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| Check for Understanding This document is used to verify that the employee attending the training (The Trainee), understands the key points of the training provided. |
| **Topic:** | The Silent Killer |
| Circle the best answer to the following questions  |
| 1. | Blood pressure is the force of blood pressing against the walls of the arteries and blood vessels.TrueFalse |
| 2. | What is another name for high blood pressure? A. HypertensionB. Heart attackC. Stroke |
| 3. | What UNCONTROLLABLE factors may play a role in high blood pressure development? A. Family historyB. Advanced ageC. RaceD. All of the above |
| 4. | What CONTROLLABLE factors may play a role in high blood pressure development? A. Consuming too much salt/sodiumB. Lack of physical activityC. SmokingD. All of the above |
| 5. | In blood pressure readings, the top number is called: \_\_\_\_\_ and the bottom number: \_\_\_\_\_. A. Sugar, DiabetesB. Systolic, DiastolicC. Soup, Diet |
| 6. | Which blood pressure range is considered the “Danger Zone”? A. 120/80 or lowerB. 121/81 to 139/89C. 140/90 or higherD. Equal to or greater than 180/110 |
| 7. | Normally, there are not any symptoms of high blood pressure. TrueFalse |
| 8. | About 70 million American adults have high blood pressure and according to the CDC, about half of those are uncontrolled.TrueFalse |
| 9. | If high blood pressure is left undiagnosed or uncontrolled, it may cause significant and irreparable damage to which of the following? A. Heart, lungs, and blood vesselsB. Brain and kidneysC. All of the above  |
| 10. | What lifestyle changes can be done to prevent or control high blood pressure? A. Reduce salt/sodium intake and eat more fruits, vegetables, and whole grainsB. Increase physical activityC. A and B |
| **Employer’s Name** **City/ County:** |  |
| **Trainee Section** – By signing this document, I verify that I have viewed the entire training video and completed the questions within “Check for Understanding” document without any outside assistance. |
| Print Trainee’s Name:  |  | Date |  |
| Trainee’s Signature:  |  |
| **Employer’s Training/ Safety/ HR Coordinator Section** – By signing this document, I verify that the “Trainee” has viewed the entire training video and completed the questions within “Check for Understanding” document without any outside assistance. |
| Print Coordinator’s Name:  |  | Date |  |
| Coordinator’s Signature:  |  |
| Please scan and return via e-mail to ahowery@lgrms.com or via mail to LGRMS, 3500 Parkway Lane, Suite 110, Norcross, GA, 30092 |