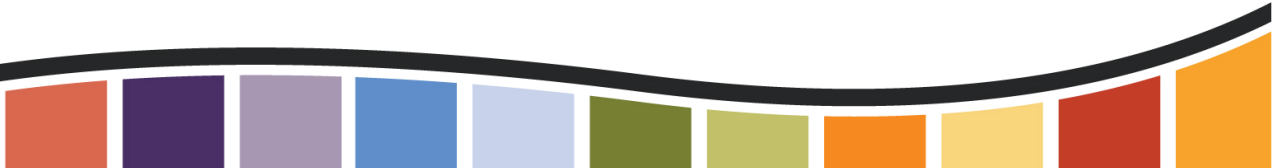


Live Well  
The Big Squeeze

# TOOLKIT



Revised March 2019





# THE BIG SQUEEZE

## Section 1: Welcome

- 1a. Welcome letter
- 1b. Controlling blood pressure
- 1c. *Q and A*
- 1d. Sioux Falls Trends
- 1e. Employers helping employees

## Section 2: How To

- 2a. How-to guide
- 2b. *Taking a Proper Blood Pressure Video*
- 2c. Event tips
- 2d. Outreach email template
- 2e. Social media sample posts
- 2f. Full-page color poster
- 2g. Half-page color poster
- 2h. Full-page black and white poster
- 2i. Half-page black and white poster
- 2j. Envelope stuffer
- 2k. Newsletter text

## Section 3: Day-of-Event Documents

- 3a. *Are You At Risk?* flier
- 3b. *Complications of High Blood Pressure* flier
- 3c. *Blood Pressure Fact Sheet*
- 3d. *Know Your Numbers* flier
- 3e. *Take Action Against High Blood Pressure* flier
- 3f. Consent table tent
- 3g. Consent for distribution
- 3h. Surveys



# THE BIG SQUEEZE

**Dear Partner,**

The Big Squeeze, developed in Sioux Falls, SD, includes public and private partners who share a common mission:

**To imbed awareness and understanding of high blood pressure into the framework of the community including individuals, employers, health care providers, and local government. The Big Squeeze is also looking to reduce the incidence of cardiovascular events caused by suboptimal identification or therapy, thereby reducing overall health care costs.**

We achieve this goal by actively mobilizing participants to perform blood pressure screenings and educate residents throughout the month of April. We call this “The Big Squeeze.”

Under the new blood pressure guidelines released in 2017, nearly half of all adults have high blood pressure. Many more may have high blood pressure and do not know it. Join us in helping Americans to reduce high blood pressure and lead longer, healthier lives.

The resources in this toolkit can help you to address high blood pressure within your business and/or in your community. You can also access useful materials, including messages for additional audiences, tools for media outreach, and fact sheets at [www.thebigsqueezesf.org](http://www.thebigsqueezesf.org).

Thank you for your commitment to The Big Squeeze. For additional information about this toolkit, email us at [livewell@siouxfalls.org](mailto:livewell@siouxfalls.org).

Your Partner,  
Live Well Sioux Falls





# THE BIG SQUEEZE

## Get your blood pressure under control. Your life depends on it.

If you have high blood pressure, you're at risk for heart attack and stroke. You can reduce your risks by knowing and controlling your blood pressure.

- ▶ Get your blood pressure checked and then monitor it regularly.
- ▶ Eat a healthy diet, be physically active, don't smoke, and maintain a healthy weight. For more about what you can do to live a healthy lifestyle, visit [www.livewellsiouxfalls.org](http://www.livewellsiouxfalls.org).
- ▶ Take your medications as prescribed to control your blood pressure and reduce your risk of heart attack and stroke.
- ▶ If you have trouble with side effects, talk to your health care professional about other medications you can try.
- ▶ Take a moment to talk with a health care professional (a doctor, nurse, pharmacist, or community health worker) about your blood pressure. Together, you can explore options for lifestyle changes or medications to help you manage your blood pressure.

### Blood Pressure Categories

Blood Pressure Category	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
Normal	Less than 120	and	Less than 80
Elevated	120–129	and	Less than 80
High Blood Pressure (hypertension) stage 1	130–139	or	80–89
High Blood Pressure (hypertension) stage 2	140 or higher	or	90 or higher
Hypertensive Crisis Consult your doctor immediately!	Higher than 180	and/or	higher than 120



# THE BIG SQUEEZE

## Q & A about The Big Squeeze

### Q. What is The Big Squeeze?

A. The Big Squeeze encourages residents to check their blood pressure and to take action if they have high blood pressure.

