



## KOGNITO® AT RISK IN THE ED PROGRAM: IMPLEMENTATION GUIDE

There are two evaluation phases to KOGNITO® AT RISK IN THE ED Program, process evaluation and outcome evaluation. All documents are to be sent to a SIPP analyst within 5 working after close of training period. SIPP analysts will follow-up if evaluation documents are not received.

### Process Evaluation:

Please complete the *KOGNITO® At Risk in the ED Process Document* for each TRAC receiving licenses. The process document will include:

- 1) Intervention information – date, location, TRAC, etc.
- 2) program baseline data
- 3) program data measures
- 4) barriers and facilitators to intervention implementation

### Outcome Evaluation:

There are three documents for collecting KOGNITO® At Risk in the ED outcome data. The outcome surveys are collected electronically by national KOGNITO program (samples are attached). SIPP staff will access this data for analysis purposes.

- 1) *KOGNITO® At Risk in the ED pre-test*
- 2) *KOGNITO® At Risk in the ED post-test*
- 3) *KOGNITO® At Risk in the ED 90 day follow-up*

Please remind all participants who receive a license, to complete the outcome evaluation surveys.

### All documents mentioned can be found:

- 1) As attachments to this document (NOTE: Outcome evaluations are done electronically)
- 2) On the SIPP website at  
<http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/injuryPrevention/SIPP/Pages/default.aspx>
- 3) By contacting a SIPP analyst Toll-free 866-611-3445 or 501-364-3400

### RETURNING EVALUATION DOCUMENTS: You may mail, email or fax your evaluation documents

Mail	EMAIL	FAX
Intentional Injury SIPP Analyst 1 Children’s Way, Slot 512-26 Little Rock, AR 72202	<a href="mailto:injuryprevention@archildren.org">injuryprevention@archildren.org</a>	501-364-3112

Return the following documents

- 1) *KOGNITO® AT RISK IN THE ED Process Document -1 per hospital*
- 2) NOTE: KOGNITO® At Risk in the ED pre-test, post-test, and 90 day follow-up are done electronically and will be accessed by the SIPP analyst.



Form to be completed by: IVP TRAC CHAIR

## KOGNITO® AT RISK IN THE ED PROGRAM: PROCESS DOCUMENT

TRAC: \_\_\_\_\_ Project Coordinator: \_\_\_\_\_

Time frame to complete KOGNITO® training: Start: \_\_\_/\_\_\_/\_\_\_ End: \_\_\_/\_\_\_/\_\_\_

**Mechanism: Motor vehicle**

Baseline Data 2010								
METRICS	State	Ark Valley	Central	North Central	North East	North West	South East	South West
Suicide related mortality	447	54	114	53	61	73	27	65
Suicide related hospitalization	1692	294	422	168	164	285	61	298
Suicide related mortality Ages ≤19	21	UR	UR	UR	UR	UR	UR	UR
Suicide hospitalization Ages ≤19	178	33	35	17	13	43	6	31
Suicide related mortality Ages 20-44	204	29	58	20	27	37	12	21
Suicide hospitalization Ages 20-44	982	168	266	97	97	161	38	156
Suicide related mortality Ages 45-64	149	15	36	19	21	22	UR	28
Suicide hospitalization Ages 45-64	465	81	111	45	47	68	17	96
Suicide related mortality Ages 65+	73	UR	12	12	11	10	UR	14
Suicide hospitalization Ages 65+	66+	12	10	9	7	13	UR	15

UR=counts under 10 for mortality and under 5 for hospitalizations are unreportable

Outcome Measures			
Measure		Individual Hospital Goal (# to be trained at this hospital)	Training Result (# actually trained)
1	Hospital #1 (insert name)		
2	Hospital #2 (insert name)		
3	Hospital #3(insert name)		
4	Hospital #4 (insert name)		
5	Hospital #5 (insert name)		
	TRAC Project Total		



Form to be completed by: IVP TRAC CHAIR

**KOGNITO© AT RISK IN THE ED PROGRAM:  
PROCESS DOCUMENT**

Did you achieve your individual hospital goals for your outcome measures? Yes No  
If no, why not? \_\_\_\_\_

\_\_\_\_\_

Did you encounter any barriers planning for KOGNITO© rollout? Yes No  
If YES, what? \_\_\_\_\_

\_\_\_\_\_

Did you encounter any barriers getting hospitals to complete all their licensures?  
Yes No  
If YES, what? \_\_\_\_\_

\_\_\_\_\_

What went well during this roll-out? \_\_\_\_\_

\_\_\_\_\_

Do you have any lessons learned that you'd like to share? Yes No  
If YES, what? \_\_\_\_\_

\_\_\_\_\_

**RETURN VIA:**

Mail	EMAIL	FAX
Motor Vehicle SIPP Analyst 1 Children's Way, Slot 512-26 Little Rock, AR 72202	injuryprevention@archildrens.org	501-364-3112



Form to be completed by: Hospital staff assigned license (NOTE: collected electronically)

## KOGNITO© AT RISK IN THE ED PROGRAM: SAMPLE PRE-TEST

NOTE: This survey is collected electronically and results will be downloaded by SIPP analyst.

