# 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. Cancer is the most common cause of death for people age 65 years or older.	True	False
2. As people age, they have more difficulty recovering from illness and injury.	True	False
3. Loud background noise affects both older and younger people in the same way.	True	False
4. Older adults have more health problems than younger adults.	True	False
5. Older and younger people respond differently to medicines.	True	False

6. W	hat are 2 new	things you	learned	during	this in-	service?
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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?

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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:	