

35. What was the main reason you enrolled in the course? Please check the single (1) best answer.

- To improve incontinence management for residents
- A supervisor asked me to enroll
- To earn continuing education credit
- To prepare for MDS 3.0
- To participate in a research project
- To improve on our state survey
- Other reason; please specify: _____

36. What did you like most about this distance learning course?

37. What did you like least about this distance learning course?

38. Is there anything we didn't ask about that you would like to share with us or that you think we should know?

Please tell us a little about yourself:

39. What is your position?

- Director or Assistance Director of Nursing
- Other nursing staff member; please specify: _____
- Certified nurse aide
- Medical director
- Facility administrator
- Other staff member; please specify: _____

So that we can mail your Certificate of Completion (good for CEs for nurses), please provide us with your name and the name of your nursing home:

Participant's Name: _____

Nursing Home's Name: _____

Thank you for your feedback. We sincerely appreciate your time.