

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

Participants' Evaluation Responses at the end of the CE Offering		
¹ 1. 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
² 2. 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	2. Project OUTCOMES: Change in knowledge Provide the number for each response item.	CE-1a.2 Col 2
³ 3. After completing this educational session I intend to improve. _____ # participants who added any response	3. Project OUTCOMES: Change in professional's behavior report the # who give any response for this item.	CE-1a.2 Col 3 VMH Project data
⁴ 4. I will ask my patients/clients if they or any close family members have served or are serving in the military.	4. 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
⁵ 5. 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.	5. See above	CE-1a.2 Col 3 VMH Project data
⁶ 6. 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	6. Project OUTCOMES: Change in knowledge Provide the number for each response item.	CE-1a.2 Col 3
⁷ 7. 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	7. Project OUTCOMES: Change in professional's behavior Provide the number for each response item.	CE-1a.2 Col 3 VMH Project data
⁸ 8. I will refer patients/clients to the PTSD resource: http://www.ptsd.va.gov Strongly Agree, Agree, Somewhat Agree, Disagree, Strongly Disagree	8. Project OUTCOMES: Change in professional's behavior	CE-1a.2 Col 3 VMH Project data
⁹ For 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).	9. Project OUTCOMES: Access to care. Provide the number for each response item.	CE-1a.2 Col 3 VMH Project data
¹⁰ For 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	10. Project OUTCOMES: Access to care. Provide the number for each response item.	CE-1a.2 Col 3 VMH Project data