

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0286. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) Campus Suicide Prevention Program

Training Exit Survey: Campus Connect Training

Thank you for participating in this survey about the training you just attended as part of the Garrett Lee Smith Campus Suicide Prevention and State/Tribal Youth Suicide Prevention and Early Intervention Program Cross-site Evaluation. This survey asks questions about the training you just completed, what you plan to do with what you learned, 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.

Before you complete this survey, please read the following consent form. The survey will take approximately 10 minutes. By completing and returning this survey, you are consenting to participate. Your participation in this survey is completely voluntary; there are no right or wrong answers; and you may ask any questions that you have before, during, or after you complete the survey.

Privacy: 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. The information that we report to SAMHSA 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 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 today's training event.

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 christine.walrath@icfi.com.

**Thank you in advance for your willingness to participate.
Your answers will help us understand how trainings like the one you just completed can contribute to preventing suicide among youth. Your answers are very important to us.**

1. Please select the **one** primary role with which you most closely identify. For example, if you are a faculty member who is also an administrator, choose the position that best matches your primary role on campus.
 - Undergraduate student
 - Graduate student
 - Campus administrator
 - Campus staff (including mental/primary health care providers)
 - Faculty/instructor/lecturer
 - Off-campus community member (including family member)
 - Other _____

2. With which of the following activities or services are you directly involved? (Select all that apply.)
 - Emergency/Crisis response
 - Mental health care services
 - Primary health care services
 - Residential life services
 - Teaching
 - None of the above

3. Were you required to participate in this training?
 - Yes
 - No
 - Don't know

4. How do you intend to use what you learned during this training? (Select all that apply.)
 - Screen students for suicide behaviors (i.e., using a screening tool)
 - Publicize information about suicide prevention and mental health resources
 - Have informal conversations about suicide and suicide prevention with students and others
 - Identify students who might be at risk for suicide
 - Provide direct services to students at risk for suicide and/or their families
 - Train others
 - Link students at risk for suicide with appropriate services or supports
 - Other (please describe: _____)
 - Don't intend to use what I learned

Please indicate your agreement with the following statements about the training.

	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree	5 N/A or No opinion
5. The training increased my knowledge about suicide prevention.					
6. The training materials I received (i.e., brochures, wallet cards) will be very useful for my suicide prevention efforts.					
7. The training met my needs.					
8. The training addressed cultural differences in the students I intend to serve (i.e., provided different cultural examples, identified different cultures).					
9. The training was practical to my life on campus.					
10. I fully understand why I attended the training.					
11. I am now more ready to help with suicide prevention on my campus.					
12. The things I learned will help prevent suicide or reduce the problems that might lead to suicide (i.e., depression, substance use).					

13. On a typical day, about how much time do you spend interacting or talking directly with students?

- 0–15 minutes
- 15–30 minutes
- 30 minutes–1 hour
- 1–2 hours
- More than 2 hours

14. How would you rate the training? (Select one.)

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

15. With whom do you expect to directly apply what you have learned during this training?

(Select all that apply.)

- Students
- Coworkers
- Campus community members
- Parents/foster parents/caregivers
- Family/friends
- Other (please describe: _____)

16. With what group do you expect to **most often** apply what you have learned during this training? (Select one.)

- Students
- Coworkers
- Campus community members
- Parents/foster parents/caregivers
- Family/friends
- Other (please describe: _____)

Please rate the extent to which each of the following statements applies to you.

	Not at all True			Somewhat True				Very True		
	1	2	3	4	5	6	7	8	9	10
Suicide Prevention Knowledge										
17. I understand the meaning of various suicide terms (i.e., threat, attempt, survivor of suicide).										
18. I am familiar with the prevalence rates of suicidal ideation and suicide attempts among college students.										
19. I am aware of the various risk factors related to suicide.										
20. I believe that if someone is thinking about suicide they should be encouraged to talk about their suicidal thoughts.										
21. I know how to ask someone if they are thinking about suicide.										
22. I understand the potential impact of paraphrasing emotions.										
23. I am familiar with the available referral resources for emotionally distressed students.										
Suicide Prevention Confidence and Intent to Use										
24. I feel comfortable asking someone if they are thinking about suicide.										
25. I feel comfortable paraphrasing emotions.										
26. I believe I am able to emotionally connect with students in crisis.										
27. I feel comfortable attempting to emotionally connect with students in crisis.										
28. I feel capable of helping students in crisis feel understood.										
29. I feel able to assist emotionally distressed students in accessing available referral resources.										
30. I believe that distressed students will follow through with referrals I provide to them.										

Background information

31. What is your gender?

- Female
- Male
- Transgender
- Other

32. What is your age? _____ years

33. Are you Hispanic or Latino? (Select one.)

- Yes
- No

33a. If yes, which group represents you? (Select one or more.)

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

34. What is your race? (Select one or more.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

This is the end of the survey.

Thank you for taking the time to complete this survey. Your participation is critical to the success of the Garrett Lee Smith Memorial Suicide Prevention Cross-Site Evaluation.

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Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) Campus Suicide Prevention Program

Training Exit Survey: Clinical Training

Thank you for participating in this survey about the training you just attended as part of the Garrett Lee Smith Campus (GLS) Suicide Prevention and State/Tribal Youth Suicide Prevention and Early Intervention Program Cross-site Evaluation. This survey asks questions about the training you just completed, what you plan to do with what you learned, 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.