### At-Risk in the ED - PRE - Updated June 2012

Before we begin the course, please answer a few short questions.

#### 1. A patient is admitted into the ED with a non-mental health chief complaint (such as a bone fracture). How would you rate your preparedness to:

	Very Low	Low	Medium	High	Very High
Recognize when a patient's behavior is a sign of substance abuse	<input type="radio"/>				
Recognize when a patient's physical appearance is a sign of substance abuse	<input type="radio"/>				
Recognize when a patient's emotional state is a sign of substance abuse	<input type="radio"/>				
Screen patients for substance abuse	<input type="radio"/>				
Discuss with a patient your concern about signs of substance abuse	<input type="radio"/>				
Decide on next steps for patients who screen positive for substance abuse	<input type="radio"/>				
Conduct a brief intervention with a patient who screens positive for substance abuse	<input type="radio"/>				
Make an appropriate referral to treatment for a patient who screens positive for substance abuse	<input type="radio"/>				
Adequately document your screening and referral of patients for substance abuse	<input type="radio"/>				

#### 2. A patient is admitted into the ED with a non-mental health chief complaint (such as a bone fracture). How would you rate your preparedness to:

	Very Low	Low	Medium	High	Very High
Recognize when a patient's behavior is a sign of suicide risk	<input type="radio"/>				
Recognize when a patient's physical appearance is a sign of suicide risk	<input type="radio"/>				
Recognize when a patient's emotional state is a sign of suicide risk	<input type="radio"/>				
Screen patients for suicide risk	<input type="radio"/>				
Discuss with a patient your concern about signs of suicide risk	<input type="radio"/>				
Decide on next steps for patients who screen positive for suicidal Ideation	<input type="radio"/>				
Make an appropriate referral to treatment for a patient who screens positive for suicide risk	<input type="radio"/>				
Adequately document your screening and referral of patients for suicide risk	<input type="radio"/>				



Form to be completed by: Hospital staff assigned license (NOTE: collected electronically)

## KOGNITO© AT RISK IN THE ED PROGRAM: SAMPLE PRE-TEST

NOTE: This survey is collected electronically and results will be downloaded by SIPP analyst.

**At-Risk in the ED - PRE - Updated June 2012**

**3. Please rate how much you agree/disagree with the following statements:**

	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel confident in my ability to discuss my concerns with an ED patient exhibiting signs of substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to screen ED patients for substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability make an appropriate referral of an ED patient exhibiting signs of substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to conduct a brief Intervention with a patient who screens positive for substance abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. Please rate how much you agree/disagree with the following statements:**

	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel confident in my ability to discuss my concerns with an ED patient exhibiting signs of suicide risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to screen ED patients for suicide risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability make an appropriate referral of an ED patient exhibiting signs of suicide risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to conduct a brief Intervention with a patient who screens positive for suicide risk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Part of the role of ED staff is to be able to conduct suicide and substance abuse screening, brief intervention and referral to treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. In the past two months, approximately how many ED patients have you...**

Spoken with about substance abuse	<input type="text"/>
Screened for substance abuse	<input type="text"/>
Referred to treatment for substance abuse	<input type="text"/>
Spoken with about suicide risk	<input type="text"/>
Screened for suicide risk	<input type="text"/>
Referred to treatment for suicide risk	<input type="text"/>

**6. As part of your work in the ED, how frequently do you screen patients for substance abuse and/or suicide ideation?**

- Never
- Rarely
- Occasionally
- Frequently
- Very Frequently



Form to be completed by: Hospital staff assigned license (NOTE: collected electronically)

## KOGNITO© AT RISK IN THE ED PROGRAM: SAMPLE POST-TEST

NOTE: This survey is collected electronically and results will be downloaded by SIPP analyst.

### At-Risk in the ED - POST - Updated June 2012

Thank you for viewing this course!

This survey is intended to be taken upon completion of the course. Your participation in this survey is voluntary. Your answers are confidential. Your answers may be combined with responses from others and may be presented at scientific or medical meetings or published in scientific journals. By submitting your answers to this survey, you are agreeing that you have read and understand the nature of participating.