### Q. Who organizes The Big Squeeze?

A. The Big Squeeze steering committee includes:

American Heart Association  
Augustana University  
Avera Health  
City of Sioux Falls  
DAKOTACARE  
Lewis Drug  
National American University  
National Kidney Foundation  
Sanford Health  
South Dakota Department of Health  
South Dakota State University  
University of Sioux Falls  
University of South Dakota  
Walgreens

### Q. Is high blood pressure a common problem?

A. According to the American Heart Association, nearly half of all adults in the U.S. have high blood pressure.

### Q. Why is high blood pressure such a health concern?

A. High blood pressure, also called hypertension, is often called “the silent killer” because high blood pressure often comes with no symptoms. It can increase an individual’s risk for heart attack, stroke, kidney disease, or other health complications.

### Q. Who is at risk for high blood pressure?

A. Risk factors for high blood pressure include: family history, age 35 or older, tobacco use, alcohol use, physical inactivity, being overweight, and poor diet (especially having too much salt). Some population groups, including pregnant women and African Americans, are also at higher risk for high blood pressure.

### Q. How do I implement The Big Squeeze at my location?

A. Reference the “How-To” guide in section two of this toolkit.

### Q. What do we do if someone has an elevated blood pressure?

A. Inform the person that this event is only for screening purposes. Encourage them to follow up with a health care provider.



# THE BIG SQUEEZE

## Total Blood Pressure Overview

The Big Squeeze continues to offer residents an opportunity to get a free blood pressure screening. These results from screenings are based on the blood pressure guidelines in place as of March 2019.

	Normal	Elevated	Stage 1 Hypertension	Stage 2 Hypertension
2018**	32%	17%	31%	20%
2017**	34.6%	14.3%	28%	21%

	Normal	Pre-hypertensive	High
2016	34%	45%	21%
2015	40%	41%	19%
2014	35%	45%	19%
2013	36%	41%	23%
2012	35%	48%	17%
2011	41%	41%	17%

\*\*New blood pressure guidelines  
 \* Blood pressure guidelines prior to 2017



# THE BIG SQUEEZE

**As an employer, you can help employees get their blood pressure under control. Their lives depend on it.**

- ▶ **The costs of high blood pressure in the U.S. total almost \$48.6 billion annually in direct medical expenses and lost productivity.**

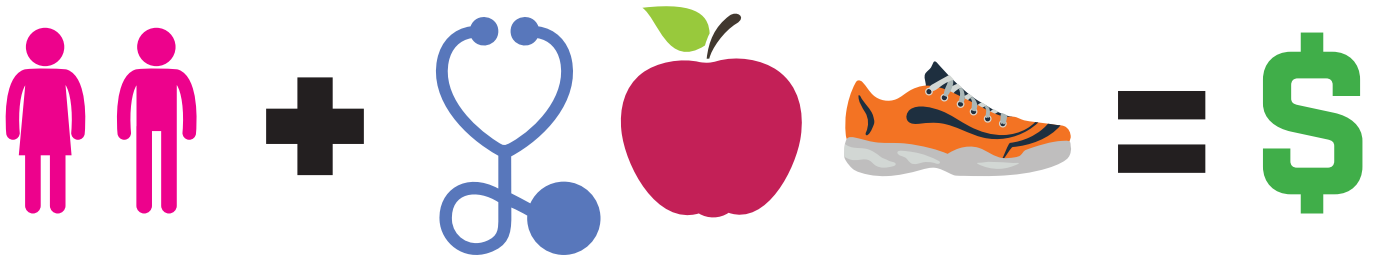
*(Centers for Disease Control and Prevention)*

- ▶ Promote The Big Squeeze in your newsletters and other communications with employees.
- ▶ Employers play a key role in helping Americans better control their blood pressure, meaning fewer deaths from heart disease and stroke.
- ▶ Prioritize control of high blood pressure, which helps prevent heart attack, stroke, and kidney failure.

Help your employees understand the importance of taking medications as prescribed.

- ▶ Track and improve blood pressure control through up-to-date health information.
- ▶ Help employees develop healthy habits like regular physical activity, lower sodium diets, and tobacco cessation.
- ▶ Use culturally appropriate education materials to address barriers to blood pressure control.

