

**SEPSIS AWARENESS TRAINING**  
**INSTRUCTIONS FOR COMPILING RESULTS**  
**PRE AND POST ASSESSMENT**

FACILITY NAME \_\_\_\_\_ TRAINING DATE \_\_\_\_\_

***PLEASE USE THE BLANK PRE AND POST TALLY FORMS TO ENTER THE TOTAL NUMBER OF YES AND NO RESPONSES. ENTER THE NUMBER IN THE APPROPRIATE BOX. PLEASE INCLUDE ALL COMMENTS AND REQUESTS TO SHARE SEPSIS SURVIVOR STORIES***

*SEE EXAMPLE BELOW*

**FAX COMPLETED SHEET TO EVE BANKERT AT (518) 426-3418**

Please answer the questions in the green section <b><i>PRIOR TO</i></b> the start of the session			Please answer the questions in the blue section <b><i>AT THE END</i></b> of the session and hand in		
Pre-Training Assessment	Yes	No	Post Training Assessment	Yes	No
I know what sepsis is	20	15	I know what sepsis is	35	0
I can identify high risk groups for developing sepsis	10	25	I can identify high risk groups for developing sepsis	35	0
I am familiar with the early signs and symptoms of sepsis	12	23	I am familiar with the early signs and symptoms of sepsis	35	0
I am aware of the risk factors and early signs and symptoms of sepsis associated with the elderly	15	20	I am aware of the risk factors and early signs and symptoms of sepsis associated with the elderly	35	0
I am aware of time sensitive interventions with regards to initial diagnosis and treatment of early sepsis	5	30	I am aware of time sensitive interventions with regards to initial diagnosis and treatment of early sepsis	35	0
I know the appropriate diagnostic tests for patients exhibiting the early signs of sepsis	7	28	I know the appropriate diagnostic tests for patients exhibiting the early signs of sepsis	35	0
I am familiar with Post Sepsis Syndrome	2	33	I am familiar with Post Sepsis Syndrome	33	2

I had the opportunity to have all my questions answered. Yes 35 No \_\_\_\_\_

Was this presentation informative? Yes 30 No 5

Do you have any additional questions related to sepsis? **Enter responses** \_\_\_\_\_

My provider setting is: Hospital SNF Home Health Hospice Assisted Living Community Agency Other (please describe) \_\_\_\_\_

Do you know someone who has had sepsis? Yes 10 No 25

Are you a Sepsis Survivor? \*Yes 2 No 33 ***Please include information from staff willing to share their story***

\*If "Yes", would you be willing to share your story to help increase sepsis awareness? Yes \_\_\_\_\_ No \_\_\_\_\_