



## Caregiving

The American Red Cross is interested in learning about your experience taking a Caregiving course. Please help us by answering the following questions.

Questions marked with an asterisk (\*) are required.

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1. \*Please enter the survey code given when you were invited to complete this survey:

2. Instructor's name: \_\_\_\_\_

### **SERVICE QUALITY QUESTIONNAIRE**

#### **GENERAL INFORMATION**

3. Which of the following courses on this page are you evaluating today?

Nurse Assistant Training

Family Caregiving

Babysitter's Training

Pandemic Flu

Other, please specify: \_\_\_\_\_

4. How many times have you taken this course?

This is my first time

This is my second time

This is my third time

More than 3 times

5. Did you take this course for re-certification?

YES       NO

6. Did you need certification for a job, school, a volunteer position, or another requirement?

YES       NO

7. Have you taken other Red Cross courses before?

YES       NO

8. The cost of this course to you is:

Just right

Expensive

Inexpensive

Did not pay

9. **If you did not pay**, select the appropriate option:

My employer paid

This course was free of charge

I am not sure who paid

Family member paid (Babysitter's Training)

10. You consider the length of this course to be:

- Just right  
 Too long  
 Too short

11. **ABOUT THE SERVICE YOU RECEIVED**

Thinking about your experience with this Red Cross course, on a scale from 1 to 6 (with 1 being extremely poor and 6 being excellent), please rate each of the following by selecting the number that best represents your opinion.

<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>Does Not Apply</b>
Excellent	Good	Above Average	Below Average	Poor	Extremely Poor	
Instructor presented information clearly.						
6	5	4	3	2	1	Does Not Apply
Instructor's knowledge and ability to answer questions.						
6	5	4	3	2	1	Does Not Apply
Information and skills included in the course.						
6	5	4	3	2	1	Does Not Apply
Quality of any books, videos, handouts and other materials.						
6	5	4	3	2	1	Does Not Apply
Effectiveness in helping you learn skills.						
6	5	4	3	2	1	Does Not Apply
Availability of Red Cross staff to answer questions.						
6	5	4	3	2	1	Does Not Apply
Convenience of the times offered in the course schedule.						
6	5	4	3	2	1	Does Not Apply
Convenience of the available course locations.						
6	5	4	3	2	1	Does Not Apply
Ease of course registration.						
6	5	4	3	2	1	Does Not Apply
Overall satisfaction with this Red Cross course.						
6	5	4	3	2	1	Does Not Apply

12. Thinking about the skills you learned today, please select the number that best represents how closely each of the following statements describes how you feel.

<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>Don't Know</b>
Strongly Agree	Agree	Tend to Agree	Tend to Disagree	Disagree	Strongly Disagree	
I know how to prevent unintentional injury of people under my care.						
6	5	4	3	2	1	Don't Know
I know how to recognize potential hazards in the place where I am going to use these skills (home, hospital, nursery, etc.).						
6	5	4	3	2	1	Don't Know

Should an emergency arise, I am willing to act using the skills I learned today.

6            5            4            3            2            1            Don't Know

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I am confident employers will value this training while looking for a job.

6            5            4            3            2            1            Don't Know

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I would recommend this Red Cross course to a friend.

6            5            4            3            2            1            Don't Know

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13. **ABOUT YOURSELF**

*The Red Cross wants to know more about you and your specific needs to better tailor our volunteer opportunities to our communities. Please provide us with the following information:*

You are:

- Male
- Female

14. Which of the following do you consider yourself to be (SELECT ONLY ONE):

- Hispanic or Latino (of any race)
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or more races (Not Hispanic or Latino)
- Other, please specify: \_\_\_\_\_

15. Age Group:

- 12 or younger
- 13 to 18
- 19 to 25
- 26 to 40
- 41 to 55
- 56 or older

16. Your home Zip Code: \_\_\_\_\_

17. For local chapter questions from your survey invitation: