# Tourette Syndrome Association CBIT Program Evaluation
## "Comprehensive Behavioral Intervention for Tics"
### *Speaker, University*
### *Date*
### *Location*

*Learning Objectives:*
1. Understand the impact of environmental events on tics
2. Summarize the current state of evidence regarding non-pharmacological interventions for tics
3. Describe the CBIT protocol for tic management

**1. Please indicate your PROFESSION & SPECIALTY:**

Physician_____    PA_____    Nurse _____    NP_____    Ph.D._____    Psychologist_____
(specialty)              (specialty)      (specialty)          (specialty)         (specialty)            (specialty)

Social Worker_____    Counselor _____    Occupational Therapist_____    Other_____
(specialty)               (specialty)            (specialty)                        (describe)

**2. Do you have experience working with patients with TS or tic disorders?**   Yes____    No____
       If yes, how many?  1-5 ___    6-10 ___    more than 10 ___

**3. Please rate** your knowledge before and after participating in this program

| Knowledge BEFORE program | | | Self-rating of your knowledge related to: | Knowledge AFTER program | | |
|---|---|---|---|---|---|---|
| None | Some | A lot | | None | Some | A lot |
| 1 | 2 | 3 | Impact of environmental events on tics | 1 | 2 | 3 |
| 1 | 2 | 3 | Evidence for non-pharmacological interventions | 1 | 2 | 3 |
| 1 | 2 | 3 | CBIT protocol methods | 1 | 2 | 3 |

**4. How much of this content was new to you?**   Almost all____    75%____    50%____    25%____    Almost none____

**Please rate the following statements using a 1-4 scale, where 1 indicates strongly disagree and 4 indicates strongly agree**

| | Strongly disagree | Disagree | Agree | Strongly agree | N/A |
|---|---|---|---|---|---|
| 5. My skills in diagnosing/recognizing TS will be improved as a result of this program | 1 | 2 | 3 | 4 | |
| 6. My skills in managing patients who have TS will be improved as a result of this program | 1 | 2 | 3 | 4 | |
| 7. If given an opportunity, I can apply the knowledge gained as a result of this program | 1 | 2 | 3 | 4 | |
| 8. I intend to educate patients with TS and their families about CBIT | 1 | 2 | 3 | 4 | |
| 9. I plan to refer TS patients to CBIT practitioners | 1 | 2 | 3 | 4 | |
| 10. I plan to implement CBIT with my patients with tics | 1 | 2 | 3 | 4 | |
| 11. The presenter communicated the content effectively | 1 | 2 | 3 | 4 | |

Please describe any changes to your skills, strategy and/or practice:

Suggestions to improve this program: