

**FOLLOW-UP EVALUATION FORM**  
**Practical Considerations:**  
**Cognitive Disorders Post-Stroke**



DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

We are requesting your assistance by completing the following questionnaire regarding the education session you previously attended. This information will help the APSS education program to review the education material and plan future education sessions.

- Please rate your **current** level of knowledge/skill/experience with respect to the learning objectives.

NONE or MINIMAL Knowledge/Skill/Experience			SOME Knowledge/Skill/Experience			EXTENSIVE Knowledge/Skill/Experience		
1	2	3	4	5	6	7	8	9

(Please enter a number in the boxes below)

How would you rate your ability:	
1. List nine types of cognitive impairment post-stroke.	
2. State the impact of each cognitive impairment on daily function.	
3. Name four tools used to assess cognition.	
4. Identify two key differences in the presentation of delirium and cognitive impairment.	

- List three ways that the education session has changed your practice.

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

- Do you have any topics/learning areas to suggest for future session?

\_\_\_\_\_

- Other comments:

\_\_\_\_\_

Please return the completed questionnaire in the attached, addressed envelope or email to:

**Gayle Thompson**  
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**THANK YOU FOR YOUR FEEDBACK**