#### \*1. A patient is admitted into the ED with a non-mental health chief complaint (such as a bone fracture). After taking this course, how would you rate your preparedness to:

	Very low	Low	Medium	High	Very High
Recognize when a patient's behavior is a sign of substance abuse	<input type="radio"/>				
Recognize when a patient's physical appearance is a sign of substance abuse	<input type="radio"/>				
Recognize when a patient's emotional state is a sign of substance abuse	<input type="radio"/>				
Screen patients for substance abuse	<input type="radio"/>				
Discuss with a patient your concern about signs of substance abuse	<input type="radio"/>				
Decide on next steps for patients who screen positive for substance abuse	<input type="radio"/>				
Conduct a brief intervention with an ED patient who screens positive for substance abuse.	<input type="radio"/>				
Make an appropriate referral to treatment for a patient who screens positive for substance abuse	<input type="radio"/>				
Adequately document your screening and referral of patients for substance abuse	<input type="radio"/>				

#### \*2. A patient is admitted into the ED with a non-mental health chief complaint (such as a bone fracture). After taking this course, how would you rate your preparedness to:

	Very Low	Low	Medium	High	Very High
Recognize when a patient's behavior is a sign of suicide risk	<input type="radio"/>				
Recognize when a patient's physical appearance is a sign of suicide risk	<input type="radio"/>				
Recognize when a patient's emotional state is a sign of suicide risk	<input type="radio"/>				
Screen patients for suicide risk	<input type="radio"/>				
Discuss with a patient your concern about signs of suicide risk	<input type="radio"/>				
Decide on next steps for patients who screen positive for suicidal ideation	<input type="radio"/>				
Make an appropriate referral to treatment for a patient who screens positive for suicide risk	<input type="radio"/>				
Adequately document your screening and referral of patients for suicide risk	<input type="radio"/>				



Form to be completed by: Hospital staff assigned license (NOTE: collected electronically)

## KOGNITO© AT RISK IN THE ED PROGRAM: SAMPLE POST-TEST

NOTE: This survey is collected electronically and results will be downloaded by SIPP analyst

**At-Risk in the ED - POST - Updated June 2012**

**\*3. Please rate how much you agree/disagree with the following statements:**

	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel confident in my ability to discuss my concerns with an ED patient exhibiting signs of substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to screen ED patients for substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability make an appropriate referral of an ED patient exhibiting signs of substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to conduct a brief intervention with a patient who screens positive for substance abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*4. Please rate how much you agree/disagree with the following statements:**

	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel confident in my ability to discuss my concerns with an ED patient exhibiting signs of suicide risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to screen ED patients for suicide risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability make an appropriate referral of an ED patient exhibiting signs of suicide risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to conduct a brief intervention with a patient who screens positive for suicide risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Part of the role of ED staff is to be able to conduct suicide and substance abuse screening, brief intervention and referral to treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All ED staff in my hospital should take this course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*5. In the past two months, approximately how many ED patients have you...**

Spoken with about substance abuse	<input type="text"/>
Screened for substance abuse	<input type="text"/>
Referred to treatment for substance abuse	<input type="text"/>
Spoken with about suicide risk	<input type="text"/>
Screened for suicide risk	<input type="text"/>
Referred to treatment for suicide risk	<input type="text"/>

**\*6. As part of your work in the ED, how frequently do you screen patients for substance abuse and/or suicide ideation?**

- Never
- Rarely
- Occasionally
- Frequently
- Very Frequently



Form to be completed by: Hospital staff assigned license (NOTE: collected electronically)

## KOGNITO© AT RISK IN THE ED PROGRAM: SAMPLE POST-TEST

NOTE: This survey is collected electronically and results will be downloaded by SIPP analyst

**At-Risk in the ED - POST - Updated June 2012**

**\*1. Overall, how would you rate this course?**

Poor       Good       Very Good       Excellent

**\*2. Would you recommend this course to your colleagues?**

Yes  
 No

**\*3. In your estimation, to what extent is At-Risk:**

	Not at all or to very little extent	To a little extent	To some extent	To a great extent	To a very great extent
A useful tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well constructed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easy to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likely to help you help ED patients exhibiting signs of substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likely to help you help ED patients exhibiting signs of suicide risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Based on scenarios that are relevant to you and your patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*4. How would you rate the training (select one)?**

Below my skill level  
 At my skill level  
 Above my skill level  
 Don't know

**5. What did you like best about the course?**

**6. What would you change to make the course more effective?**

**7. Any other suggestions or comments?**



Form to be completed by: Hospital staff  
assigned license (NOTE: collected electronically)

