

Suicide Prevention Program Participant Questionnaire

Please help our agency make services better by answering some questions. This survey is anonymous and voluntary

Demographic Information

1. Race

- | | | |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Other |
| <input type="checkbox"/> More than one race | <input type="checkbox"/> Decline to answer | |

2,3. Ethnicity

Hispanic or Latino as follows:

- | | | |
|--|---|---|
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Central American | <input type="checkbox"/> Mexican/Mexican-American/
Chicano |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> South American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Decline to answer | | |

Non-Hispanic as follows:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> African | <input type="checkbox"/> Asian Indian/South Asian | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Eastern European | <input type="checkbox"/> European |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other |
| <input type="checkbox"/> Decline to answer | | |
| <input type="checkbox"/> More than one ethnicity | <input type="checkbox"/> Decline to answer | |

4. Age

- | | | |
|---|---|--|
| <input type="checkbox"/> 0-15 (children/youth) | <input type="checkbox"/> 16-25 (transition age youth) | <input type="checkbox"/> 26-59 (adult) |
| <input type="checkbox"/> ages 60+ (older adult) | <input type="checkbox"/> Decline to answer | |

5. Veteran Status

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Decline to answer |
|------------------------------|-----------------------------|--|

6. Assigned Sex at Birth

- | | | |
|-------------------------------|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Decline to answer |
|-------------------------------|---------------------------------|--|

7. Current Gender Identity

- | | | |
|--|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Questioning or unsure of gender identity | <input type="checkbox"/> Another gender identity |
| <input type="checkbox"/> Decline to answer | | |

8. Sexual Orientation

- | | | |
|--|---|---|
| <input type="checkbox"/> Gay or Lesbian | <input type="checkbox"/> Heterosexual or Straight | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Questioning or unsure of sexual orientation | <input type="checkbox"/> Queer | <input type="checkbox"/> Another sexual orientation |
| <input type="checkbox"/> Decline to answer | | |

9. Disability

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Yes (Report the number that apply by each of the following): | <input type="checkbox"/> No | <input type="checkbox"/> Decline to Answer |
| Mental (excluding: Mental Illness) ¹ _____ | Difficulty seeing_____ | |
| Physical/ mobility_____ | Difficulty hearing_____ | |
| Chronic health condition (including chronic pain) _____ | Other communication disability_____ | |
| Other_____ | | |

10. Primary Language

- | | | |
|--|--|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Armenian | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> English | <input type="checkbox"/> Farsi |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Korean | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Other | <input type="checkbox"/> Decline to answer | |

¹ Including learning disability, developmental disability, dementia

As a direct result of this training:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
11. I am better able to recognize the signs, symptoms and risks of suicide.					
12. I am more knowledgeable about professional and peer resources that are available to help people who are at risk of suicide.					
13. I am more willing to reach out and help someone if I think they may be at risk of suicide.					
14. I know more about how to intervene (I've learned specific things I can do to help someone who is at risk of suicide).					
15. I've learned how to better care for myself and seek help if I need it.					

Please tell us how much you agree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
16. The presenters demonstrated knowledge of the subject matter.					
17. The presenters were respectful of my culture (i.e., race, ethnicity, gender, religion, etc.).					
18. This training was relevant to me and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion, etc.).					

Training Information

County:

Training Date:

Training Title: