

**SEPSIS AWARENESS TRAINING  
PRE AND POST ASSESSMENT  
NON- CLINICAL STAFF**

*PLEASE COMPLETE THE FOLLOWING QUESTIONS AS DIRECTED.*

***YOU DO NOT NEED TO PUT YOUR NAME ON THIS...IT IS COMPLETELY ANONYMOUS. THIS INFORMATION WILL BE USED TO ASSESS PARTICIPANT LEVEL OF UNDERSTANDING AND LEARNING PRE AND POST SESSION. THANK YOU!***

Please answer the questions in the green section <u>PRIOR TO</u> the start of the session			Please answer the questions in the blue section <u>AT THE END</u> of the session and hand in		
Pre-Training Assessment	Yes	No	Post Training Assessment	Yes	No
I know what sepsis is			I know what sepsis is		
I know what some of the signs and symptoms of sepsis are			I know what some of the signs and symptoms of sepsis are		
I know what groups of people are at high risk for developing sepsis			I know what groups of people are at high risk for developing sepsis		
I know that sepsis is a medical emergency			I know that sepsis is a medical emergency		
I know what actions to take if a person has the signs and symptoms of sepsis (i.e. who to call and what to do)			I know what actions to take if a person has the signs and symptoms of sepsis (i.e. who to call and what to do)		
I know things I can do to help prevent sepsis			I know things I can do to help prevent sepsis		

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

Was this presentation informative? Yes \_\_\_\_ No \_\_\_\_

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

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 \_\_\_\_ No \_\_\_\_

Are you a Sepsis Survivor? \*Yes \_\_\_\_ No \_\_\_\_

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

***If you are willing to share your story please contact:*** Eve Bankert at: (518) 320-3552 or [eve.bankert@area-i.hcqis.org](mailto:eve.bankert@area-i.hcqis.org)

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