

**THE KENNETH B SCHWARTZ CENTER**  
**GRANT FOLLOW-UP SURVEY**

Please type your answers.

NAME OF GRANTEE: \_\_\_\_\_

NAME OF PROJECT: \_\_\_\_\_

PROJECT DIRECTOR: \_\_\_\_\_

GRANT AWARDED (YEAR AND AMOUNT): \_\_\_\_\_

**1. HOW DID YOU ORIGINALLY DESCRIBE THE GOALS FOR THIS PROJECT?**

**2. NOW THAT IT IS COMPLETED, CAN YOU DEMONSTRATE ACHIEVEMENT OF THOSE GOALS? HOW?**

**3. DID THE PROJECT HAVE AN EFFECT ON OR IMPROVE THE WAY CAREGIVERS RELATE TO PATIENTS/FAMILIES OR THE WAY CAREGIVERS RELATE TO EACH OTHER? PLEASE CITE SPECIFIC WAYS IN WHICH THIS WAS MEASURED.**

**4. DESCRIBE ANY UNANTICIPATED BENEFITS OR PROBLEMS IN IMPLEMENTING THE PROGRAM.**

**5. WHAT CHANGES WOULD YOU MAKE IF YOU WERE TO DO THIS PROJECT AGAIN?**

**6. IS THE PROGRAM ONGOING IN YOUR INSTITUTION? IF SO, HOW HAS IT EVOLVED? PLEASE DESCRIBE ITS IMPACT ON THE ORGANIZATION.**

**7. PLEASE SEND ANY MATERIALS OR EVALUATION TOOLS THAT YOU DEVELOPED FOR THIS PROGRAM.**

**8. HAVE YOU OR YOUR COLLEAGUES PRESENTED THE PROJECT AT ANY CONFERENCES OR MEETINGS OUTSIDE YOUR INSTITUTION? IF SO, PLEASE LIST.**

**9. HAVE YOU OR YOUR COLLEAGUES PUBLISHED ANY ARTICLES ABOUT THIS PROGRAM IN ANY PUBLICATIONS? IF SO, PLEASE LIST AND ATTACH COPIES.**

**10. WAS THE SCHWARTZ CENTER HELPFUL? IS THERE ANYTHING THE SCHWARTZ CENTER COULD HAVE DONE TO BE MORE HELPFUL?**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE**