

Geriatric Workforce Enhancement Program

Funding for this video was provided through a federal grant from HRSA. We must submit periodic progress reports to the funding agency. Please help us by completing the demographic information and evaluation sections on this form. Please mail back to us at: GWEP 347 N. Kuakini Street, HPM-9, Honolulu, HI 96817. Thank you.

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FULL NAME (optional): _____

Please indicate your ethnicity: Hispanic or Latino Not Hispanic or Latino

Please mark your race (CHECK ALL THAT APPLY): White-Non-Hispanic White-Hispanic Black or African American American Indian or Alaska Native Native Hawaiian/Other Pacific Islander Asian, specify _____ Other, specify _____ Mixed, specify _____

Veteran Status? Veteran Not a veteran

What was your residential background before age 18? Rural Urban Suburb

What is your current residential status? Rural Urban Suburb

Are you from a disadvantaged background? Yes No

What is your gender? Male Female

What is your age group? 20-29 30-39 40-49 50-59 60 and up

Please mark your highest degree or training: Elementary/ secondary school Diploma Associates Degree Baccalaureate Degree Masters Degree Doctorate MD DO Other _____

Are you currently working? Yes No **What is / was your profession?** _____

For Family/Unpaid Caregivers:

Are you a person with dysphagia? Yes No **Are you a person with memory loss?** Yes No

Are you a family or unpaid caregiver? Yes No **Who are you caring for?**

How many years have you been a caregiver? _____ **Are you the PRIMARY caregiver?** Yes No

Do you care for someone with dysphagia? Yes No **Do you care for someone with memory loss?** Yes No

Because of this training:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
I am better able to manage my own stress about helping my loved one or patient eat and drink					
I am better able to prepare foods that the person I care for my loved one can eat or drink safely					
I know more about positioning the person I care for my loved one during eating and drinking					
I feel empowered to manage challenges in					

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providing food and liquids for the person I care for.					
I understand that tube feeding may not help people with advanced dementia.					
I feel comfortable about focusing on quality of life towards the end of life.					

Will your practice or caregiving change as a result of what you learned in this training? Yes No Not applicable

What other topics would you like to learn about?
