



**Grampians Region HACC Program  
Foot Care Project  
Training Evaluation Tool  
Hindmarsh Shire Council – May 2014**



*To assist us with ensuring that the training we deliver is appropriate and meets your needs please complete this short quiz prior to the podiatrist training and return it to your supervisor.*

- 1. How confident do you feel about discussing with clients caring for their feet?**  
*(circle a number from 1 not at all to 5 very confident)*

1                      2                      3                      4                      5  
Not at all confident                      moderately                      very confident

Comments: \_\_\_\_\_  
\_\_\_\_\_

- 2. Please circle whether the following activities fit (YES) or do not fit (NO) into your role as a community care worker.**

- Discussing foot health and foot care YES/NO/DON'T KNOW
- Cutting toe nails YES/NO/DON'T KNOW
- Assisting the client to set up equipment so they can cut their own nails YES/NO/DON'T KNOW
- Advising clients on treatment for their feet YES/NO/DON'T KNOW

- 3. How confident are you in knowing when a concern should be referred to a podiatrist?**  
*Circle a number from 1 (not at all) to 5 (very confident)*

1                      2                      3                      4                      5  
Not at all                      moderately                      very confident

Comments: \_\_\_\_\_

- 4. Which of the following would you consider needs referral to a podiatrist? (please circle)**

- Person who can cut their own toe nails YES/NO/DON'T KNOW
- Person with a corn that is causing irritation YES/NO/DON'T KNOW
- Person with diabetes YES/NO/DON'T KNOW
- Person who gets pain in their feet/legs when walking YES/NO/DON'T KNOW
- Person with chilblains YES/NO/DON'T KNOW

***Please return your completed quiz to your supervisor.***