PILLS & SPILLS

Name: _____

Session #1 Evaluation

The session you just completed is part of an in-service series on medications, the physical environment, and fall prevention funded by The SCAN Foundation.

Try your best to answer the questions – please do not ask others for help. Your individual responses will not affect your employment or in-service credit.

Please circle either TRUE or FALSE for the following questions:

1. Only older adults have to be concerned about falls.	True	False
2. Nursing home residents fall once a year on average.	True	False
3. Someone who cannot walk is NOT at risk for falling.	True	False
4. Poor vision is a common fall risk factor.	True	False
5. There are only two types of fall risk factors: personal and behavioral.	True	False

6. What are 2 new things you learned during this in-service?
   a.

   b.

7. What did you like most about the in-service?

8. What would you change about the in-service to make it better?

Please continue on next page →
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For each statement, place an "X" in the box that BEST describes your opinion.

During this in-service session:

	Agree	Not Sure	Disagree
9. I could see the video			
10. I could hear the video			
11. The information was presented too quickly			
12. The video held my attention			
13. There was enough time for discussion			
14. I learned information that will be useful to me in my work			

Attending this in-service session helped me to better understand:

	Agree	Not Sure	Disagree
15. How medications can affect a resident's risk of falling			
16. How the physical environment can affect a resident's risk of falling			
17. Other factors that increase a resident's risk of falling			
18. How I can help residents reduce their risk of falling			

After attending this in-service session:

	Agree	Not Sure	Disagree
19. I am more aware of things that might influence residents' risk for falls			
20. I have learned ways I can reduce fall risk for residents			
21. I will change how I work with residents to help reduce falls			

Additional Comments:

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Name: _____