

_____ Adults with Chronic Illness

_____ Children with Special Needs

Check class type attended

Powerful Tools for Caregivers Evaluation

Location: _____

Date: _____

Procedure: Please read (or listen to) each statement and provide a response.

Read each sentence below (in the middle of the page). First rate your level of agreement on each statement from **BEFORE** participation in the class (on the left-hand side of the page). Next, rate your level of agreement on each statement **AFTER** participation in the class (on the right-hand side of page). Rate your agreement on the scale of 1 to 4 with 1 = Strongly Disagree and 4 = Strongly Agree.

BEFORE I participated in Powerful Tools for Caregivers, I was able to...				Powerful Tools for Caregivers Statement Level of Agreement	Now...AFTER I have participated in Powerful Tools for Caregivers, I am able to...			
<i>Circle one number for each statement</i>					<i>Circle one number for each statement</i>			
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:</p> <p><input type="checkbox"/> younger than age 30</p> <p><input type="checkbox"/> 31-40</p> <p><input type="checkbox"/> 41-50</p> <p><input type="checkbox"/> 51-60</p> <p><input type="checkbox"/> 61-70</p> <p><input type="checkbox"/> 71 years and older</p>	<p>2. I am:</p> <p><input type="checkbox"/> female</p> <p><input type="checkbox"/> male</p> <p>3. I have been a caregiver for:</p> <p><input type="checkbox"/> Years</p> <p>4. The age of my care recipient is:</p> <p><input type="checkbox"/> Years</p>	<p>5. My current home is:</p> <p><input type="checkbox"/> a rural area</p> <p><input type="checkbox"/> a suburban area/small town</p> <p><input type="checkbox"/> an urban area</p> <p>6. I am currently:</p> <p><input type="checkbox"/> divorced/separated</p> <p><input type="checkbox"/> single/never married</p> <p><input type="checkbox"/> married/living with a partner</p> <p><input type="checkbox"/> widowed</p>
<p>7. I would describe myself as:</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Asian American</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Racially mixed</p> <p><input type="checkbox"/> Other: _____</p>	<p>8. I am caregiving for:</p> <p><input type="checkbox"/> my spouse/partner</p> <p><input type="checkbox"/> my parent(s)</p> <p><input type="checkbox"/> my child(ren)</p> <p><input type="checkbox"/> my grandchild(ren)</p> <p><input type="checkbox"/> a friend/neighbor</p> <p><input type="checkbox"/> a sibling</p> <p><input type="checkbox"/> other; specify _____</p>	<p>9. I plan to use the following tools:</p> <p><input type="checkbox"/> Action Plans</p> <p><input type="checkbox"/> Positive Self-Talk</p> <p><input type="checkbox"/> Relaxation Tools</p> <p><input type="checkbox"/> "I" Messages</p> <p><input type="checkbox"/> Assertive Communication: DESC</p> <p><input type="checkbox"/> Aikido Communication Style</p> <p><input type="checkbox"/> Family Meeting</p> <p><input type="checkbox"/> Long-Range Goal Setting</p> <p><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...