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

## POWER Evaluation Form SBIRT 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 the following statements?

				Disagree
The information and skills presented will be useful to my work.	€	€	€	€
I can describe the basic components of Screening, Brief Intervention, and Referral to Treatment (SBIRT).	€	€	€	€
I am better able to use a screening tool to screen clients for unhealthy substance use.	€	€	€	€
I can identify the elements of the Brief Negotiated Interview.	€	€	€	€
I am more comfortable talking to clients about the risks of opioids and other substance misuse.	€	€	€	€
I am better able to refer clients to appropriate levels of treatment including outpatient and/or Medication Assisted Treatment.	€	€	€	€
I am comfortable implementing the Elder SBIRT.	€			€
Use in the Field:				
Have you used elements of the Brief Negotiated Interview (BNI) in your work previously?			Yes €	€ No
Do you intend to use the features of SBIRT (screening tool, BNI, referrals for treatment) taught today in your future practice?  If yes, how so?			Yes €	€ No

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 7 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 previous trainings ∈  No, I have not participated in prior trai  Yes, I participated in a previous trainin  Yes, I participated in related training(s)  Where?	nings on topio g offered by II ) offered thro	cs addresse HR. ugh a diffe	ed today. rent organiza	,	)
Presentation  To what extent do you agree with the follow	ving stateme	nts?			
, -	Strongly Agree	Agree	Disagree	Strongly Disagree	
The presenter was well prepared. The presenter had good knowledge of subject.	€	€	€	€	
The presenter delivered material well.  Presenter used time effectively.	€	€	€	€	
What is your title/role? (Select One)					
<ul> <li>€ Social Worker</li> <li>€ Doctor</li> <li>€ Nurse</li> <li>€ Other Clinical Staff – Please specify:</li> <li>€ Case manager</li> <li>€ Personal Care Attendant</li> <li>€ Other:</li> </ul> How can we improve this training?		_			

