



NHS number:

For Trainer to complete

Dear Carer,

You are being sent this form because you agreed to give feedback about your experience of giving **“Just in Case”** injections at home. Honest feedback is vital to help improve our service for future carers. Please answer all questions as fully as you can. Thank you so much for your time.

1: Prior to the training, had you any experience of giving just in case medication?

YES NO

Details:

2: Did you administer the just in case medication?

- No
- Once
- 2-5 times
- >5 times.

Any further details it might be useful for us to know:

3: You will have been trained by either a district nurse or a St Margaret's palliative care nurse.

Can you answer the following statements:

	Strongly agree		Neutral	Strongly disagree	
	5	4	3	2	1
The training covered everything I needed to know and was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I knew what symptoms to look for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew what injection to give for different symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was glad I was able to give the right injection at the right time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Can you tell us a bit about this training? What was good or what could have been done differently?
Was there anything missing from the training?**

Details:

4: Regarding the Carers Training Handbook:

	Strongly agree		Neutral	Strongly disagree	
	5	4	3	2	1
I found the handbook useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The handbook was easy to follow and had everything I needed in it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The handbook increased my confidence and skill in assessing symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The handbook increased my confidence in preparing, administering and discarding medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What were the most and least useful aspects of the handbook? How can we improve it?

Details:

5: Regarding the support offered:

	Often	Sometimes		Rarely	
	5	4	3	2	1
I phoned the hospice advice line.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I phoned the District nursing hub.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I phoned the GP surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Agree	Neutral		Disagree	
	5	4	3	2	1
I felt supported throughout.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew how to access support throughout.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any further comments about the training, resources or support offered:

6: I feel training to give subcutaneous just in case medications was an overall positive experience.

Agree	Neutral			Disagree
5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any further details it might be useful for us to know:

Thank you for completing this feedback form.

Your input will be used to improve the experience for other families in Somerset.