

OHIO PAIN INITIATIVE
CONTINUING EDUCATION EVALUATION

TITLE: Understanding Pain & Addiction

DATE: September 15, 2009

To assist us in evaluating the effectiveness of the CNE activity and to make recommendations for future programs, please complete the evaluation form by circling the appropriate rating.

SESSION EVALUATION Key: 1 = Not at all 2 = Low 3 = Medium 4 = High

1. To what degree did you achieve the goal of this activity? 1 2 3 4

To relieve suffering from pain by providing nurses with current information related to the care of persons with pain.

2. To what degree did you achieve the following objectives?

Discuss factors that increase the risk of opioid abuse in patients being treated for chronic pain. 1 2 3 4

Discuss treatment practices to address opioid abuse in persons with chronic pain. 1 2 3 4

3. How would you rate the teaching effectiveness of the presenter?

Glenn I. Swimmer, PhD 1 2 3 4

4. How useful will the information presented be to your practice? 1 2 3 4

5. Were you notified of any commercial support, presenter financial relationships, and off-label/investigational use of products (if applicable) for this program?

Yes No If no, please explain: _____

6. Did the program provide objective, complete, evidence-based information without expressing a professional preference for any one product or service?

Yes No If no, please explain: _____

Comments/Suggestions: