

MSU Extension Caregiving Program Evaluation Form

We want to know how well this Extension program works. We are asking you to answer the following questions about what you may have learned from participating in this program. It should take about 5 minutes of your time to complete the evaluation. Your answers will be anonymous and will not be identified in any way. This means that no one will know how you have answered any of the questions. Answering the questions means you have agreed to participate in this evaluation. You do not have to fill out this evaluation—if you decide not to fill it out, it will not affect your participation in future MSU Extension programs. If you have any questions about this evaluation, please contact Brianna Routh at (406) 994-5696.

Because of my participation in this program I am able to:	Back . . . before I participated in this program				Now . . . after I have participated in this program			
	Circle one number for each statement				Circle one number for each statement			
	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Feel confident I can ask for help with the daily tasks I need for caregiving such as shopping, cooking, cleaning, or transportation.	1	2	3	4	1	2	3	4
2. Understand that my emotions are a normal response to caregiving.	1	2	3	4	1	2	3	4
3. Find ways to take care of my own health.	1	2	3	4	1	2	3	4
4. Realize that I cannot control the choices that others make.	1	2	3	4	1	2	3	4
5. Take time for myself without feeling guilty.	1	2	3	4	1	2	3	4
6. Have confidence in my ability as a caregiver.	1	2	3	4	1	2	3	4
7. Have an identity outside of being a caregiver.	1	2	3	4	1	2	3	4
8. Advocate for the person I am caring for at school, with social services, with health care providers, etc.	1	2	3	4	1	2	3	4
9. Find positive ways to cope with the stress of caregiving.	1	2	3	4	1	2	3	4
10. Be more positive about my role as a caregiver.	1	2	3	4	1	2	3	4
11. Find resources in the community to help meet my needs as a caregiver	1	2	3	4	1	2	3	4

Tell us about yourself. (Mark all that apply)				
1. My age: _____	2. I am: <input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> non-binary	3. My current home is in: <input type="checkbox"/> a rural area <input type="checkbox"/> town under 5,000 <input type="checkbox"/> city over 5,000	4. I would describe myself as: <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Mixed ethnicity _____	5. I am primarily caregiving for: <input type="checkbox"/> someone with dementia or Alzheimer's <input type="checkbox"/> my spouse/partner <input type="checkbox"/> my parent(s) <input type="checkbox"/> a friend/neighbor <input type="checkbox"/> a sibling <input type="checkbox"/> a grandchild/relative's child <input type="checkbox"/> other _____

1. The *most important* thing I have gained from attending this Extension program is....

2. Other comments I would like to make...