**Participant Evaluation for Educational Conference Call #6**

**“Incontinence and Quality Care” November 8**

1. **Did you participate in the Incontinence and Quality Care Call?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Why did you decide to participate in the call? (Check all that apply.)**

|  |  |
| --- | --- |
|  | Friend invited you |
|  | Facility person/nurse invited you |
|  | Ombudsman/advocate invited you |
|  | You were recently in a situation where you wanted to know more about incontinence and quality care |
|  | You are trying to educate yourself on issues related to nursing home living |
|  | You had free time, and it sounded interesting |

1. **How long have you been in, or involved with, nursing homes?**

|  |  |
| --- | --- |
|  | **(years, months, or days)** |

1. **Did you experience any problems getting on the call or hearing the presentation?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Other problems\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Was the length of this call**

|  |  |
| --- | --- |
|  | Too short |
|  | Too long |
|  | Just the right amount of time |

1. **Did you enjoy the format of the call?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Would you have preferred all the speakers to speak once, and then have Q&A at the end?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Are you a:**

|  |  |
| --- | --- |
|  | Family Member and/or member of a family council |
|  | Resident and/or member of a resident council |
|  | Member of an independent citizen advocacy organization |
|  | Ombudsman |
|  | Staff at a nursing home or assisted living facilityOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

1. **Did you know about incontinence and quality care before the call?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Did the call help you understand what proper incontinence care is and how to make sure quality care occurs?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | N/A |

1. **Were the written materials you received useful?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | I have not received any written materials |

1. **Have you visited the NCCNHR website?**

|  |  |
| --- | --- |
|  | Yes: How often? \_\_\_\_\_\_ times a month |
|  | No |
|  | N/A |

1. **Did you learn concrete strategies for ensuring proper incontinence care?**

|  |  |
| --- | --- |
|  | Yes, it gave me the main information I need to understand and advocate effectively. |
|  | Yes, it gave me some ideas but I would like more. |
|  | No, I didn’t get any information or advocacy ideas. |
|  | Other |

1. **Who have you talked to about what you learned on the call?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Would you like to participate in future conference calls?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **How will you use what you learned on the call? (Check all that apply.)**

|  |  |
| --- | --- |
|  | To try and get better care for myself |
|  | To try to get better care for my loved one |
|  | With other nursing home residents or the resident council |
|  | With other family members or members of the family council |
|  | With Ombudsmen |
|  | With members of your independent citizen group |
|  | Nursing home staff and administrator |
|  | I do not plan to use the information |
|  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **What topics would like addressed during future calls?**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you have suggestions about how we can make this project better?**

**Please add any additional comments related to the conference call here.**

**Name (Optional)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility or Program**

**(Optional**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_