

# *Communicating Effectively With Health Care Professionals*

## **Workshop Evaluation**

Workshop Facilitator: \_\_\_\_\_

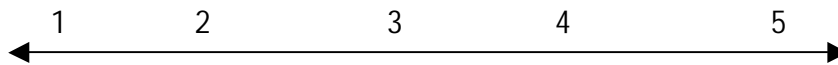
Location: \_\_\_\_\_ Date: \_\_\_\_\_

We hope you have enjoyed this workshop and have learned skills that will help you communicate better with your loved one's health care providers. In order to improve this workshop for future participants, we would like your responses to the statements below.

1. What is your overall reaction to this workshop? (circle one)

Not a good use of my  
time. I learned very  
little that I can apply.

Excellent use of my  
time. It will help me to  
be a better caregiver.



2. The best thing about this program was . . . \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The program would have been better if . . . \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List the specific actions that you will take to apply what you have learned in  
today's workshop. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please suggest other program topics that would help family caregivers.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please indicate your agreement or disagreement with the statements on the other side of this page by circling one of the numbers in the right hand column:

1 = strongly disagree, 2 = disagree, 3 = undecided 4 = agree, 5 = strongly agree					
This workshop helped you to:	Strongly disagree			Strongly agree	
Understand the health care system and the reasons for communication difficulties.	1	2	3	4	5
Have an empowering vision of a team approach to health care that is both effective and compassionate.	1	2	3	4	5
Identify the communication skills that are needed in order to be part of a team.	1	2	3	4	5
Practice using the communication tools and techniques.	1	2	3	4	5
General Workshop Information:	Strongly disagree			Strongly agree	
The room and physical surroundings were comfortable.	1	2	3	4	5
The length of the workshop was appropriate.	1	2	3	4	5
The facilitator was positive, knowledgeable, and supportive.	1	2	3	4	5
The workshop workbook and materials were well organized and easy to use.	1	2	3	4	5
I expect to use the tools and information in the Family Caregiver Guide.	1	2	3	4	5
I expect my next visit with a health care provider to be easier and more productive as a result of what I have learned today.	1	2	3	4	5
I feel confident that I can use a communication planner to problem solve issues with health care providers.	1	2	3	4	5

Please tell us about yourself. Your Gender:  Male  Female

How old are you?  under 21  21-40  41-55  56-70  71-85  86+

With which racial or ethnic group do you identify?

!!!!!!!!!!!!!!  White/Caucasian!!!!!!!!!!!!!!  Black/African American  
 !!!!!!!!!!!!!!!  Hispanic/Latino  Asian/Pacific Islander  
 !!!!!!!!!!!!!!!  Native American  Bi/Multiracial  Other! Please Specify: \_\_\_\_\_

How many years have you been a family caregiver?

less than one year  one year  2-4 years  5-9 years  
 10-15 years  16 or more years

For how many chronically ill or disabled persons do you provide care?

one  two  more than two (enter number): \_\_\_\_\_

How old are the care recipient(s) for whom you provide care? Recipient #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

**Thank You! Please return to the facilitator after the workshop.**