**KOGNITO© AT RISK IN THE ED PROGRAM:  
SAMPLE POST-TEST**

NOTE: This survey is collected electronically and results will be downloaded by SIPP analyst

**At-Risk in the ED - POST - Updated June 2012**

**8. If you would be willing to discuss your experience with this course over the phone, please provide your name and phone number.**



Form to be completed by: Hospital staff assigned license (NOTE: collected electronically)

## KOGNITO© AT RISK IN THE ED PROGRAM: SAMPLE POST-TEST

NOTE: This survey is collected electronically and results will be downloaded by SIPP analyst

**At-Risk in the ED - POST - Updated June 2012**

**\*1. Different people have different levels of ability for performing different tasks. In terms of your abilities, please rate the extent to which you can perform each of the following using this 1-5 scale.**

	Not at all or to a very little extent	To a little extent	To some extent	To a great extent	To a very great extent
I will be able to achieve most of the goals that I have set for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When facing difficult tasks, I am certain that I will accomplish them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, I think that I can obtain outcomes that are important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can succeed at most any endeavor to which I set my mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will be able to successfully overcome many challenges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I can perform effectively on many different tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compared to other people, I can do most tasks very well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even if things are tough, I can perform quite well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*2. Have you ever received training to become a mental health practitioner?**

Yes

No

**\*3. Prior to taking this course, had you received training in suicide or substance abuse screening?**

Yes

No

If yes, please specify in what format you received the training such as a workshop, online course, or written manual



Form to be completed by: Hospital staff  
assigned license (NOTE: collected electronically)

## KOGNITO© AT RISK IN THE ED PROGRAM: SAMPLE POST-TEST

NOTE: This survey is collected electronically and results will be downloaded by SIPP analyst

**At-Risk in the ED - POST - Updated June 2012**

**\* 1. Which of these best describes you? (Please check all that apply.)**

- Nurse
- Doctor
- Nurse practitioner
- Medical student
- Social worker
- Behavioral or mental health specialist

Other (please specify)  
\_\_\_\_\_

**\* 2. How many years of experience do you have working in the ED?**  
\_\_\_\_\_

**\* 3. Prior to taking this course, had you received training in substance abuse screening?**

- Yes
- No

**\* 4. Prior to taking this course, had you received training in suicide risk screening?**

- Yes
- No

**\* 5. Sex**

- Male
- Female
- Transgender

**\* 6. Are you Hispanic or Latino?**

- Yes
- No



Form to be completed by: Hospital staff  
assigned license (NOTE: collected electronically)

## KOGNITO® AT RISK IN THE ED PROGRAM: SAMPLE POST-TEST

NOTE: This survey is collected electronically and results will be downloaded by SIPP analyst

### At-Risk in the ED - POST - Updated June 2012

**7. If you answered yes to the previous question, which group represents you (please select all that apply)?**

- Mexican, Mexican American, or Chicano
- Puerto Rican
- Cuban
- Dominican
- Central American
- South American

**\*8. What is your race? (Select one or more)**

- White/Caucasian
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian



Form to be completed by: Hospital staff assigned license (NOTE: collected electronically)

## KOGNITO© AT RISK IN THE ED PROGRAM: SAMPLE 90 FOLLOW-UP SURVEY

NOTE: This survey is collected electronically and results will be downloaded by SIPP analyst

**At-Risk in the ED - FOLLOW UP - Updated June 2012**

Dear ED Staff Member,

Several months ago you completed At-Risk for Emergency Room Personnel, an online training course for the identification and referral of ED patients who are exhibiting signs of substance abuse and suicide risk. We ask that you take this short confidential follow-up survey to help assess the effectiveness of the course and the needs of your institution and community.

Your participation in this survey is voluntary. There will be no negative consequences to you if you decide not to participate. All of your identifying information and answers are confidential. Your results will be combined with responses from other survey participants and may be presented at scientific or medical meetings or published in scientific journals. By submitting your answers to this survey, you are agreeing that you have read and understand the nature and consequences of participation. Thank you for your participation.

