POWER Evaluation Form- 3 Month Follow-up  
Opioid Use and Misuse Training

## Please complete this brief follow-up survey on the Opioid Use and Misuse training that you participated in on \_\_\_. This training covered topics relevant to preventing and addressing opioid misuse among women aged 55+ including:

## Risk factors of opioid misuse in older women

## Potential benefits and consequences of prescription opioid use and misuse

## Warning signs of opioid misuse and overdose

## Community services for substance use treatment and pain management.

## Your responses will help us to understand the impact of the training on your work with women ages 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.

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| --- | --- | --- |
| **Have issues related to opioid use and misuse arisen in your work with older women since the IHR training?** | * Yes | * No |
| **Have you used knowledge or skills from the IHR training in your work with older women?** | * Yes | * No |
| **If Yes, please describe how you used the material in your work.** |  |  |
| **If No, please describe any barriers to using the material in your work.**  **What additional trainings or other supports would benefit your work with older women and older adults around opioid use and misuse?** | | |

**What is your title/role?** (Select One)

* Social Worker
* Doctor
* Nurse
* Other Clinical Staff – Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Case manager
* Personal Care Attendant
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_