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

€ Yes

€ No

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.

Have issues related to opioid use and misuse arisen in your work with

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.

older	women since the IHR training?			
	you used knowledge or skills from the IHR training in your work older women?	€	Yes	€ No
If Y	es, please describe how you used the material in your work.			
If N	No, please describe any barriers to using the material in your work.			
	additional trainings or other supports would benefit your work with of around opioid use and misuse?	older w	omen a	nd older
What i	s your title/role? (Select One)			
€	Social Worker			
€	Doctor			
€	Nurse			
€	Other Clinical Staff - Please specify:			
€	Case manager			
€	Personal Care Attendant			
₽	Othor			

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 4 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