

# Tourette Syndrome Association CBIT Program Evaluation "Comprehensive Behavioral Intervention for Tics"

**Speaker, University**

**Date**

**Location**

Form Approved  
OMB No. 0920-XXXX  
Exp. Date XX/XX/20XX

**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: