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| **SuicideTALK Pre-training Survey****Section 1**: Please provide the following information BEFORE your SuicideTALK. The information you provide will be used to assess the effectiveness of the SuicideTALK training. |

1. **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Age (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **3. Please circle the letter next to your primary role/job** (please select only one). |
| **a.** Administrator | **b.** Firefighter | **c.** Volunteer | **d.** Police/Corrections |
| **e.** Clergy/Pastoral | **f.** Youth Worker | **g.** Psychologist | **h.** Military Branch: |
| **i.** Counselor | **j.** Nurse | **k.** Social Worker | **l.** Chaplain Mil. Branch: |
| **m.** Educator | **n.** Physician | **o.** Transit Worker | **p.** Other (specify): |

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| --- | --- | --- | --- | --- | --- |
| **4. Please circle the number that describes your response.** | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1. I have a good level of knowledge about suicide facts and myths.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I have a good level of knowledge about warning signs of suicide.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I know how to ask someone about suicide.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I have a good understanding of the community resources for help with suicide.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I feel that asking someone about suicide is appropriate.
 | 1 | 2 | 3 | 4 | 5 |
| 1. If a person’s words and/or behaviors suggest the possibility of suicide, I feel likely to ask if they are thinking about suicide.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I have a good level of understanding about suicide and suicide prevention.
 | 1 | 2 | 3 | 4 | 5 |

**⊗ STOP HERE.** Please complete the BACK of this form when your instructor tells you to do so.

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| **Section 2**: Please complete this section AFTER the SuicideTALK presentation. |

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| **1. Please circle the number that describes your response.** | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1. I have a good level of knowledge about suicide facts and myths.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I have a good level of knowledge about warning signs of suicide.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I know how to ask someone about suicide.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I have a good understanding of the community resources for help with suicide.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I feel that asking someone about suicide is appropriate.
 | 1 | 2 | 3 | 4 | 5 |
| 1. If a person’s words and/or behaviors suggest the possibility of suicide, I feel likely to ask if they are thinking about suicide.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I have a good level of understanding about suicide and suicide prevention.
 | 1 | 2 | 3 | 4 | 5 |

1. **Please provide your OVERALL rating of the quality of this training.**

 Excellent Very Good Good Fair Poor

1. **Would you recommend SuicideTALK training to others?**

 Yes No Undecided

1. **Comments:**

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**THANK YOU!**