

Appendix C

**Pre Test**

Before you begin your Continuing Education event at your local Area Health Education Center related to \_\_\_\_\_ we would like to ask you to indicate by number how you see your current abilities and confidence with your skills. Your honest answers will help us determine if this training has an effect on clinical practice and patient outcomes. Your answers are entirely confidential. Thank you.

**5**= I am completely confident **4**= I have a lot of confidence **3**=I some confidence **2**= I have a little confidence **1**= I have no confidence

In thinking about the topic or condition you are about to study...

Describe how confident you feel for each item.

|   |   | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|---|
| 1 | I can describe key risk factors associated with this topic or condition                                 |   |   |   |   |   |
| 2 | I can fully assess patients related to this topic or condition  |   |   |   |   |   |
| 3 | I can determine where my profession’s responsibility begins and ends related to this topic or condition |   |   |   |   |   |
| 4 | I can accurately use the patient’s <b>risk factors</b> to guide interventions                           |   |   |   |   |   |
| 5 | I can accurately use the patient’s <b>functional abilities</b> to guide interventions                   |   |   |   |   |   |
| 6 | I can accurately use the patient’s <b>cognitive abilities</b> to guide interventions                    |   |   |   |   |   |
| 7 | I can refer my patients to appropriate practitioners  |   |   |   |   |   |
| 8 | I can describe ways to prevent this condition   |   |   |   |   |   |
| 9 | I can train others to assess this topic or condition  |   |   |   |   |   |

In thinking about the topic or condition you are about to study....

|    |   | 0% | About one quarter | More than a quarter but less than half | About half | More than half but not everybody | 100% or almost everybody |
|----|---|----|-------------------|--|------------|----------------------------------|--------------------------|
| 10 | What percentage of your patients over the age of 65 do you screen for this? |    |                   |  |            |                                  |                          |

If you have any questions please call the Carolina Geriatric Education center at 919 843-6675 and reference # \_\_\_\_\_