

React to Falls Prevention Training Resource Evaluation

Care Home.....

Date.....

Please respond to each question by circling the appropriate response.

1.	Which Staff Group best describes you?	RN	HCSW/HCA	Carer	Other <i>(Please state)</i>
2.	Have you ever attended falls training in the past?	Yes	No		
3.	Prior to today's training how would you rate your knowledge of falls prevention	Excellent	Good	Average	Poor
4.	Following training how confident do you now feel about recognising falls risks in your residents?	Very confident	Confident	Slightly confident	Not confident
5.	How confident do you now feel about where to seek further help/support/referral to other agencies?	Very confident	Confident	Slightly confident	Not confident
6.	How would you rate this training?	Excellent	Good	Average	Poor

Please circle the words that best represent your thoughts on today's training.

Valuable Good Adequate Not achievable
 Helpful Appropriate Unnecessary
 Useful Waste of time Educational
 Boring Stimulating Excellent Clear
 Interesting Important Unclear Basic
 Empowering Complicated Difficult Informative
 Realistic Confusing

Please give any comments you may have on the structure, format and contents of this training.