

TASK Group Evaluation

Name _____ Subject ID _____

Date _____ # Minutes for Self Evaluation _____ Call # _____
(listening to recording+self-evaluation, excluding prep and wrap-up for call)

Protocol	Yes	No	NA
1. Completed call as scheduled. If not, explain.			
2. Call was recorded with good quality. If not, explain.			
3. Reminder to caregiver that call is being recorded for quality assurance.			
4. For calls 1 and 9 only, asked if gift card received.			
5. Evaluated previous week's tip sheets.			
6. Reviewed CNCC for new problems and had caregiver check them.			
7. Identified amount of help needed for new problems checked.			
8. For calls 5 through 9 only, review BCOS for life changes.			
9. Helped identify priority problem to be addressed during call. (For calls 5 through 9, address life changes in addition to other needs)			
10. Addressed problem with content Tip Sheet(s) (#1-#35)			
11. Identified level of stress for each problem addressed.			
12. If benefit or benign, strengthened caregiver skills (Tip Sheet SB1).			
13. If low, moderate, or high stress, screen for depressive symptoms or other emotions (Tip Sheet SB2), then to Stress management workbook if needed (Tip Sheet SB6).			
14. Assessed for trouble finding time for skill, if so, (Tip Sheet SB3)			
15. Assessed for unrealistic expectations, if so, (Tip Sheet SB3)			
16. Assessed for need for problem solving, if so, (Tip Sheet SB4)			
17. Assessed for need for communicating with health professionals, if so, (Tip Sheet SB5)			
18. Active listening techniques used (provide example).			
a. Conversation starter			
b. Clarification			
c. Paraphrase			
d. Reflection			
e. Summarizing			
19. Your pace and understanding level matched caregivers and it was easy for caregiver to hear and understand you.			
20. Inappropriate forms of feedback? (leading the caregiver, laughter, um, oh, ok, etc.)			

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21. Incorrect probes (i.e. yes/no questions, missed important expressions by caregiver, poorly worded responses).			
22. Attentive to caregiver's needs and concerns			
23. Reminder for next calls (next week and two weeks)			
24. For calls 8 & 9 only, remind that next call will be data collection. Ask if they need another response form handout mailed to them.			
25. Thanked participant for help with learning about caregivers' needs			
26. Completed intervention tracking form.			
27. Completed notes about call on caregiver contact and info form.			

Describe any problems you had with this interview (i.e. participant was hard of hearing, agitated, distracted, technical difficulties, at risk for withdrawal, etc.)

Additional comments

Signature _____ Date _____

PI Evaluation/Comments

PI Signature _____ Date _____

Nurse Intervener _____ Date _____