

POWER Evaluation Form Opioid Use and Misuse 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?

	Strongly Agree	Agree	Disagree	Strongly Disagree
The information and skills presented will be useful to my work.	€	€	€	€
My knowledge about opioid misuse and addiction in older women has grown.	€	€	€	€
I have an increased understanding of the risk factors of opioid misuse in older women.	€	€	€	€

To what extent has this training increased your knowledge on the following topics?

	A lot	Somewhat	A little	Not at all
The potential benefits and consequences of prescription opioids, particularly for older women	€	€	€	€
The warning signs of opioid misuse and overdose	€	€	€	€
Community services for substance use treatment and pain management.	€	€	€	€

Use in the Field:

Have you considered or discussed opioid use and misuse in your previous work with older women and older adults? € Yes € No

Do you intend to integrate the information presented today into your future practice with older adults? € Yes € No

If yes, how so? _____

Have you participated in previous trainings on any of the topics addressed today? (select one)

- No, I have not participated in prior trainings on topics addressed today.
- Yes, I participated in a previous training offered by IHR.
- Yes, I participated in related training(s) offered through a different organization.
Where? _____

Presentation

To what extent do you agree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
The presenter was well prepared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter had good knowledge of subject.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter delivered material well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenter used time effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What is your title/role? (Select One)

- Social Worker
- Doctor
- Nurse
- Other Clinical Staff – Please specify: _____
- Case manager
- Personal Care Attendant
- Other: _____

How can we improve this training?