**Find resources on healthy lifestyles at [www.livewellsiouxfalls.org](http://www.livewellsiouxfalls.org).**







# THE BIG SQUEEZE

## How to: Conduct On-Site Big Squeeze Screening

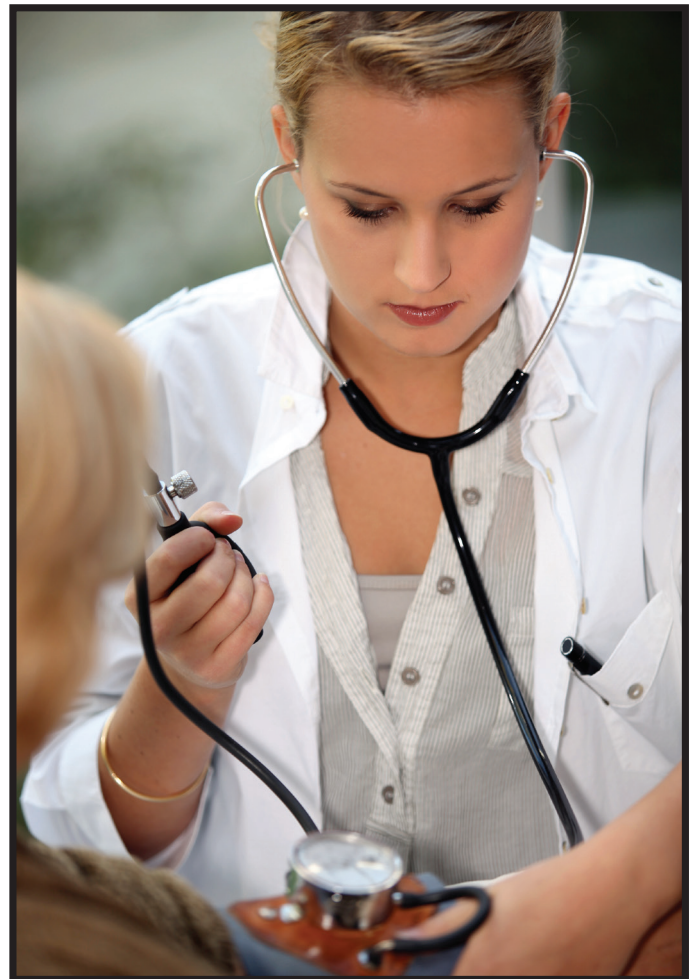
### When an On-Site Screener is Available:

1. Contact [livewell@siouxfalls.org](mailto:livewell@siouxfalls.org) to let them know you would like to participate.
2. Designate the day(s) or week(s) that your location will provide screenings.
3. Designate who will be doing the blood pressure screenings (one to three screeners depending on the number of expected participants and the duration of screenings).
4. Promote The Big Squeeze within your organization with emails, bulletin board postings, signage, and any other forms of promotion (section two of toolkit).
5. Brainstorm incentives or a prize drawing you can have for participation (optional).
6. Watch the *Taking a Proper Blood Pressure* video on [www.thebigsqueezesf.org](http://www.thebigsqueezesf.org) prior to screening day. (All screeners must watch.)
7. What you will need on screening day:
  - a. One to two tables.
  - b. Two to six chairs (two chairs per screener).
  - c. Blood pressure cuffs and stethoscopes (at least 1 stethoscope, 1 adult regular cuff, and 1 adult large cuff).
  - d. Section 3 items from toolkit. (*Make enough copies for your location.*)
  - e. Optional: Trackers for those getting screened (*tracker design in section 2*).

## How to: Conduct On-Site Big Squeeze Screening

### When a Screener Is Needed:

1. Contact [livewell@siouxfalls.org](mailto:livewell@siouxfalls.org) and let them know you would like to participate and need a screener.
2. Connect with your screener to designate the date(s) and time(s) for the screenings.
3. Promote The Big Squeeze within your organization with emails, bulletin board postings, signage, and any other forms of promotion (section two of toolkit).
4. Brainstorm incentives or a prize drawing you can have for participation (optional).
5. What you will need to provide on screening day:
  - a. One to two tables.
  - b. Two to six chairs (two chairs per screener).
  - c. Section 3 items of your toolkit. (*Make enough copies for your location.*)
  - d. Optional: Trackers for those getting screened (*tracker design in section 2*).



## Taking a Proper Blood Pressure



All blood pressure screeners must watch the  
“Taking a Proper Blood Pressure” video  
which can be found at [www.thebigsqueezesf.org](http://www.thebigsqueezesf.org).



# THE BIG SQUEEZE

## Big Squeeze Event Tips

**Use these ideas to rally your location to prevent heart attacks and strokes. Make blood pressure education and control the focus of your event to support heart health through The Big Squeeze.**

- ▶ Have blood pressure screeners available at your location for one entire day and allow employees to participate during work hours.
- ▶ Provide a lunch-and-learn to teach about blood pressure and to screen individuals.
- ▶ Provide a drawing or some sort of incentive to those who participate in a screening.
- ▶ Make The Big Squeeze part of an annual “health check” at your location.
- ▶ Provide a success story of someone who has benefitted from getting their blood pressure screened.
- ▶ Have a blood pressure education campaign around the screening day(s) at your location.





