



National Black Church Initiative

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Post-Test:

1. How old are you?
 - Under 35
 - 35-49
 - 50-59
 - 60-69
 - 70+

2. Why are you interested this COPD program? (Select as many as apply)
 - To learn more about COPD
 - To get more information about COPD for yourself
 - To get more information about COPD for someone else
 - I'm not interested
 - Other (please specify) _____

3. Did you participate in one or more of the COPD Health Education seminars?
 - Yes
 - No

If so, which one(s)? _____

4. What kind of disease is COPD?
 - Liver disease
 - Lung disease
 - Kidney disease
 - Heart disease
 - None of these

5. What disease(s) does COPD include?
 - Chronic bronchitis
 - Emphysema
 - All of the above
 - None of these
 - Don't know



6. What are common symptoms of COPD? (Select as many as apply)

- Coughing
- Hand tremors
- Neck spasms
- Shortness of breath
- Frequent urination
- Wheezing
- None of these
- Don't know

7. What are common risk factors of COPD? (Select as many as apply)

- Drinking alcohol
- Exercising
- Smoking
- None of these

8. There is a cure for COPD. True False
Don't know

9. Nine out of 10 COPD-related deaths are from smoking. True False
Don't know

10. COPD gets worse over time. True False
Don't know

11. Approximately 10 million Americans have COPD. True False
Don't know

12. Thinking about the COPD information you've received, was it:

- | | | | | |
|---------------------|-------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|
| Informative? | <input type="checkbox"/> Very | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Not very | <input type="checkbox"/> Not at all |
| Useful? | <input type="checkbox"/> Very | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Not very | <input type="checkbox"/> Not at all |
| Relevant to you? | <input type="checkbox"/> Very | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Not very | <input type="checkbox"/> Not at all |
| Easy to Understand? | <input type="checkbox"/> Very | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Not very | <input type="checkbox"/> Not at all |

13. Again, thinking about the COPD program:

I learned something new by attending this program.

- Strongly agree Somewhat agree Somewhat disagree Strongly disagree

I found this program interesting.



- Strongly agree Somewhat agree Somewhat disagree Strongly disagree

I will do what this COPD program suggests.

- Strongly agree Somewhat agree Somewhat disagree Strongly disagree

I did/did not attend the COPD Health Education Seminar(s).

- I did attend
 I did not attend

14. Do you feel you received too much, too little, or just enough information about COPD?

- Too much
 Too little
 Just enough

15. How would you rate your overall opinion of this COPD educational program?

- Positive
 Somewhat positive
 Somewhat negative
 Very negative

16. After attending this program, how likely would you be to talk with your doctor about COPD?

- Very likely
 Somewhat likely
 Not very likely
 Not at all likely

17. How likely would you be to recommend this program to the following people? (Select one response for each)

A family member?

- Very likely
 Somewhat likely
 Not very likely
 Not at all likely

A friend?

- Very likely
 Somewhat likely
 Not very likely
 Not at all likely



Someone that you know with COPD?

- Very likely
- Somewhat likely
- Not very likely
- Not at all likely

18. How likely are you to become involved in COPD advocacy efforts, such as participating educational programs, supporting COPD public policies or volunteering? (Select one response)

- Very likely
- Somewhat likely
- Not very likely
- Not at all likely

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