Before you complete this survey, please read the following consent form. The survey will take approximately 10 minutes. By completing and returning this survey, you are consenting to participate. Your participation in this survey is completely voluntary; there are no right or wrong answers; and you may ask any questions that you have before, during, or after you complete the survey.

Privacy: 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. The information that we report to SAMHSA 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 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 today's training event.

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 christine.walrath@icfi.com.

Thank you in advance for your willingness to participate.

Your answers will help us understand how trainings like the one you just completed can contribute to preventing suicide among youth. Your answers are very important to us.

1. Instructions:

The main categories on the following page represent different settings in which you might interact with youth. Within each setting, different professional and volunteer roles are presented. Please **FIRST** select the primary setting in which you interact with youth.

SECOND, within that setting, please select the **ONE ROLE** that you feel best describes you.

For example, if you work as a counselor with a school-based health center, then you would select “education (K–12)” as the setting, and within that setting, you would select “mental health clinician/counselor/psychologist.” If you work as a counselor with a community-based mental health services agency, then you would select “mental health” as the setting, and within that setting, you would select “mental health clinician/counselor/psychologist.”

Education (K-12)

- Teacher
- School administrator
- Mental health clinician/counselor/psychologist
- Social worker/case worker/care coordinator
- Emergency/crisis care worker
- Program evaluator
- Administrative assistant/clerical support personnel
- Academic advisor
- Tutor
- Other: _____

Substance abuse

- Program/system administrator
- Mental health clinician/counselor/psychologist
- Social worker/case worker/care coordinator
- Emergency/crisis care worker
- Program evaluator
- Administrative assistant/clerical support personnel
- Other: _____

Juvenile justice/probation

- Program/system administrator
- Probation officer
- Social worker/case worker/care coordinator
- Detention facility guard
- Program evaluator
- Administrative assistant/clerical support personnel
- Other: _____

Emergency response

- Police officer or other law enforcement staff
- Program/system administrator
- Emergency medical technician
- Fire fighter
- Program evaluator
- Administrative assistant/clerical support personnel
- Other: _____

Higher education (college/university)

- Faculty/professor/researcher
- Administrator (e.g., dean's office, vice president, provost)
- Residential life staff
- Mental health clinician/counselor/psychologist
- Social worker/case worker/care coordinator
- Emergency/crisis care worker
- Program evaluator
- Administrative assistant/clerical support personnel
- Student
- Other: _____

Tribal services/tribal government

- Traditional tribal healer
- Tribal elder
- Elected tribal official
- Program/system administrator
- Mental health clinician/counselor/psychologist
- Social worker/case worker/care coordinator
- Community outreach worker
- Emergency/crisis care worker
- Program evaluator
- Administrative assistant/clerical support personnel
- Other: _____

Child welfare

- Program/system administrator
- Mental health clinician/counselor/psychologist
- Social worker/case worker/care coordinator
- Emergency/crisis care worker
- Program evaluator
- Administrative assistant/clerical support personnel
- Other: _____

Mental health

- Program/system administrator
- Mental health clinician/counselor/psychologist
- Social worker/case worker/care coordinator
- Emergency/crisis care worker
- Program evaluator
- Administrative assistant/clerical support personnel
- Other: _____

Primary health care (other than mental health)

- Program/system administrator
- Physician
- Nurse
- Nursing assistant/health technician
- Program evaluator
- Administrative assistant/clerical support personnel
- Other: _____

Other community settings

- Parent or foster/resource parent
- Other caregiver
- Relative
- Youth mentor
- Volunteer (i.e., Big Brother Big Sister, CASA)
- Youth advocate
- Clergy/religious educator
- Other: _____

2. On a typical day, about how much time do you spend interacting or talking directly with youth? (Select one.)
- 0–15 minutes
 - 15–30 minutes
 - 30 minutes–1 hour
 - 1–2 hours
 - More than 2 hours
3. Were you required to participate in this training?
- Yes
 - No
 - Don't know
4. How do you intend to use what you learned during this training? (Select all that apply.)
- Screen youth for suicide behaviors (i.e., using a screening tool)
 - Formally publicize information about suicide prevention and mental health resources
 - Have informal conversations about suicide and suicide prevention with youth and others
 - Identify youth who might be at risk for suicide
 - Provide direct services to youth at risk for suicide and/or their families
 - Train other staff members
 - Make referrals to mental health services for at risk youth
 - Work with adult at-risk populations
 - Other (please describe: _____)
 - Don't intend to use what I learned

Please indicate your agreement with the following statements about the training.

	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly disagree	5 N/A or No opinion
5. The training increased my knowledge about suicide prevention.					
6. The training materials I received (i.e., brochures, wallet cards) will be very useful for my suicide prevention efforts.					
7. The training met my suicide prevention needs.					
8. The training addressed cultural differences in the youth I intend to serve (i.e., provided different cultural examples, identified different cultures).					
9. The training was practical to my work and/or my daily life.					
10. I fully understand why I attended the training.					
11. I am now more ready to help with youth suicide prevention in my community.					
12. The things I learned will help prevent youth suicide or reduce the problems that might lead to suicide (i.e., depression, substance use).					

13. How would you rate the training? (Select one.)

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

14. With whom do you expect to directly apply what you have learned during this training?

(Select all that apply.)

- Youth
- Parents/foster parents/caregivers
- Family
- Coworkers
- Community members
- Other (please describe: _____)

15. With what group do you expect to **most often** apply what you have learned during this training? (Select one.)

- Youth
- