



Evaluation

(One per participant)

County _____

For each of the statements below, circle the one response that best represents your level of agreement with that statement.

Response Scale:

- SD = Strongly Disagree
- D = Disagree
- N = Neither Agree Nor Disagree
- A = Agree
- SA = Strongly Agree

As a result of this program:

(Circle one response)

- | | | | | | |
|---|----|---|---|---|----|
| 1. I am more aware of my potential risk for needing long-term care. | SD | D | N | A | SA |
| 2. I better understand the issues involved in long-term care planning. | SD | D | N | A | SA |
| 3. I am more aware of the costs and implications in financing long-term care. | SD | D | N | A | SA |
| 4. I am better able to identify financial security goals for later life. | SD | D | N | A | SA |
| 5. I am more aware of long-term care planning tools. | SD | D | N | A | SA |
| 6. I am more aware of the different types of long-term care available. | SD | D | N | A | SA |
| 7. I am more aware of the questions to ask in selecting a nursing home or assisted-living facility. | SD | D | N | A | SA |
| 8. I have a long-term care insurance policy. | SD | D | N | A | SA |
| 9. I plan to purchase a long-term care insurance policy. | SD | D | N | A | SA |
| 10. I want to avoid living in a nursing home in my later years. | SD | D | N | A | SA |
| 11. I want to remain in my own home as I age. | SD | D | N | A | SA |

NDSU Extension Service

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Fargo, North Dakota 58105

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Please return this form to your volunteer program leader or local county office of the NDSU Extension Service.

Thank you!