



Northern Grampians Shire Footcare Program - Survey

How long have you worked for NGSC? _____

If less than 12 months what month did you begin working for NGSC? _____

What area of the NGS do you work in: St Arnaud Stawell

Which of the following sessions/training opportunities have you completed:

- Team Meeting presentation with Podiatrist Kath McClintock (March 2013)
- Team Meeting presentation with Podiatrist Kara Galvin – Session 1 (March 2013)
- Team Meeting presentation with Podiatrist Kara Galvin – Session 2 (April 2013)
- Team Meeting presentation with Podiatrist, Andrew Nashed (September 2013)
- Basic Foot, Skin & Nail Care Training at Halls Gap (Nov 2013)
- Monitoring Client Foot Care Training Tool (April/May 20014)

What does 'podiatry' mean to you? _____

What does 'basic foot care' mean to you? _____

What basic foot care options are available for people with healthy feet and nails in your area?

Have you changed the way you support your clients since you attended the session(s) about basic foot care/podiatry?

Yes No

If yes, what do you do differently? _____

Please indicate whether the following activities fit (Yes) or do not fit (No) into your role as a direct care worker?

	Yes	No	Unsure
Discussing foot health and foot care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutting toenails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisting clients to set up equipment so they can cut their own nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advising clients on treatment for their feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you notice a change in the condition of a client's foot, or they mention a difficulty they are having with their feet, what would you do?

When do you use the yellow Incident/Concern form?

Which of the following clients do you think should be referred to a Podiatrist?

(Please indicate the answer that you feel most comfortable with)

	Yes	No	Unsure
A person who can cut their own toenails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A person who has a corn that is causing irritation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A person who has diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A person who gets pain in their feet/legs when walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A person with chilblains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how confident were you **18 months ago** (before you did any training about basic foot care) about discussing foot care issues with your clients?

Not at all Unsure A little Moderately Very Confident

How confident are you **now** about discussing foot care issues with your clients?

Not at all Unsure A little Moderately Very Confident

Any other comments about foot care:

Thank you for your time – your feedback is an important part of this project