OMB No. 0990-0379 Exp. Date 09/30/2020

POWER Evaluation Form Trauma and Substance Use Training

Please complete this evaluation for today's training. Your responses will help us to understand how best to support you in your work to prevent and raise awareness of issues concerning substance addiction and opioid misuse among women aged 55+. IHR relies on your honest opinions & suggestions for improvement of future trainings. All of your responses will be kept confidential and will only be reported in the aggregate. Your name will not be used in any reports put together for this project.

Content of Training:

As a result of the training, to what extent do you agree with t	the followir	ig staten	nents?	
	Strongly Agree	Agree	Disagree	Strongly Disagree
I am able to explain how trauma impacts the lives of older women and older adults.	€	€	€	€
I understand the connections between substance use and trauma.	€	€	€	€
I am better able to understand why trauma is a risk factor for developing opioid misuse and other substance use disorders.		€	€	€
I feel more comfortable speaking to older adults about the impacts trauma and substance use have in their lives.	€	€	€	€
The information and skills presented will be useful to my work.	€	€	€	€
Use in the Field:				
Have you considered or discussed trauma and its connection substance use and misuse in your previous work with older volder adults?		Yes	€ No	
Do you intend to integrate the information presented today future practice with older adults?	into your	€	Yes	€ No
If yes, how so?				

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Have you participated in pre € No, I have not particip € Yes, I participated in a € Yes, I participated in re Where?	eated in prior traini previous traini elated training	ainings on topic ing offered by II (s) offered thro	cs address HR. ugh a diffe	ed today. Frent organiza	
<u>Presentation</u>			. 2		
To what extent do you agree	e with the follo	_	nts <i>:</i>		
		Strongly Agree	Agree	Disagree	Strongly Disagree
The presenter was well prepar	red.	€	€	€	€
The presenter had good know subject.		€	€	€	€
The presenter delivered mate		€	€	€	€
Presenter used time effective	ly.	€	€	€	€
What is your title/role? (Select	One)				
€ Social Worker					
€ Doctor					
€ Nurse					
€ Other Clinical Staff – Ple	ease specify:				
€ Case manager					
€ Personal Care Attendant					
€ Other:					
How can we improve this traini	ing?				
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