

## DAAG Tier 1 dementia awareness training evaluation

The purpose of this evaluation form is to provide feedback on the use of and impact of the DAAG Tier1 dementia awareness training package.

You can complete this form anonymously and your responses will remain confidential. Your feedback will help with the continued development of the training package. This questionnaire will take approximately 15 minutes to complete. Your participation in the evaluation is voluntary. There are no right or wrong answers to the questionnaire.

### About the train the trainer package:

**Q1. Did you attend the Train the Trainer two day workshop?**

- Yes (go to q2)       No (go to q9)

**Q2. If YES, which of the following units of training have you delivered?**

- Unit 1: What do you know about dementia?  
 Unit 2: What dementia means?  
 Unit 3: Understanding the person with dementia  
 Unit 4: How does dementia affect the person and those around them?  
 Unit 5: Talking and listening to the person with dementia  
 Unit 6: Supporting people to stay well  
 Unit 7: Living well in society  
 Unit 8: How to respond to behaviours that challenge  
 The full training package

**Q3. How many training sessions have you delivered?**

**Q4. How many people have you trained?**

**Q5. Please rate your agreement with the following statements:**

(please tick an option 1-5)	Strongly Agree					Strongly disagree
	1	2	3	4	5	
I am confident delivering the DAAG training						
I understand the learning needs of those I am training						
My organisation has been supportive in enabling me to deliver the DAAG training						
I am confident in answering questions during the training						
I feel that I have the right materials (e.g. hand-outs, presentation slides) to provide effective training						
I feel that I have the right equipment (e.g. room, projector) to provide effective training						

**Q6. Which, if any, of the following barriers have you experienced in delivering the training?** *(please tick all that apply)*

- Difficult to find time with work commitments
- My organisation is not supportive
- Difficulty finding a suitable room
- No access to a projector
- Lack of time to market the training
- Lack of interest in the training
- Lack of confidence to deliver the training
- None of the above
- Other (please specify)

**Q7. Will you continue to use the DAAG training materials?**

- Yes       No       Not sure

**Q8. Is there any further support or information that would help you to deliver the DAAG training?**

**About the training package:**

**Q9. How did the training meet your expectations?**

**Q10. Please can you rate the overall value of the training resources:**

- Very good       Good       Average       Poor       Very poor

**Q11. Please can you rate the overall value of the training in meeting your tier 1 dementia awareness learning needs:**

- Very good       Good       Average       Poor       Very poor

**Q12. Would you recommend the DAAG training to colleagues?**

- Yes       No       Not sure

**Q13. What was the most useful aspect of the DAAG training?**

**Q14. What was the least useful aspect of the DAAG training?**

**Q15. Do you have any further comments about the DAAG training?**

**About You:**

**Q16. What is your job title:**

**Q17. What type of organisation do you work for:**

- Acute hospital
- Community hospital
- Care home
- Primary care
- Social care
- Emergency care
- Other (please state)

**Q18. In which geographic location is your work primarily based:**

- Aylesbury Vale
- Bracknell Forest
- Cherwell
- Chiltern
- Milton Keynes
- Oxford
- Reading
- Slough
- South Buckinghamshire
- South Oxfordshire
- Vale of the White Horse
- West Berkshire
- West Oxford
- Windsor and Maidenhead
- Wokingham
- Wycombe
- Other (please specify)

**Thank you for taking the time to complete this questionnaire.**

Please email your responses to:

[enquiries@thamesvalley.hee.nhs.uk](mailto:enquiries@thamesvalley.hee.nhs.uk)