

Project Heart Start Questionnaire

Name: _____ Age _____

Sex M F City _____ Zip Code _____

Phone Number _____ Email _____

Where did you learn about Project Heart Start?

TV Radio Newspaper Email Word of Mouth Facebook

Have you taken a CPR class before today? YES NO

If yes, how long ago? _____ years

If yes, did the course include mouth to mouth breathing? YES NO

Did you know about compression only CPR before hearing about this training session? YES NO

I feel confident that I could perform compression only CPR after viewing the video..... YES NO MAYBE

If someone suddenly collapsed in front of me I would do which of the following..... A) Call 911

B) Compress on the chest 100 times a minute C) Open the airway

If an Automated External Defibrillator (AED) is available will you

A) Use it yourself B) Wait for paramedics to arrive

Would you be willing to help start a Project Heart Start program in your workplace? YES NO

Project Heart Start Questionnaire

Name: _____ Age _____

Sex M F City _____ Zip Code _____

Phone Number _____ Email _____

Where did you learn about Project Heart Start?

TV Radio Newspaper Email Word of Mouth Facebook

Have you taken a CPR class before today? YES NO

If yes, how long ago? _____ years

If yes, did the course include mouth to mouth breathing? YES NO

Did you know about compression only CPR before hearing about this training session? YES NO

I feel confident that I could perform compression only CPR after viewing the video..... YES NO MAYBE

If someone suddenly collapsed in front of me I would do which of the following..... A) Call 911

B) Compress on the chest 100 times a minute C) Open the airway

If an Automated External Defibrillator (AED) is available will you

A) Use it yourself B) Wait for paramedics to arrive

Would you be willing to help start a Project Heart Start program in your workplace? YES NO

Project Heart Start Questionnaire

Name: _____ Age _____

Sex M F City _____ Zip Code _____

Phone Number _____ Email _____

Where did you learn about Project Heart Start?

TV Radio Newspaper Email Word of Mouth Facebook

Have you taken a CPR class before today? YES NO

If yes, how long ago? _____ years

If yes, did the course include mouth to mouth breathing? YES NO

Did you know about compression only CPR before hearing about this training session? YES NO

I feel confident that I could perform compression only CPR after viewing the video..... YES NO MAYBE

If someone suddenly collapsed in front of me I would do which of the following..... A) Call 911

B) Compress on the chest 100 times a minute C) Open the airway

If an Automated External Defibrillator (AED) is available will you

A) Use it yourself B) Wait for paramedics to arrive

Would you be willing to help start a Project Heart Start program in your workplace? YES NO

Project Heart Start Questionnaire

Name: _____ Age _____

Sex M F City _____ Zip Code _____

Phone Number _____ Email _____

Where did you learn about Project Heart Start?

TV Radio Newspaper Email Word of Mouth Facebook

Have you taken a CPR class before today? YES NO

If yes, how long ago? _____ years

If yes, did the course include mouth to mouth breathing? YES NO

Did you know about compression only CPR before hearing about this training session? YES NO

I feel confident that I could perform compression only CPR after viewing the video..... YES NO MAYBE

If someone suddenly collapsed in front of me I would do which of the following..... A) Call 911

B) Compress on the chest 100 times a minute C) Open the airway

If an Automated External Defibrillator (AED) is available will you

A) Use it yourself B) Wait for paramedics to arrive

Would you be willing to help start a Project Heart Start program in your workplace? YES NO