



**RGP Elder Abuse Workshops**  
**Participant Post-Workshop Questionnaire**  
**2002**

---

**Purpose:**

The purpose of this questionnaire is to provide an opportunity for you to reflect on your background and experience with elder abuse at the conclusion of the workshop.

*Please complete the post-workshop questionnaire at the conclusion of the workshop.*

**Confidence Level**

Please rate your confidence level after participating in the workshop.

**Post-Workshop Self-Rating**

I feel \_\_\_\_\_% confident in dealing with elder abuse in my clinical practice.  
(1 - 100%)

### Attitudes and Beliefs about Elder Abuse

After your participation in the workshop, please rate which of the following issues continue to be barriers to your becoming involved with “elder abuse” situation

	AGREE	DISAGREE	UNSURE
1. Denial by the individual or caretakers of mistreatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fear that the victim may suffer reprisals, loss of autonomy or relocation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The victim wants to avoid embarrassment or shame.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The victim is reluctant to press charges against a close relative or caregiver in fear of isolation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Concerns that minor injuries or subtle signs are not indications of mistreatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Uncertainty regarding what your professional responsibility may be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Concern regarding confidentiality issues related to abuse/mistreatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other (please specify)			

---

---

---

---

---

*Thank you for completing this questionnaire!*