

Prescription Opioid Education & Awareness Toolkit - Facilitator Evaluation

Program Location: _____

Date(s) & Time(s): _____

Your input and feedback are valuable to our education efforts. By completing this evaluation form, you are providing us with the necessary information to more effectively educate the public about opioids and the potential hazards associated with opioids. Thank you!

Audience Characteristics

Age:

Age group	Number of participants
Under 18	
18 - 24	
25 - 34	
35 - 44	
45 - 54	
55 - 64	
65+	

Gender:

Gender	Number of participants
Female/Woman	
Male/Man	
Trans Male/Trans Man	
Trans Female/Trans Woman	
Gender Queer/Nonbinary	
Another identity not listed above	

Race/Ethnicity:

Race	Number of participants
Hispanic or Latino	
American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	

Implementation Details and Feedback

Reason(s) for conducting this program (requested by a group/organization, open to the public):

Toolkit usage - please indicate the toolkit modules utilized:

- Module 1: Introduction to Opioids
- Module 2: Prescription Opioids & Home Safety: Proper Storage & Disposal
- Module 3: Stigma & Opioid Use Disorder
- Module 4: Prescription Opioid Use Disorder: Community Resources
- Bonus Module: Opioid Use Disorder Treatment & Recovery Information

Ease of implementation – please rate whether or not the module(s) were “user-friendly”:

- Extremely difficult
- Somewhat difficult
- Neutral
- Somewhat “user-friendly”
- Extremely “user-friendly”

Estimated time for completion:

- Significantly underestimated (took far more time than anticipated)
- About right (time to complete session(s) was accurately anticipated)
- Significantly overestimated (took far less time than anticipated)

List any challenges or concerns associated with the implementation of these lessons:

Perception of audience reactions to the lesson(s):

- Very negative
- Negative
- Neutral (or mixed)
- Positive
- Very positive

Perception of audience interest/engagement:

- Extremely disinterested/disengaged
- Disinterested/disengaged
- Neutral (or mixed)
- Interested/engaged
- Extremely interested/engaged

Please list any challenges or concerns regarding audience reactions, questions/comments, or engagement:

Were there any portions of the module(s) that you omitted or modified? If so, please describe these changes and why you made them.

Did you present the lesson(s) yourself or did you use the pre-recorded slideshow(s)?

- Presented myself
- Used pre-recorded slideshow

Please indicate which of the following materials you utilized during your session(s). If you distributed any of these materials, please indicate that as well:

	Utilized	Distributed
Module 1		
• Common Names for Prescription Opioid Pain Medications	<input type="checkbox"/>	<input type="checkbox"/>
• 2021 CDC Drug Overdose Deaths, 2015-2020	<input type="checkbox"/>	<input type="checkbox"/>
• MontGuide: Prescription Opioid Use and Misuse in Montana	<input type="checkbox"/>	<input type="checkbox"/>
Module 2		
• DPHHS – Addictive & Mental Disorders Division, Mental Health Services Bureau Programs & Contacts	<input type="checkbox"/>	<input type="checkbox"/>
• Montana Standing Order for Naloxone Opioid Antagonists, Jan. 1, 2021	<input type="checkbox"/>	<input type="checkbox"/>
• Montana Implementation Guide for Access to Naloxone Opioid Antagonists, May 2019	<input type="checkbox"/>	<input type="checkbox"/>
• Montana Prescription Drug Drop Box Locations	<input type="checkbox"/>	<input type="checkbox"/>
• Permanent Prescription Drug Drop Box Locations in Montana	<input type="checkbox"/>	<input type="checkbox"/>
• Drug Disposal: FDA’s Flush List for Certain Medications	<input type="checkbox"/>	<input type="checkbox"/>
• Prescription Drugs/Medications: Proper Use, Storage & Disposal	<input type="checkbox"/>	<input type="checkbox"/>
• Website Links for the Proper Disposal of Prescription Medications	<input type="checkbox"/>	<input type="checkbox"/>
Module 3		
• MontGuide: Stigma Free Addictions Terminology for Montanans	<input type="checkbox"/>	<input type="checkbox"/>
Module 4		
• DPHHS – Addictive & Mental Disorders Division, Mental Health Services Bureau Programs & Contacts	<input type="checkbox"/>	<input type="checkbox"/>
• Montana Standing Order for Naloxone Opioid Antagonists, Jan. 1, 2021	<input type="checkbox"/>	<input type="checkbox"/>
• Montana Mental Health Centers Directory	<input type="checkbox"/>	<input type="checkbox"/>
• Montana Implementation Guide for Access to Naloxone Opioid Antagonists, May 2019	<input type="checkbox"/>	<input type="checkbox"/>
• Website Links for Community Resources	<input type="checkbox"/>	<input type="checkbox"/>
• 2021 CDC Drug Overdose Deaths, 2015-2020	<input type="checkbox"/>	<input type="checkbox"/>
• MontGuide: Understanding and Finding Mental Health Providers	<input type="checkbox"/>	<input type="checkbox"/>
Bonus Module		
• 2021 CDC Drug Overdose Deaths, 2015-2020	<input type="checkbox"/>	<input type="checkbox"/>

Additional Toolkit/Module Feedback:

Use the space below to provide additional feedback and/or suggestions to improve this module or toolkit.

Thank you for completing this evaluation form. Submit this form to Jennifer Munter, Program Manager by email (jennifermunter@montana.edu) or by mailing to: P.O. Box 173370, Bozeman, MT 59717-3370 (Attn: Jennifer Munter).

For more information about the MSU Extension Opioid Awareness & Education Program visit: http://health.msuextension.org/opioid_misuse.html or contact Barbara Allen, Project Director at: blallen@montana.edu.