# THE BIG SQUEEZE

## Work Site Announcement Email Template

**Subject line:** The Big Squeeze at [company]

The Big Squeeze is coming to [company]!

What does this mean for our location? This gives everyone a chance to get their blood pressure screened free of charge in our own facility.

High blood pressure is known as the “silent killer” because often, many people have high blood pressure but do not know because oftentimes there are no side effects to this illness. If you do have high blood pressure and do not know, and therefore do not have it controlled, it can lead to heart attacks, stroke, heart failure, and many more complications.

[Company leadership can insert personal statement of support]

Your screening only takes a few minutes.

All personal information and any individual results of blood pressure analyses that are performed will be kept strictly confidential by Big Squeeze administrators. There is no cost to participate.

[Signed by company leadership]

**Get screened, you're worth it!**





# THE BIG SQUEEZE

## Social Media Sample Posts

### Facebook

1. The Big Squeeze is coming to [\[insert organization name here\]](#) on [\[insert date here\]](#)! This is a great event that will help you know your numbers and save you from the “silent killer” otherwise known as high blood pressure.
2. If you could save a family member, friend, or coworker from having a heart attack, would you? High blood pressure is a serious illness that can lead to heart attacks, stroke, and heart failure. The Big Squeeze is coming to our location on [\[insert date here\]](#) to provide you with a free blood pressure reading. Grab a friend and get screened!
3. Ever been diagnosed with high blood pressure? You could be at risk or have high blood pressure and not even know it. High blood pressure is a “silent killer” and can strike at any time. Get your blood pressure screened through The Big Squeeze project which is coming to [\[insert organization name here\]](#) on [\[insert date here\]](#).

### Twitter

1. The Big Squeeze is coming to [\[insert organization name here\]](#)! Know your blood pressure numbers to avoid high blood pressure. #BigSqueezeSF
2. Want to make a difference in the life of a friend or coworker? On22 [\[insert date here\]](#), grab a buddy and get screened. #BigSqueezeSF
3. Are you committed to your health? Then you will be interested in getting your blood pressure screened on [\[insert date here\]](#) at [\[insert organization name here\]](#).

**#BigSqueezeSF**



**Live Well**  
The Big Squeeze

## **The Big Squeeze is coming to our location!**

By getting screened in The Big Squeeze, you have the opportunity to know your numbers to prevent strokes, heart attacks, heart failure and many other complications that come with having uncontrolled high blood pressure.

**Screenings for The Big Squeeze will take place on**

**from**

**at**



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**Screenings for The Big Squeeze will take place on  
[date] from [time] at [location].**



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[date] from [time] at [location].**





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**Screenings for The Big Squeeze will take place on  
[date] from [time] at [location].**



You can join the movement for blood pressure awareness through The Big Squeeze. Know your numbers and control your blood pressure if needed.

The Big Squeeze is recruiting men and women to participate in this **free** screening. Anyone is eligible to participate, so grab your buddies and get screened because you're worth it!



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# THE BIG SQUEEZE

## Newsletter Text

Have you ever wondered about your blood pressure? Do you have a family history of high blood pressure? Both of these are great reasons to get your blood pressure screened on a regular basis. The Big Squeeze is coming to **[insert organization here]** on **[insert date here]**! This is an effort to raise awareness about blood pressure.

Nearly half of adults have high blood pressure, and many more may have high blood pressure and not know it. Join The Big Squeeze in helping Americans to reduce high blood pressure and lead longer, healthier lives.

**Get screened. Stay well. You're worth it!**

[www.thebigsqueezesf.org](http://www.thebigsqueezesf.org)

#BigSqueezeSF





# THE BIG SQUEEZE

## Are You at Risk?

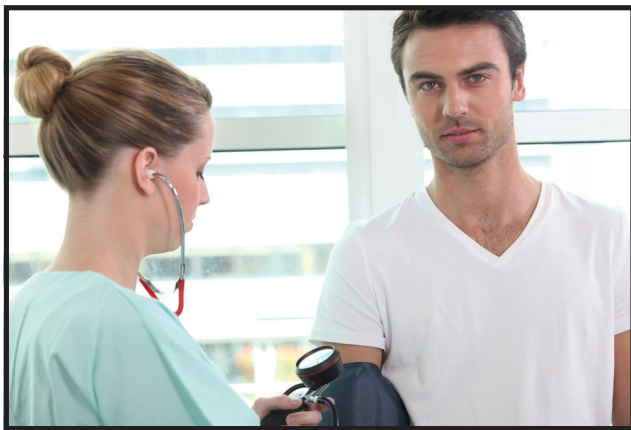
### What is high blood pressure?

