

**Evaluation Form**

To help us evaluate and improve the pressure stations, we would appreciate it if you could provide us with some information (please mark the box to the right of your answer):

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| --- |
| **Which H&NY ICB Place do you live in? Write N/A if you live outside of our ICB.**  |
| **Pen with solid fill** |
| **What is your gender?**  |
| **Male** |  | **Female** |  | **Other**  |  |
| **What is your age?**  |
| **Under 30** |  | **30-39** |  | **40-49** |  | **50-59** |  | **Over 60** |  |
| **When was the last time you checked your blood pressure?**  |
| **Under 1 year ago**  |  | **Between 1 and 5 years ago** |  | **Over 5 years ago**  |  |
| **What was your blood pressure result?** |
| **Below 90/60** |  | **Between 90/60 and 139/80** |  | **Between 140/90 and 179/119** |  | **180/120 or higher**  |  |
| **How easy did you find it to use the pressure station?**  |
| **1 (hard)** |  | **2** |  | **3** |  | **4** |  | **5 (easy)** |  |
| **Please provide any other comments you may have about the pressure station:** |
| **Pen with solid fill** |

Thank you very much for your feedback, please put it in the evaluation box