



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: