

Date: \_\_\_/\_\_\_/\_\_\_

Agency: \_\_\_\_\_

## Continence Care: Participant Evaluation

Please circle the face that best expresses your opinion.

Example:    *Strongly Disagree*        *Disagree*        *Agree*        *Strongly Agree*

1.    I can describe the common causes of urinary incontinence or UI  
*Strongly Disagree*        *Disagree*        *Agree*        *Strongly Agree*

2.    I can recognize signs of a UTI  
*Strongly Disagree*        *Disagree*        *Agree*        *Strongly Agree*

3.    I can list the major types of chronic UI and the common signs and symptoms of each  
*Strongly Disagree*        *Disagree*        *Agree*        *Strongly Agree*

4.    I can discuss effective ways to prevent or reduce episodes of UI  
*Strongly Disagree*        *Disagree*        *Agree*        *Strongly Agree*

5.    This program will help me in my care of older adults.  
*Strongly Disagree*        *Disagree*        *Agree*        *Strongly Agree*

6.    This program will help me work better with other staff.  
*Strongly Disagree*        *Disagree*        *Agree*        *Strongly Agree*

7.    Overall I rate this program:  
*Poor*        *Fair*        *Good*        *Excellent*

8.    Overall I rate this instructor:  
*Poor*        *Fair*        *Good*        *Excellent*

9.    This program would be better if: