Patient-Family Involvement Interview Evaluation

Candidate Name: ___________________________  Evaluator Name: ___________________________  Date: ____________

Committee: ___________________________  Committee Chair / Designee ___________________________

Interview Evaluation

1. Patient-family member representative is a good match for proposed workgroup or improvement team.
   □ Strongly Agree   □ Agree   □ Disagree   □ Not Sure

Comments:

2. Patient-family member representative interests or experiences is a good match for proposed workgroup or improvement team?
   □ Strongly Agree   □ Agree   □ Disagree   □ Not Sure

Comments:

3. Patient-family member representative expressed experiences or opinions clearly?
   □ Strongly Agree   □ Agree   □ Disagree   □ Not Sure

Comments:

4. Additional Comments:

□ Right Match  □ Not Right Match  □ Volunteer Packet Completed  □ TB Screening Completed  □ Confidentiality Agreement Completed

□ Privacy Law Education / Post Test Completed  □ HIPPA Training / Post Test Completed

□ Committee Start Date: ________________  □ Committee End Date: ________________  □ Committee Chair ___________________________