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TRAINING ID: □□□□□□ PARTICIPANT ID: □□□

OMB No. 0930-0286  
Expiration Date: 05/31/10

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**Training Utilization and Penetration Survey  
CONSENT TO CONTACT FORM**

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As part of the Garrett Lee Smith Youth Suicide Prevention and Early Intervention Cross-site Evaluation, we will be interviewing individuals who participated in the training activity you just completed. The Training Utilization and Preservation Survey is a quantitative, telephone interview that will be administered to participants from a random sample of suicide prevention gatekeeper training programs and collect information about gatekeeper knowledge, attitudes, and behaviors following their trainings. If you choose to participate, your participation in this brief survey is completely voluntary. Your answers to the survey questions will be kept private except as otherwise required by law. Your name will not be linked with the information on your survey. Your name will not be used in any reports about this evaluation.

We are interested in contacting you again within the next 2 months to ask you some questions about what you learned during this training; how you have used what you learned and what impact it has had on your identification and referral of youth at risk for suicide in your community. Findings from the survey will assist in informing the Substance Abuse and Mental Health Services Administration about suicide prevention activities and training experiences

**The survey will take approximately 10 minutes and will be conducted over the telephone by a member of the cross-site evaluation team. If you are selected to participate in the interview, you will be provided with \$10 in appreciation of your time.**

**Are you interested in being contacted about possible participation in the Training Utilization and Penetration Key Survey?**

- Yes
- No

If you are interested in participating in this important effort, or in learning more about the Training Utilization and Penetration Key Survey, please provide your contact information below. If you are selected to participate in the interview, a member of the cross-site evaluation team will contact you to schedule an interview. Participants for the survey will be randomly selected from a complete list of interested training participants.

<b>Name:</b>		<b>Best Contact? (select yes or no)</b>
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<b>Home Address:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Work Address:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Home Phone:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Work Phone:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cell Phone:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Work Email:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Personal Email:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What's the best time to call?</b>		
<b>What is the best way to reach you?</b>	<input type="checkbox"/> Phone <input type="checkbox"/> Email	

If you have any concerns or questions about your participation in this study, please contact Gingi Pica, ICF Macro at 212-941-5555.

*Whether you selected yes or no above, please tear off this page and return it to the training facilitator.*

*Thank you!*

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*Thank you!*

**Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal and Campus Youth  
Suicide Prevention and Early Intervention Programs**

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**Training Utilization and Preservation - Survey**

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On [date of training] you participated in a training called [insert training name], as part of the **Garrett Lee Smith Memorial (GLS) State/Tribal and Campus Youth** Suicide Prevention Program. At the end of the program, you consented to be contacted for a follow up survey. We are contacting you now to administer the survey. This survey asks questions about the training, what you plan to do with what you learned during the training, and your satisfaction with the training. Findings from this survey will help inform the Substance Abuse and Mental Health Services Administration (SAMHSA) about suicide prevention activities.

**The survey will take approximately 10 minutes.** Your participation in this survey is completely voluntary; and you may end the interview at any time. Your answers to the survey questions will never be associated with your name or your organization. You may ask any questions that you have before, during or after you complete the survey. May we begin now?

Privacy: The information that we report to SAMSHA will not contain your name. Your name will not be used in any reports about this evaluation.

Procedures: All participants in training activities funded as part of your State's Youth Suicide Prevention Program are being asked to complete this survey. Therefore, your participation is very important. The survey questions will ask you about your participation in [INSERT TRAINING NAME].

Risks: There are few, if any, risks to you by completing this survey. You may stop the survey at any time or not answer a question. You will not be penalized for stopping. If you stop the survey, at your request, we will destroy your survey. Any questions that you have about this survey will be answered before you start the survey.

Contact information: If you have any concerns about completing this survey or have any questions about the study, please contact Christine Walrath, Principal Investigator, at 212-941-5555 or [CWalrath@macrointernational.com](mailto:CWalrath@macrointernational.com).

Thank you in advance for your willingness to participate. This call may be recorded and/or monitored for quality assurance purposes.