Blood pressure (BP) is created by the force of your blood pushing against the artery walls as it circulates and the force of the artery walls as they resist blood flow. High blood pressure means the pressure in your arteries is elevated.

### Why is it dangerous?

High blood pressure may lead to:

- ▶ Stroke
- ▶ Heart attack
- ▶ Heart failure
- ▶ Kidney failure



### Could I be at risk for high blood pressure?

You are at higher risk if you are:

- ▶ African American
- ▶ Drinking more than 1-2 alcoholic drinks per day
- ▶ Eating a high-salt diet
- ▶ Inactive
- ▶ Overweight
- ▶ Related (by blood) to someone who has high blood pressure
- ▶ Smoke on a regular basis

### How can I tell if I have high blood pressure?

High blood pressure is known as the "silent killer" because you may have high blood pressure and not even know it. There are usually no signs or symptoms. The only way to know if your blood pressure is high is to get it checked regularly.

[www.thebigsqueezesf.org](http://www.thebigsqueezesf.org)



# THE BIG SQUEEZE

## Complications of High Blood Pressure

High blood pressure means the pressure of blood in your arteries is elevated. High blood pressure or hypertension is when your numbers are consistently 130/80 mm Hg (millimeters of mercury) or greater.

### High blood pressure can lead to:



77% of Americans treated for a first **stroke** have high blood pressure.



69% of Americans who have a first **heart attack** have high blood pressure.



74% of Americans with **congestive heart failure** have high blood pressure.

### The time is now to take action!

High blood pressure can often be lowered and managed with lifestyle changes such as quitting smoking, exercising more, eating a better diet, and, if necessary, medication. If you don't know what your blood pressure is, schedule an appointment with your local pharmacy or with your health care provider to find out. *Talk to your health care provider before beginning any lifestyle changes.*



# THE BIG SQUEEZE

## What You Need to Know: High Blood Pressure

You have the power to lower your blood pressure and live a healthy life. High blood pressure, also called hypertension, raises your risk for heart disease, stroke, kidney disease, and other health issues.

### Know Your Blood Pressure.

#### Blood Pressure Categories

Blood Pressure Category	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
Normal	Less than 120	and	Less than 80
Elevated	120–129	and	Less than 80
High Blood Pressure (hypertension) stage 1	130–139	or	80–89
High Blood Pressure (hypertension) stage 2	140 or higher	or	90 or higher
Hypertensive Crisis Consult your doctor immediately!	Higher than 180	and/or	higher than 120

What do these numbers mean?

**157 / 98**

**Systolic  
(upper):**

This is the amount of pressure it takes for the heart to squeeze blood to the body.

**Diastolic  
(lower):**

This is the amount of pressure when the heart is relaxed and filling with blood.

### Limit Your Salt.

Eating less salt can help lower your blood pressure. Salt is also called *sodium* on food labels. Try to eat no more than 1500 mg of sodium a day. One teaspoon of salt has 2300 mg of sodium. Don't add salt to food while cooking or eating.

#### How to read a food label:

1. Look at the serving size and servings per container. This can have eight servings.
2. Look at the mg of sodium. You can also look at the % daily value. If the item has 20 percent sodium or more, it is high-sodium. If it is 5 percent or less, it is low sodium.

Nutrition Facts	
8 servings per container	
Serving size 2/3 cup (55g)	
Amount per serving	
<b>Calories</b>	<b>230</b>
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
<b>Sodium 160mg</b>	<b>7%</b>
Total Carbohydrate 27g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
<b>Protein 3g</b>	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

\*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.



# THE BIG SQUEEZE

## Check your blood pressure at home.

Checking your blood pressure at home will help you and your doctor or nurse see if your numbers are normal or high. Ask your doctor or nurse to help you find a home blood pressure monitor. Don't use finger or wrist monitors.

The first time you take your blood pressure at home, do it on both arms. After that, use the arm that had the highest numbers.

### How to check your blood pressure:

1. Use a cuff that fits your arm (example: adult large, or extra large). Ask your doctor or nurse what size to use.
2. Rest for 5 minutes before you take your blood pressure.
3. If you drink alcohol, smoke, or exercise, wait for 30 minutes before you take your blood pressure.
4. Sit with your back against a chair and both feet on the floor. Rest your arm on a table at heart level. Don't cross your legs.
5. Take your blood pressure two times a day at the same time for seven days. Save your number on the machine or write them down. Show these numbers to your doctor or nurse.



