The Consortium of New York Geriatric Education Centers

Elder Mistreatment : Training Needs Assessment

Section 1. Demographic Information

First name initial: ☐ **Last name initial:** ☐ **Last 4 digits of your Soc Sec Num.:** ☐☐☐☐

Work location: City / State / Zip Code

Job Title:

What is your primary discipline? ***Please circle only one answer choice.*** v1a

Administration (1)	Pastoral Counseling (10)	Medicine (5)
Social Work (16)	Religious Counceling (10)	Podiatry (11)
Nursing (6)	Occupational Therapy (8)	Rehabilitation Medicine (15)
Nutrition (7)	Physical Therapy (12)	Speech / Language Pathology (17)
Certified Nurse Assisstant (18)	Audiology (2)	Psychology (13)
Certified Nurse Aid (18)	Recreation Therapy (14)	Other (18) v1aa

Please Specify ____________________

Have you ever received any formal training in gerontology or geriatrics before this activity ? **Yes** (1) **No** (0)

If Yes, What formal training in gerontology or geriatrics have you completed?

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If No, Is it your opinion that there should be more oportunities to learn about aging? **Yes** (1) **No** (0)

Is it your opinion that professionals in health care should be trained in aging as part of their education? **Yes** (1) **No** (0)

Section 2. Geriatric Training Needs

Do you or other staff where you work need and would benefit from training in any of these areas. ***Please circle the number under the appropriate rating.***

	Much Need	No Need	
Aging Process / Age-Related Changes	4	2	v19a
Case Management	4	2	v19e
Chronic Illness	4	2	v19f
Communications Skills	4	2	v19g
Community Care / Home Based Care	4	2	v19h
Cultural / Ethnic Sensitivity	4	2	v19i
Dementias	4	2	v19j
Delerium	4	2	v19k
Educating Older Adults	4	2	v19n
Elder Mistreatment	4	2	v19o
End of Life / Death and Dying	4	2	v19p
Ethical Issues	4	2	v19q
Healthy Aging / Wellness	4	2	v19v
Interdisciplinary Teamwork	4	2	v19z
Safety / Environmental Design	4	2	v19ll
Sexuality	4	2	v19nn
Other	4	2	v19qq

Please specify ____________________ v19aaa