

Elder Care and Work: Finding The Balance Seminar Evaluation

Please complete the following evaluation. The evaluation results will be used to assess the value of this seminar and to make program modifications. The results may be shared at national and state conferences and be published in scholarly journals. Your participation in this evaluation is voluntary and confidential. If you have questions, contact John Paul Marosy at Bringing Elder Care Home LLC at (508) 854-0431. Completion of this evaluation implies your consent to participate. Thank You!

1. Please indicate your agreement with the following statements about the training by circling your answer.
(1- Not at all, 2-Very Little, 3-Some what, 4-A Good Deal, 5-A Great Deal)

This seminar helped me to:

| | Not at all | | | A Great Deal | |
|--|------------|---|---|--------------|---|
| a. feel less stressed about fulfilling my responsibilities at work and being a caregiver | 1 | 2 | 3 | 4 | 5 |
| b. gain a perspective of my elder care/work balance situation | 1 | 2 | 3 | 4 | 5 |
| c. learn new skills and knowledge to cope better at work | 1 | 2 | 3 | 4 | 5 |
| d. learn new skills and knowledge that will help me better care for an older person | 1 | 2 | 3 | 4 | 5 |
| e. resolve work related elder care/work balance issues and concerns | 1 | 2 | 3 | 4 | 5 |
| f. learn practical communication strategies for dealing with co-workers and supervisors | 1 | 2 | 3 | 4 | 5 |
| g. learn about valuable, helpful resources available in the community or workplace | 1 | 2 | 3 | 4 | 5 |
| h. assess my own work situation and determine the impact it is having on my work performance | 1 | 2 | 3 | 4 | 5 |
| i. evaluate my abilities to determine whether I'm cut out to be a caregiver | 1 | 2 | 3 | 4 | 5 |
| j. better understand my caregiving concerns | 1 | 2 | 3 | 4 | 5 |

2. Please circle one number for each of the questions below, with:

1 = Disagree Strongly; 2 = Disagree; 3 = Not Sure; 4 = Agree; 5 = Strongly Agree

| | Disagree Strongly | | | Agree Strongly | |
|---|-------------------|---|---|----------------|---|
| a. The seminar leader was knowledgeable, positive, and supportive | 1 | 2 | 3 | 4 | 5 |
| b. The length of the workshop was appropriate | 1 | 2 | 3 | 4 | 5 |
| c. The workbook and handouts were well-organized and easy to use | 1 | 2 | 3 | 4 | 5 |
| d. As a result of this seminar, I feel better equipped to solve problems related to elder care/work balance | 1 | 2 | 3 | 4 | 5 |

3. As a result of this seminar I plan to: (check all that apply)

- a. develop a plan tailored to help me manage my current work situation
- b. explore work place resources that may assist me with my caregiving roles and responsibilities (Family Medical Leave Act, Employer Work/Life Programs, etc.)
- c. hold a family meeting
- d. talk to my supervisor and explore potential changes in work situation
- e. ask my supervisor about adjusting my work schedule
- f. ask my supervisor for time at work to make elder care-related phone calls
- g. discuss with my co-workers my caregiving situation and explain how it is affecting my work
- h. explore with my co-workers ways they can assist or provide coverage on some of my work responsibilities
- i. explore community resources and services to assist with my caregiving responsibilities
- j. use a community resource and/or service to assist with my caregiving responsibilities (i.e support group, respite, home health assistance, etc.)
- k. develop a job description that is up to date and that accurately describes my work responsibilities
- l. attempt to create more flexibility in my work schedule
- m. attempt to create more trust between myself, my supervisor and my co-workers
- n. create an information folder to keep vital information in about the person I'm caring for so it is easily accessible

- o. contact the Employee Assistance Program (EAP) or Employee Relations staff at my place of work to explore the supports available through your employer
- p. once I'm aware of supports available through my employer, discuss with my supervisor or the human resource department about the program's availability
- q. request an adjustment to my current work schedule (job-sharing, reduced hours, other)
- r. request cooperation and support of my co-workers in making adjustments to my work schedule
- s. write a memo to my supervisor

4. Please complete the following information about you:

Your Gender: Male Female

Your age range: 18-29 30-39 40-49 50-59 60-69 70-79 80+

How many years have you been a family caregiver: No caregiving experience 1 or less 2-5
 6-10 11-15 15-20 30+

How old is (are) the person(s) for whom you care? Person #1 _____; Person #2 _____; Person # 3 _____

Approximately how many employees work for your employer? under 5; 6-10; 11-50; 51-100;
 101-500; 500-1,000; 1,000-5,000; 5,000+; Don't Know

With which racial or ethnic group do you identify? White/Caucasian; Hispanic/Latino;
 Black/African-American; Asian/Pacific Islander; Native American; Bi/Muti-Racial;
 Other (please specify): _____

Ideas for future seminar topics:

Thank you! Please return to the seminar leader after the session.

Seminar Leader: _____

Location: _____ Date: _____

Adapted by Mary Brintnall-Peterson, Ph.D., Program Specialist in Aging, University of Wisconsin-Extension.