## Helpful Tips for Taking Medicine

- Ask your health care provider if there is a best time to take your medicines, like before or after a meal, in the morning, or at night.
- Always use a pill box, even if you only take one medicine each day.
- Ask your family or friends to remind you to take your medicines.
- Write down your medicines and always carry this list with you. Show it to your doctor or nurse at each visit.
- At the pharmacy, ask for bottles with large print and tops that are easy to open.
- If you have any unusual symptoms after taking a medicine, talk with your doctor or nurse right away.
- Don't stop taking your medicines until you talk with your doctor or nurse.
- Your doctor or nurse may need to change your medicines to find what works best for you. This is normal.





# THE BIG SQUEEZE

## Know Your Numbers

Nearly half of all adults have high blood pressure, and many more may have it and not know it. If you have high blood pressure, you may be at risk for developing serious health complications in the future.

### What is high blood pressure?

Blood pressure is the force of blood against your artery walls as it circulates through your body. Blood pressure normally rises and falls throughout the day, but it can cause health problems if it stays high for a long time. High blood pressure is when your numbers are consistently 130/80 mm Hg (millimeters of mercury) or greater.

### What do the numbers mean?

**130**

Mm Hg

The pressure when your heart beats (systolic)

**80**

The pressure when your heart rests (diastolic)

A normal blood pressure reading for most adults is less than 120/80 mm Hg.

### Do you know your numbers?

If you don't know what your blood pressure is, schedule an appointment with a health care professional or participate in The Big Squeeze. If you do have high blood pressure, it could lead to a stroke or a heart attack. High blood pressure can often be lowered and managed with lifestyle changes, and, if necessary, medication. Talk to your health care professional before beginning any lifestyle changes.



[www.thebigsqueezesf.org](http://www.thebigsqueezesf.org)



# THE BIG SQUEEZE

## Take Action Against High Blood Pressure

<b>Get screened</b>	This will tell you what your blood pressure is.
<b>Know your goal</b>	Know your numbers and work with your health care professional to determine your personal blood pressure goal. Follow the action steps below and schedule regular checkups to stay on track.
<b>Lose weight</b>	Lose weight if necessary. If you are overweight, you may be putting too much strain on your heart. When you lose weight, your blood pressure often decreases.
<b>Eat healthy meals*</b>	Eat healthy, well-balanced meals low in saturated fat, trans fat, and sodium. Changing to a healthy diet may reduce your high blood pressure. Incorporate fruits, vegetables, whole grains, high-fiber foods, lean meats and fish, and low-fat dairy.
<b>Stop smoking</b>	Call the South Dakota QuitLine at 1-866-SD-QUITS (1-866-737-8487) to get free help through tobacco cessation coaches. Use family and friends as a support system.
<b>Limit your salt intake</b>	Salt contains sodium and sodium holds excess fluid in your body and puts an added burden on your heart. Read food labels and look for low-sodium options.  Recommended daily limit is less than 1,500 mg per day.
<b>Be active*</b>	Exercise at least 30 minutes on most or all days of the week. Regular physical activity helps reduce your blood pressure, control your weight, and reduce stress. Start slowly and choose activities you really enjoy.
<b>Limit alcohol</b>	Limit your intake of alcohol to no more than one to two drinks per day for men and one drink per day for women. For "a drink," consider a 12-oz. beer, 4-oz. wine, 1.5 oz. of 80-proof spirits, or 1 oz. of 100-proof spirits.
<b>Take medicine as directed</b>	Take medicine the way your health care professional tells you. Do not stop treatment on your own. If you have problems or side effects, call your health care professional.

\*Always talk to your health care professional before starting any weight loss, dietary, or exercise program.

[www.thebigsqueezesf.org](http://www.thebigsqueezesf.org)



I hereby request that the health screening be performed for me. In consideration of my voluntary participation in this health screening, I hereby release Big Squeeze administrators, officers, employees, agents, and volunteers from any and all damages and liability arising from or in any way connected to the examinations and data derived from this screening. I have been informed that: (1) the data derived from this health screen is to be considered as preliminary only and is in no way conclusive, and (2) the results from this screen will not be sent to my physician, and that the responsibility for initiating a follow-up examination to confirm any of the results and obtain advice and treatment is mine and not that of my physician or the organization associated with this screening.

