Name of Program:_____ County Name:_____ Date_____

Suicide Prevention Program
Participant Questionnaire

Thank you for taking the time to help us improve our program. This survey is anonymous and voluntary.
Please select the box which best represents how you feel about your experiences in this program:

As a direct result of this program:	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable
I am better able to recognize the signs, symptoms and risks of suicide.						
I am more knowledgeable about professional and peer resources that are available to help people who are at risk of suicide.						
I am more willing to reach out and help someone if I think they may be at risk of suicide.						
I know more about how to intervene (I've learned specific things I can do to help someone who is at risk of suicide.).						
I've learned how to better care for myself and seek help if need it.						

Please tell us how much you agree with the following statements:	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
The presenters demonstrated knowledge of the subject matter.					
The presenters were respectful of my culture (i.e., race, ethnicity, gender, religion, etc.).					
The program was relevant to me and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion, etc.).					

Demographic Information

If you prefer not to answer any of the questions, please mark "decline to answer" or leave the question blank.

What is your race? (Check only one box)	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
Other: _____	
More than one race	
Decline to answer	

What language do you most often speak at home? (Check only one box)	
Arabic	
Armenian	
Cambodian	
Cantonese	
English	
Farsi	
Hmong	
Korean	
Mandarin	
Other Chinese	
Russian	
Spanish	
Tagalog	
Vietnamese	
American Sign Language	
Other:_____	
Decline to answer	

What is your current gender identity? (You may check more than one box)	
Male	
Female	
Transgender	
Genderqueer/Non-Binary	
Questioning or unsure of gender identity	
Another gender identity:_____	
Decline to answer	

What sex were you assigned at birth? (Check only one box)	
Male	
Female	
Decline to answer	

What is your sexual orientation? (Check only one box)	
Gay or Lesbian	
Heterosexual or Straight	
Bisexual	
Questioning or unsure of sexual orientation	
Queer	
Another sexual orientation:_____	
Decline to answer	

What is your ethnicity? (Check only one box. If you are multi-ethnic, please check "more than one ethnicity")	
Hispanic or Latino ethnicities:	
Caribbean	
Central American	
Mexican/Mexican-American/Chicano	
Puerto Rican	
South American	
Other Hispanic or Latino ethnicity:_____	
Non-Hispanic ethnicities:	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other non-Hispanic ethnicity:_____	
More than one ethnicity	
Decline to answer	

What is your age? (Check only one box)	
0-15 (children/youth)	
16-25 (transition age youth)	
26-59 (adult)	
ages 60+ (older adult)	
Decline to answer	

Do you have a disability?*	
Yes	
No	
Decline to answer	
If Yes, what type of disability do you have? (You may check more than one box)	
A mental disability	
A physical/mobility disability	
A chronic health condition (including chronic pain)	
Difficulty seeing	
Difficulty hearing	
Another communication disability:_____	
Another type of disability:_____	
Decline to answer	
* For this questionnaire, disability is defined as a mental or physical impairment lasting more than 6 months and limiting major life activity but is not the result of a severe mental illness	

Are you a veteran? (Check only one box)	
Yes	