



National Family Caregiver Comprehensive Training Program

Participant Feedback Form

VA Form 10-0520

OMB 2900-0770

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this form will average 10 minutes. This includes the time it will take to read instructions, gather facts and fill out the form. The Participant Feedback Form will be used to gauge customer perceptions of VA Caregiver training services and program satisfaction. The results of this feedback will lead to improvement in the quality of service delivery by helping to shape the direction and focus of specific programs or services. Completion of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

1. Please identify your caregiving situation:

- | | |
|---|---|
| <input type="checkbox"/> Primary Family Caregiver | <input type="checkbox"/> Secondary Family Caregiver |
| <input type="checkbox"/> Spouse/partner | <input type="checkbox"/> Spouse/partner |
| <input type="checkbox"/> Son/Daughter/Stepchild | <input type="checkbox"/> Son/Daughter/Stepchild |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Other relative: _____ | <input type="checkbox"/> Other relative: _____ |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Friend |

2. Which type of training did you participate in?

- Online
- Workbook
- Classroom

3. How effective was this learning method for you?

Very Effective Effective Undecided Not Very Effective Not Effective At All

3a. If you checked, "Not Very Effective" or "Not Effective At All," which format would have been better for you?

- Online
- Workbook
- Classroom

4. To what extent do you agree with the following statements?

4a. The Caregiver training increased my knowledge and skill in behavior management.

Strongly Agree Agree Undecided Disagree Strongly Disagree

4b. The Caregiver training program improved my knowledge and ability to take care of my physical and emotional health.

Strongly Agree Agree Undecided Disagree Strongly Disagree

4c. For Caregivers who attended the classroom training program:
The instructor was knowledgeable and demonstrated understanding of caregiver stressors.

Strongly Agree Agree Undecided Disagree Strongly Disagree

4d. For Caregivers who used the online version of the training program:
The instructions were clear and the web site was user friendly.

Strongly Agree Agree Undecided Disagree Strongly Disagree

5. On a scale of 1 to 5, please rate your overall satisfaction with this training.
Please circle your response with 1 being not satisfied and 5 being extremely satisfied.

1 2 3 4 5

6. Did you gain new knowledge and skills to assist you in caring for your Veteran?

- Yes
- No

6a. Please explain.

7. Did you learn about VA and other caregiving resources for you and your Veteran, of which you were not previously aware?

- Yes
- No

7a. If yes, what resource do you feel will be useful to you as a Family Caregiver?

8. Do you feel more confident in your overall caregiving capacity as a result of participating in this Caregiver training program?

- Yes
- No

9. If you had questions during the training, were they adequately addressed?

- Yes
- No

9a. If no, what questions were not answered?

10. What module or topics did you find most useful, and why?

11. What module or topics did you find least useful, and why?

- 12. Would you have preferred more detail on any specific topic/module(s)? If yes, please describe:**
- 13. Was there any information that you felt should have been included in the training that was not presented? If yes, please describe:**
- 14. Would you have preferred less detail on any specific topic/module(s)? If yes, please describe:**
- 15. Do you have any additional comments or suggestions to strengthen and/or improve this Caregiver training program?**

**Thank you for taking the time to complete the feedback form.
Your feedback will allow us to better improve our training.**

**If you have any further comments or suggestions about this training, you can direct them to
CSP-CaregiverTraining@va.gov**