

Form 2: CE Evaluation Follow-up Form

Participants' Evaluation Responses from the email/phone follow-up evaluation

¹¹ 1. At the CE offering, I made a commitment to improve something. Yes ___# No ___#
 If 'Yes' please identify the area/activity you committed to change. _____
 As relates to the change you identified have you:
 Begun to implement? ___# Planning to implement? ___# Decided not to implement? ___#

¹² 2. I will ask my patients/clients if they or any close family members have served or are serving in the military.
 Begun to implement? ___# Planning to implement? ___# Decided not to implement? ___#

¹³ 3. If I have begun to implement asking my patients/clients if they or any close family members have served or are serving in the military, I do so:

Always	Usually	About half the time	Seldom	Never
1 ___#	2 ___#	3 ___#	4 ___#	5 ___#

¹⁴ 4. I will assess veteran/service member patients or clients for signs and symptoms of Traumatic Brain Injury.
 Begun to implement? ___# Planning to implement? ___# Decided not to implement? ___#

¹⁵ 5. 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?
 Begun to implement? ___# Planning to implement? ___# Decided not to implement? ___#

¹⁶ 6. I will refer patients/clients to the PTSD resource: <http://www.ptsd.va.gov>
 Begun to implement? ___# Planning to implement? ___# Decided not to implement? ___#

¹⁷ **For Licensed Primary Care and Behavioral Health Professionals ONLY**
 7. 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? ___# Already enrolled? ___#

¹⁸ **For Licensed Primary Care and Behavioral Health Professionals ONLY**
 8. I am a TriCare (Military Health Care Insurance) Provider.
 Yes? ___# No? ___# Already enrolled? ___#

Participants' Evaluation Responses from the email/phone follow-up evaluation		
¹¹ 1. At the CE offering, I made a commitment to improve something. Yes, No If 'Yes' please identify the area/activity you committed to change. As relates to the change you identified have you: Begun to implement, Planning to implement, Decided not to implement.	1. Project OUTCOMES: Change in professional's behavior	CE-1a.2 Col 3 VMH Project data
¹² 2. I will ask my patients/clients if they or any close family members have served or are serving in the military. Begun to implement, Planning to implement, Decided not to implement.	2. Project OUTCOMES: Change in professional's behavior	CE-1a.2 Col 3 VMH Project data
¹³ 3. If I have begun to implement asking my patients/clients if they or any close family members have served or are serving in the military. Always, Usually, About half the time, Seldom, Never	3. Project OUTCOMES: Change in professional's behavior rate	VMH Project data
¹⁴ 4. I will assess veteran/service member patients or clients for signs and symptoms of Traumatic Brain Injury. Begun to implement, Planning to implement, Decided not to implement.	4. Project OUTCOMES: Change in professional's behavior	CE-1a.2 Col 3 VMH Project data
¹⁵ 5. 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? Begun to implement, Planning to implement, Decided not to implement.	5. Project OUTCOMES: Change in professional's behavior	CE-1a.2 Col 3 VMH Project data
¹⁶ 6. I will refer patients/clients to the PTSD resource: http://www.ptsd.va.gov Begun to implement, Planning to implement, Decided not to implement.	6. Project OUTCOMES: Change in professional's behavior	CE-1a.2 Col 3 VMH Project data
¹⁷ For Licensed Primary Care and Behavioral Health Professionals ONLY 7. 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). Begun to implement, Planning to implement, Decided not to implement.	7. Project OUTCOMES: Access to care. Provide the number for each response item.	CE-1a.2 Col 3 VMH Project data
¹⁸ For Licensed Primary Care and Behavioral Health Professionals ONLY 8. I am a TriCare (Military Health Care Insurance) Provider. Begun to implement, Planning to implement, Decided not to implement.	8. Project OUTCOMES: Access to care. Provide the number for each response item.	CE-1a.2 Col 3 VMH Project data