

## Bathing Without a Battle®

*Creating a Better Bathing Experience for Persons with Alzheimer's Disease and Related Dementias*

This continuing nursing education activity was approved by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. To receive credit for program completion, complete the evaluation below, being sure to completely fill in your name, address, and level of training. Then, send the completed form to:

**Bathing Without a Battle®**  
**Cecil G. Sheps Center for Health Services Research**  
**University of North Carolina at Chapel Hill**  
**725 Martin Luther King Jr., Blvd. CB 7590**  
**Chapel Hill, NC 27599-7590**

Following successful processing of your form, a certificate of completion will be mailed to you at the address provided, usually within 2 weeks.

For each statement, circle the number that best describes your answer: If you <i>strongly disagree</i> , circle "1"; <i>disagree</i> , circle "2"; <i>agree</i> , circle "3"; or <i>strongly agree</i> , circle "4".				
<i>These questions ask about your knowledge and skills after watching Bathing Without a Battle, and before you watched it. When thinking about your knowledge and skills, how strongly do you disagree or agree that...</i>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1a.</b> <u>Now</u> , I have sufficient knowledge to do this job.	1	2	3	4
<b>1b.</b> <u>Before</u> , I had sufficient knowledge to do this job.	1	2	3	4
<b>2a.</b> <u>Now</u> , I am familiar with the practical procedures to do this job.	1	2	3	4
<b>2b.</b> <u>Before</u> , I was familiar with the practical procedures to do this job.	1	2	3	4
<b>3a.</b> <u>Now</u> , bathing residents with dementia is a task I feel confident to carry out.	1	2	3	4
<b>3b.</b> <u>Before</u> , bathing residents with dementia was a task I felt confident to carry out.	1	2	3	4
<b>4a.</b> <u>Now</u> , when a resident does not want to have a shower, I can usually figure out a way to get the job done without forcing them.	1	2	3	4
<b>4b.</b> <u>Before</u> , when a resident did not want to have a shower, I could usually figure out a way to get the job done without forcing them.	1	2	3	4
<b>6a.</b> <u>Now</u> , I know ways to successfully bathe residents who might hit or scream.	1	2	3	4
<b>6b.</b> <u>Before</u> , I knew ways to successfully bathe residents who might hit or screamed.	1	2	3	4
<b>7a.</b> <u>Now</u> , I can usually get my residents to cooperate with bathing.	1	2	3	4
<b>7b.</b> <u>Before</u> , I could usually get my residents to cooperate with bathing.	1	2	3	4

<i>After watching Bathing Without a Battle, how strongly do you disagree or agree that...</i>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1.</b> I know how to get residents clean who have dementia.	1	2	3	4
<b>2.</b> I know what no rinse soap is and how to use it.	1	2	3	4
<b>3.</b> I know how to encourage residents to allow me to bathe them.	1	2	3	4
<b>4.</b> I know how to do individualized bathing.	1	2	3	4

**Please tell us how you rate this program in each of the following areas:**

If you choose *poor*, circle "1"; *fair*, circle "2"; *good*, circle "3"; *very good*, circle "4"; or *excellent*, circle "5".

	Poor	Fair	Good	Very Good	Excellent
1. Overall program content	1	2	3	4	5
2. Overall program appearance	1	2	3	4	5
3. Appropriateness of the program to your experience level	1	2	3	4	5
4. How well the program met your needs	1	2	3	4	5
5. Overall satisfaction	1	2	3	4	5

If you choose *no*, circle "0"; *yes*, circle "1".

	No	Yes
6. Did you learn new techniques for bathing persons with dementia?	0	1
7. If yes, will what you learned in the program change how you do bathing in your work?	0	1
8. Did you learn techniques for bathing persons who may be resistive to care?	0	1
9. If yes, will you use these techniques in your work?	0	1
10. Would you recommend this program to someone else in your position?	0	1

11. What was the most valuable part of this training program for you?

12. What was the least valuable part of this training program?

13. How can this program be improved?

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**Your name (please print):** \_\_\_\_\_

**Your address:** \_\_\_\_\_

**Your Nursing Home (employer):** \_\_\_\_\_

**Your training (check one):**    Nursing assistant    Licensed practical nurse    Registered nurse  
 Other (please specify) \_\_\_\_\_