>_____</p>
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Official Use Only _____