**\*1. A patient is admitted into the ED with a non-mental health chief complaint (such as a bone fracture). After taking this course, how would you rate your preparedness to:**

	Very Low	Low	Medium	High	Very High
Recognize when a patient's behavior is a sign of substance abuse	<input type="radio"/>				
Recognize when a patient's physical appearance is a sign of substance abuse	<input type="radio"/>				
Recognize when a patient's emotional state is a sign of substance abuse	<input type="radio"/>				
Screen patients for substance abuse	<input type="radio"/>				
Discuss with a patient your concern about signs of substance abuse	<input type="radio"/>				
Decide on next steps for patients who screen positive for substance abuse	<input type="radio"/>				
Conduct a brief Intervention with a patient who screens positive for substance abuse	<input type="radio"/>				
Make an appropriate referral to treatment for a patient who screens positive for substance abuse	<input type="radio"/>				
Adequately document your screening and referral of patients for substance abuse	<input type="radio"/>				

**\*2. A patient is admitted into the ED with a non-mental health chief complaint (such as a bone fracture). After taking this course, how would you rate your preparedness to:**

	Very Low	Low	Medium	High	Very High
Recognize when a patient's behavior is a sign of suicide risk	<input type="radio"/>				
Recognize when a patient's physical appearance is a sign of suicide risk	<input type="radio"/>				
Recognize when a patient's emotional state is a sign of suicide risk	<input type="radio"/>				
Screen patients for suicide risk	<input type="radio"/>				
Discuss with a patient your concern about signs of suicide risk	<input type="radio"/>				
Decide on next steps for patients who screen positive for suicidal ideation	<input type="radio"/>				
Make an appropriate referral to treatment for a patient who screens positive for suicide risk	<input type="radio"/>				
Adequately document your screening and referral of patients for suicide risk	<input type="radio"/>				



Form to be completed by: Hospital staff assigned license (NOTE: collected electronically)

## KOGNITO© AT RISK IN THE ED PROGRAM: SAMPLE 90 FOLLOW-UP SURVEY

NOTE: This survey is collected electronically and results will be downloaded by SIPP analyst

**At-Risk in the ED - FOLLOW UP - Updated June 2012**

**\*3. Please rate how much you agree/disagree with the following statements:**

	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel confident in my ability to discuss my concerns with an ED patient exhibiting signs of substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to screen ED patients for substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability make an appropriate referral of an ED patient exhibiting signs of substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to conduct a brief Intervention with a patient who screens positive for substance abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*4. Please rate how much you agree/disagree with the following statements:**

	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel confident in my ability to discuss my concerns with an ED patient exhibiting signs of suicide risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to screen ED patients for suicide risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability make an appropriate referral of an ED patient exhibiting signs of suicide risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to conduct a brief Intervention with a patient who screens positive for suicide risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Part of the role of ED staff is to be able to conduct suicide and substance abuse screening, brief intervention and referral to treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All ED staff in my hospital should take this course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*5. Please rate how much you agree/disagree with the following statements that begin with... As a result of taking the At-Risk for the ED course there has been an increase in the number of patients that I have:**

	Strongly Disagree	Disagree	Agree	Strongly Agree
Recognized as exhibiting signs of substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussed my concerns with about substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screened for substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referred for substance abuse treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognized as exhibiting signs of suicide risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussed my concerns with about suicide risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screened for screened for suicide risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referred for suicide risk treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Form to be completed by: Hospital staff assigned license (NOTE: collected electronically)

## KOGNITO© AT RISK IN THE ED PROGRAM: SAMPLE 90 FOLLOW-UP SURVEY

NOTE: This survey is collected electronically and results will be downloaded by SIPP analyst

**At-Risk in the ED - FOLLOW UP - Updated June 2012**

**\*6. In the past two months, approximately how many ED patients have you...**

Spoken with about substance abuse	<input type="text"/>
Screened for substance abuse	<input type="text"/>
Referred to treatment for substance abuse	<input type="text"/>
Spoken with about suicide risk	<input type="text"/>
Screened for suicide risk	<input type="text"/>
Referred to treatment for suicide risk	<input type="text"/>

**\*7. As part of your work in the ED, how frequently do you screen patients for substance abuse and/or suicide ideation?**

Never  
 Rarely  
 Occasionally  
 Frequently  
 Very Frequently

**\*8. Overall, how would you rate this course**

Poor       Good       Very Good       Excellent

**\*9. Would you recommend this course to your colleagues?**

Yes       No

**\*10. How would you rate the training (select one)?**

Below my skill level  
 At my skill level  
 Above my skill level  
 Don't know

**11. What did you like best about the course?**

**12. What would you change to make the course more effective?**



Form to be completed by: Hospital staff  
assigned license (NOTE: collected electronically)

## **KOGNITO© AT RISK IN THE ED PROGRAM: SAMPLE 90 FOLLOW-UP SURVEY**

NOTE: This survey is collected electronically and results will be downloaded by SIPP analyst

### **At-Risk in the ED - FOLLOW UP - Updated June 2012**

**13. Any other suggestions or comments?**

**14. If you would be willing to discuss your experience with this course over the phone  
please provide your name and phone number below**