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

POWER Evaluation Form Motivational Interviewing 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?

<i>3.</i> ,	9		9	
	Strongly Agree	Agree	Disagree	Strongly Disagree
The information and skills presented will be useful to my work.	€	€	€	€
I can describe the basic principles of Motivational Interviewing (MI).	€	€	€	€
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 comfortable using MI to engage with clients around their substance use.	€	€	€	€

Use in the Field:

1.	Have you used Motivational Interviewing (MI) techniques in your work previously?	€ Yes	€ No	
2.	Do you intend to use the MI skills taught today in your future practice? If yes, how so?	€ Yes	€ No	

- 3. Have you participated in previous trainings on Motivational Interviewing? (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?

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 5 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

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Presentation

What is your title/role? (Select One) € Social worker

To what extent do	you agree with the	following statements?

, -	Strongly			Strongly
	Agree	Agree	Disagree	Disagree
The presenter was well prepared. The presenter had good knowledge of	€	€	€	€
subject. The presenter delivered material well. Presenter used time effectively.	€	€	€	€

€	Doctor	
€	Nurse	
€	Other Clinical Staff – Please specify:	_
	Case Manager	
€	Personal Care/Home Care Attendant	
€	Medical Assistant	
€	Activity Assistant	
	Other:	_
Нс	ow can we improve this training?	
Ho	ow can we improve this training?	
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