

# Opioid Prescribing Presentation Satisfaction Survey

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Start of Block: Date

**Introduction:** The purpose of this study is to research best practices for pain education curricula, develop an evidence-based curriculum focusing on improving opiate prescribing for women, and create core competencies for opioid prescription education for the School of Osteopathic Medicine of Rowan University. In order to continuously improve upon opioid education, this satisfaction survey was developed to measure satisfaction with the course and trainers. Please answer honestly to the best of your ability.

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**Date:**

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**Trainer:**

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**Title and location of training:**

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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

**Instructions:** Please indicate your level of agreement with the statements listed in #1-10.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. The objectives of the training were clearly defined.	0	0	0	0	0
2. Participation and interaction were encouraged.	0	0	0	0	0
3. The topics covered were relevant to me.	0	0	0	0	0
4. The content was organized and easy to follow.	0	0	0	0	0
5. The materials distributed were helpful.	0	0	0	0	0
6. I will use the information within my practice as a physician.	0	0	0	0	0
7. The trainer was knowledgeable about the training topics.	0	0	0	0	0
8. The trainer was well prepared.	0	0	0	0	0
9. The training objectives were met.	0	0	0	0	0
10. The time allotted for the training was sufficient.	0	0	0	0	0

11. What did you like most about this training?

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12. What aspect of the training could be improved?

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13. How do you hope to incorporate what you learned from this training?

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14. What additional training would you like to have in the future?

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15. Please share other comments or suggestions.

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**Thank you for your feedback!**

End of Block: Date

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