## **The Big Squeeze**

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I hereby request that the health screening be performed for me. In consideration of my voluntary participation in this health screening, I hereby release Big Squeeze administrators, officers, employees, agents, and volunteers from any and all damages and liability arising from or in any way connected to the examinations and data derived from this screening. I have been informed that: (1) the data derived from this health screen is to be considered as preliminary only and is in no way conclusive, and (2) the results from this screen will not be sent to my physician, and that the responsibility for initiating a follow-up examination to confirm any of the results and obtain advice and treatment is mine and not that of my physician or the organization associated with this screening.



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L718002.indd

## The Big Squeeze

I hereby request that the health screening be performed for me. In consideration of my voluntary participation in this health screening, I hereby release Big Squeeze administrators, officers, employees, agents, and volunteers from any and all damages and liability arising from or in any way connected to the examinations and data derived from this screening. I have been informed that: (1) the data derived from this health screen is to be considered as preliminary only and is in no way conclusive, and (2) the results from this screen will not be sent to my physician, and that the responsibility for initiating a follow-up examination to confirm any of the results and obtain advice and treatment is mine and not that of my physician or the organization associated with this screening.



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# The Big Squeeze Lifestyle Survey and Screening Form

The lifestyle survey below is anonymous; it will be used to help us improve The Big Squeeze.

1. What would motivate you to make healthy lifestyle changes (e.g., having online resources, incentives at work, support from family/friends, etc.)? \_\_\_\_\_  
\_\_\_\_\_
2. On average, how many **days per week** are you **physically active**? (Count activities like walking, running, bicycling, weight training, etc.)  
 0 days     1–2 days     3–4 days     5 days or more
3. On average, how many **hours of sleep** do you get **each night**?  
 4 or less     5–6     7+
4. How do you feel you **manage stress** in your life?  
 Not well at all     Not very well     Somewhat well     Very well
5. On average, about how many **servings of fruits and vegetables** do you usually eat **per day**? (Count fresh, frozen, or canned. Do not count juices or fried potatoes. Examples of a serving include one whole fruit or 1/2 to 1 cup of cut fruit or vegetables.)  
 0–2     3–4     5–9
6. On average, how many **times per week** do you **eat fast food**? (Include fast-food meals eaten at school or at home, fast-food restaurants, work cafeterias, carry out or drive-thru.)  
 0–2     3–4     5 or more
7. On average, how many **sugar-sweetened beverages** do you drink **per day**? Use an average of 12 ounces per drink. These include regular soda, sweet tea drinks, sports or energy drinks (such as Gatorade or Red Bull), and sugar-sweetened fruit drinks (such as Kool-Aid or Lemonade).  
 0     1     2     3 or more
8. On average, how many **days per week** do you have **at least one alcoholic beverage** such as beer, wine, malt beverage, or liquor? (One drink is equivalent to a 12-ounce beer, 5-ounce glass of wine, or a drink with one shot of liquor.)  
 0     1–2     3–4     5 or more
9. On the **days when you drank an alcoholic beverage**, how often did you have **5 or more drinks for men** or **4 or more drinks for women on one occasion**?  
 None     Less than half of the time     Half of the time     More than half of the time
10. Do you currently use:  
Cigarettes                                     Yes     No  
Cigars     Yes     No  
Other tobacco (chew, snuff, snus, etc.)     Yes     No  
Electronic Smoking/Vaping Device         Yes     No

*(Continue on other side.)*

## Blood Pressure Screening Form

Age: \_\_\_\_\_ Gender:  M  F Zip Code: \_\_\_\_\_ Height:\* \_\_\_\_\_ Weight:\* \_\_\_\_\_  
\*(optional)

Race:  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or other Pacific Islander  White  Other \_\_\_\_\_

Are you of Hispanic or Latino origin?  Yes or  No

How often do you have your blood pressure checked?  Daily  Weekly  Monthly  
 Yearly  Never had a check  
 Other \_\_\_\_\_

### What challenges keep you from checking your blood pressure regularly?

- Finding time  Finding locations  
 Transportation  Don't have a doctor  
 Forget/need reminders  
 Other \_\_\_\_\_

### Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

Yes  No  Don't know/Not sure

If yes: If you have been diagnosed with high blood pressure, are you currently on medication to control it?

Yes  No  Don't know/Not sure

If yes: If you are on blood pressure medication, do you take it as prescribed?  Yes  No

#### Screener Use Only

Waist Circumference (optional) \_\_\_\_\_

Blood Pressure: \_\_\_\_\_  
Level 1 Normal (119 or less and 79 or less)  
Level 2 Elevated (120–129 and 79 or less)  
Level 3 Stage 1 High (130–139 or 80–89)  
Level 4 Stage 2 High (140 or greater or 90 or greater)  
Level 5 Hypertensive Crisis (180+ and/or 120+)

Location \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_



# The Big Squeeze Lifestyle

## Formulario de encuesta y detección

La siguiente encuesta del estilo de vida es anónima y se utilizará para mejorar el programa The Big Squeeze.

