



## Providing Quality Care to People with MS: A Training Program for Aides

### ***PROGRAM EVALUATION***

*Please fill out this program evaluation and turn it in to the presenter before you leave.*

*Please respond to the following statements by checking the box that describes most accurately your response*

| As a result of participating in this training....                                                                     | Agree<br>Strongly | Agree | Disagree | Disagree<br>Strongly | Don't<br>Know |
|-----------------------------------------------------------------------------------------------------------------------|-------------------|-------|----------|----------------------|---------------|
| 1. I learned at least one new thing about MS that I did not know before.                                              |                   |       |          |                      |               |
| 2. I can name at least two reasons why people with MS might be frustrated and angry.                                  |                   |       |          |                      |               |
| 3. I intend to use at least one thing I have learned in my work.                                                      |                   |       |          |                      |               |
| 4. I will feel more comfortable working with MS patients.                                                             |                   |       |          |                      |               |
| 5. I have a better understanding of the importance of seeing each person with MS as having unique needs and emotions. |                   |       |          |                      |               |

Would you recommend this training to others? \_\_\_\_ Yes \_\_\_\_ No

Additional comments or suggestions:

***Thank You!***

*Please send completed form to: Gregg Robinson, National MS Society, 192 Nickerson St., Ste. 100, Seattle, WA 98109  
fax: (206) 284-4254 or email Gregg.robinson@nmss.org*