

Giving Voice to Quality

The National Citizens' Coalition for Nursing Home Reform consumer education project;
Funded by the Retirement Research Foundation

PARTICIPANT EVALUATION FOR EDUCATIONAL CONFERENCE CALL #6 "Incontinence and Quality Care" NOVEMBER 8

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

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

5. Was the length of this call

<input type="checkbox"/>	Too short
<input type="checkbox"/>	Too long
<input type="checkbox"/>	Just the right amount of time

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

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

6. Did you enjoy the format of the call?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

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

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

3. How long have you been in, or involved with, nursing homes? _____ (years, months, or days)

8. Are you a:

<input type="checkbox"/>	Family Member and/or member of a family council
<input type="checkbox"/>	Resident and/or member of a resident council
<input type="checkbox"/>	Member of an independent citizen advocacy organization
<input type="checkbox"/>	Ombudsman
<input type="checkbox"/>	Staff at a nursing home or assisted living facility
<input type="checkbox"/>	Other _____

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

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Other problems _____

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

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Please return this evaluation to "Giving Voice to Quality" at 1828 L St., NW, Suite 801, Washington DC, 20036, or voice@nccnhr.org or fax to 202.332.2949

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

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	N/A

11. Were the written materials you received useful?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	I have not received any written materials

12. Have you visited the NCCNHR website?

<input type="checkbox"/>	Yes: How often? _____ times a month
<input type="checkbox"/>	No
<input type="checkbox"/>	N/A

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

<input type="checkbox"/>	Yes, it gave me the main information I need to understand and advocate effectively.
<input type="checkbox"/>	Yes, it gave me some ideas but I would like more.
<input type="checkbox"/>	No, I didn't get any information or advocacy ideas.
<input type="checkbox"/>	Other

14. Who have you talked to about what you learned on the call? _____

15. Would you like to participate in future conference calls?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

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

<input type="checkbox"/>	To try and get better care for myself
<input type="checkbox"/>	To try to get better care for my loved one
<input type="checkbox"/>	With other nursing home residents or the resident council
<input type="checkbox"/>	With other family members or members of the family council
<input type="checkbox"/>	With Ombudsmen
<input type="checkbox"/>	With members of your independent citizen group
<input type="checkbox"/>	Nursing home staff and administrator
<input type="checkbox"/>	I do not plan to use the information
<input type="checkbox"/>	Other _____

17. What topics would like addressed during future calls?

1. _____

2. _____

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

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