- ¿Qué lo motivaría hacer cambios saludables en su estilo de vida? (por ejemplo: tener recursos por Internet, incentivos en su lugar de trabajo, respaldo por parte de familiares y amistades, etc.)  
\_\_\_\_\_
- En promedio, ¿Cuántos **días por semana** realiza **actividades físicas**? (contando las actividades tales como caminar, correr, manejar bicicleta, levantar pesas, etc.)  
 0 día       1 a 2 días       3 a 4 días       5 días o más
- En promedio, ¿cuántas **horas** duerme **por noche**?  
 4 o menos       5 a 6       más de 7
- ¿Cómo cree usted que controla el estrés en su vida?  
 Nada bien       No muy bien       Un poco bien       Muy bien
- En promedio, ¿cómo cuantas **porciones de frutas y verduras** come **al día**? (tomando en cuenta las frutas y verduras frescas, congeladas o enlatadas. No tome en cuenta los jugos o las papas fritas. Ejemplos de porciones es una fruta entera o de ½ tasa a 1 tasa de frutas o verduras.)  
 0-2       3-4       5-9
- En promedio, ¿cuántas **veces por semana** come **comidas rápidas**? (incluyendo las comidas rápidas en la escuela o en casa, restaurantes de comidas rápida, cafeterías, o comidas para llevar).  
 0-2       3-4       5 o más
- En promedio, ¿Cuántas **bebidas endulzadas con azúcar bebe por día**? Utilice el promedio de 12 onzas por bebida. Estas bebidas incluyen la soda regular, té dulce, bebidas energéticas (como Gatorade o Red Bull), y bebidas de fruta endulzadas con azúcar (como Kool-Aid o Limonada).  
 0       1       2       3 o más
- En promedio, ¿cuántos **días a la semana** toma por lo menos **una bebida alcohólica** como cerveza, vino, malta o licor? (una bebida equivale a una cerveza de 12 onzas, a un vaso de vino de 5 onzas o a un trago de licor.)  
 0       1-2       3-4       5 o más
- En los **días que toma bebidas alcohólicas**, ¿cuántas veces tomó **5** o más tragos para hombres, **4** o más tragos para **mujeres en una sola ocasión**?  
 ninguna       menos de la mitad de las veces       la mitad de las veces       más de la mitad de las veces
- En la actualidad usted usa:  
cigarrillos       Sí       No  
cigarros       Sí       No  
otros productos de tabaco (tabaco para masticar, rapé, snus, etc.)       Sí       No  
cigarrillos electrónicos       Sí       No

(Continúe al dorso)

## Formulario para realizar la detección de la presión sanguínea

Edad: \_\_\_\_\_ Género:  M  F Código postal: \_\_\_\_\_ Estatura: \* \_\_\_\_\_ Peso: \* \_\_\_\_\_  
\*(opcional)

Raza:  Amerindio o Nativo de Alaska  Asiático  Negro o Afroamericano  
 Nativo de Hawaii u otro isleño pacifico  Blanco  otro \_\_\_\_\_

¿Eres de origen Hispano o Latino?  Si o  No

¿Con qué frecuencia revisa la presión sanguínea?  a diario  semanal  mensual  
 anual  nunca la reviso  
 otra \_\_\_\_\_

¿Qué impide que usted se revise la presión sanguínea con regularidad?

- sacar el tiempo  encontrar los lugares donde revisar la presión sanguínea  
 transportación  no tengo médico  
 me olvido/necesito me lo recuerden  
 otro \_\_\_\_\_

¿Alguna vez ha dicho el médico, la enfermera u otro profesional de la salud que usted tiene hipertensión?

Si  No  No sé/no estoy seguro

*Si la respuesta es afirmativa:* si ha sido diagnosticado con hipertensión, ¿está tomando medicina para controlar la hipertensión?

Si  No  No sé/no estoy seguro

*Si la respuesta es afirmativa:* si está tomando medicamento para la hipertensión, ¿toma el medicamento tal como fue recetado?  Si  No

Screener Use Only	Waist Circumference (optional) _____
Blood Pressure: _____ Level 1 Normal (119 or less and 79 or less) Level 2 Elevated (120–129 and 79 or less) Level 3 Stage 1 High (130–139 or 80–89) Level 4 Stage 2 High (140 or greater or 90 or greater) Level 5 Hypertensive Crisis (180+ and/or 120+)	Location _____ Comments _____





