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| **Participants’ Evaluation Responses at the end of the CE Offering** |
| **11. In this educational session I increased my knowledge of military culture.**  Strongly Agree          Agree               Neither Agree nor Disagree   Disagree      Strongly Disagree Not Applicable/No response              1\_\_\_\_ #                     2\_\_\_\_ #                     3\_\_\_\_ #                    4\_\_\_\_ #                    5 \_\_\_\_ # \_\_\_\_ # |
| **22. In this educational session I increased my knowledge of veterans/service members and their families mental/behavioral health issues.**  Strongly Agree          Agree              Neither Agree nor Disagree   Disagree      Strongly Disagree Not Applicable/No response              1\_\_\_\_ #                     2\_\_\_\_ #                     3\_\_\_\_ #                    4\_\_\_\_ #                    5 \_\_\_\_ # \_\_\_\_ # |
| **33. After completing this educational session I intend to improve** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_ # (participants who added any response) |
| **44. I will ask my patients/clients if they or any close family members have served or are serving in the military.**  Strongly Agree         Agree         Neither Agree nor Disagree    Disagree     Strongly Disagree  Not Applicable/No response              1\_\_\_\_ #              2\_\_\_\_ #              3\_\_\_\_ #                    4\_\_\_\_ #                  5 \_\_\_\_ # \_\_\_\_ # |
| **55. Before completing this educational session, I routinely asked my patients/clients if they or any close family members have served or were serving in the military.**  Always           Usually               About half the time     Seldom        Never  Not Applicable/No response              1\_\_\_\_ #                     2\_\_\_\_ #                     3\_\_\_\_ #                    4\_\_\_\_ #                    5 \_\_\_\_ # \_\_\_\_ # |
| **66. I will assess veteran/service member patients or clients for signs and symptoms of Traumatic Brain Injury.**  Strongly Agree         Agree         Neither Agree nor Disagree    Disagree     Strongly Disagree  Not Applicable/No response              1\_\_\_\_ #              2\_\_\_\_ #              3\_\_\_\_ #                    4\_\_\_\_ #                  5 \_\_\_\_ # \_\_\_\_ # |
| **77. When I am concerned about PTSD, I will ask: Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you have had nightmares about it or thought about it when you did not want to?**  Strongly Agree         Agree         Neither Agree nor Disagree    Disagree     Strongly Disagree  Not Applicable/No response              1\_\_\_\_ #              2\_\_\_\_ #              3\_\_\_\_ #                    4\_\_\_\_ #                  5 \_\_\_\_ # \_\_\_\_ # |
| **88.I will refer patients/clients to the PTSD resource: http://www.ptsd.va.gov**  Strongly Agree          Agree         Neither Agree nor Disagree    Disagree      Strongly Disagree  Not Applicable/No response              1\_\_\_\_ #              2\_\_\_\_ #              3\_\_\_\_ #                    4\_\_\_\_ #                  5 \_\_\_\_ # \_\_\_\_ # |
| **9For Licensed Primary Care and Behavioral Health Professionals ONLY**  **9. I will enroll in the searchable online directory of health providers willing to serve the needs of service members that is maintained by the War Within database (http://warwithin.org/fhp.php).**  Yes  \_\_\_\_ #  No \_\_\_\_ # I am already enrolled  \_\_\_\_ # |
| **10For Licensed Primary Care and Behavioral Health Professionals ONLY**  **10. I am a TRICARE (Military Health Care Insurance) Provider now.** Yes  \_\_\_\_ #  No \_\_\_\_ # Not Applicable \_\_\_\_ #  **I intend to become a TRICARE Provider.** Yes  \_\_\_\_ #  No \_\_\_\_ # Not Applicable \_\_\_\_ # |

**FORM 1: CE Evaluation Results Form**

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| **Participants’ Evaluation Responses at the end of the CE Offering** |  |  |
| 11. In this educational session I increased my knowledge of military culture.  Strongly Agree, Agree, Somewhat Agree, Disagree, Strongly Disagree | 1. Project OUTCOMES: Change in knowledge   Provide the number for each response item. | CE-1a.2 Col 2 |
| 22. In this educational session I increased my knowledge of veterans/service members and their families mental/behavioral health issues.  Strongly Agree, Agree, Somewhat Agree, Disagree, Strongly Disagree | 1. Project OUTCOMES: Change in knowledge   Provide the number for each response item. | CE-1a.2 Col 2 |
| 33. After completing this educational session I intend to improve. \_\_\_\_\_\_\_  # participants who added any response | 1. Project OUTCOMES: Change in professional’s behavior report the # who give any response for this item. | CE-1a.2 Col 3 VMH Project data |
| 44. I will ask my patients/clients if they or any close family members have served or are serving in the military. | 1. Project OUTCOMES: Change in professional’s behavior   Items 7 and 8 are designed as a ‘Retrospective Pretest ‘, also known as ‘Then Now’ questions. The protocol is to ask the participant to respond based on their answer after the educational offering and then reflect on how they would have responded before the educational offering. The sequencing of the questions is part of the design. | CE-1a.2 Col 3 VMH Project data |
| 55. Before completing this educational session, I routinely asked my patients/clients if they or any close family members have served or were serving in the military. | 1. See above | CE-1a.2 Col 3 VMH Project data |
| 66. I will assess veteran/service member patients or clients for signs and symptoms of Traumatic Brain Injury.  Strongly Agree, Agree, Somewhat Agree, Disagree, Strongly Disagree | 1. Project OUTCOMES: Change in knowledge   Provide the number for each response item. | CE-1a.2 Col 3 |
| 77. When I am concerned about PTSD, I will ask: Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you have had nightmares about it or thought about it when you did not want to?  Strongly Agree, Agree, Somewhat Agree, Disagree, Strongly Disagree | 1. Project OUTCOMES: Change in professional’s behavior   Provide the number for each response item. | CE-1a.2 Col 3 VMH Project data |
| 88.I will refer patients/clients to the PTSD resource: http://www.ptsd.va.gov  Strongly Agree, Agree, Somewhat Agree, Disagree, Strongly Disagree | 1. Project OUTCOMES: Change in professional’s behavior | CE-1a.2 Col 3 VMH Project data |
| 9For Licensed Primary Care and Behavioral Health Professionals ONLY  9. I will enroll in the searchable online directory of health providers willing to serve the needs of service members that is maintained by the War Within database (http://warwithin.org/fhp.php). | 1. Project OUTCOMES: Access to care. Provide the number for each response item. | CE-1a.2 Col 3 VMH Project data |
| 10For Licensed Primary Care and Behavioral Health Professionals ONLY  10. I am a TRICARE (Military Health Care Insurance) Provider now.  Yes, No, Not Applicable  I intend to become a TRICARE Provider.  Yes, No, Not Applicable | 1. Project OUTCOMES: Access to care.  Provide the number for each response item. | CE-1a.2 Col 3 VMH Project data |