

Powerful Tools for Caregivers Evaluation

We want to know how well Powerful Tools for Caregivers works so please take few minutes to complete this evaluation. The results of the evaluation will be used to assess the value of the program and may be included in research. Results will be summarized so no individual responses will be identified. The group results may be shared at national and state conferences or published in scholarly journals or in various impact reports. Your participation in the evaluation is voluntary and confidential. You may skip any question(s) you do not feel comfortable answering. If you have questions, contact Donna K. Donald, Family Life Program Specialist, 309 North Main Street, Leon, IA 50144. Completion of this evaluation implies your consent to participate. Thank You!

| Before I participated in Powerful Tools for Caregivers, I was able to... | | | | | Now...after I have participated in Powerful Tools for Caregivers, I am able to... | | | |
|--|----------|-------|----------------|---|---|----------|-------|----------------|
| Circle one number for each statement | | | | | Circle one number for each statement | | | |
| Strongly Disagree | Disagree | Agree | Strongly Agree | | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 1. Feel confident in asking for help with the tasks I need for caregiving such as shopping, cooking, cleaning, or transportation. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 2. Understand that my emotions are a normal response to caregiving. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 3. Find ways to take care of my own health. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 4. Assert myself with others to get my needs met. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5. Take time for myself without feeling guilty. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 6. Have confidence in my ability as a caregiver. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 7. Have an identity outside of being a caregiver. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 8. Do something to make myself feel better when I am feeling discouraged. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 9. Find positive ways to cope with the stress of caregiving. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 10. Be more positive about my role as a caregiver. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 11. Find caregiving resources available in my area. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 12. Make decisions related to caregiving. | 1 | 2 | 3 | 4 |

Tell us about yourself. (Check one response for each question.)

| | | |
|--|---|---|
| <p>1. My age falls in the following group: <input type="checkbox"/> younger than age 30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71 years and older</p> | <p>2. I am: <input type="checkbox"/> female <input type="checkbox"/> male</p> <p>3. I have been a caregiver for: _____ years</p> | <p>4. My current home is: <input type="checkbox"/> a rural area <input type="checkbox"/> a suburban area/small town <input type="checkbox"/> an urban area</p> <p>5. I am currently: <input type="checkbox"/> divorced/separated <input type="checkbox"/> single/never married <input type="checkbox"/> married/living with a partner <input type="checkbox"/> widowed</p> |
| <p>6. I would describe myself as: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Racially mixed</p> | <p>7. I am caregiving for: <input type="checkbox"/> my spouse/partner <input type="checkbox"/> my parent(s) <input type="checkbox"/> a friend/neighbor <input type="checkbox"/> a sibling <input type="checkbox"/> other; specify _____</p> | <p>8. I plan to use the following tools: <input type="checkbox"/> Action Plans <input type="checkbox"/> Positive Self-Talk <input type="checkbox"/> Relaxation Tools <input type="checkbox"/> "I" Messages <input type="checkbox"/> Assertive Communication: DESC <input type="checkbox"/> Aikido Communication Style <input type="checkbox"/> Family Meeting <input type="checkbox"/> Long-Range Goal Setting <input type="checkbox"/> Other _____</p> |

1. The most important thing you have gained from attending Powerful Tools for Caregivers is...

2. The one thing, if anything, you would change about Powerful Tools for Caregivers is...

3. Would you recommend this series to someone else? Why or why not?

4. Other comments you would like to make...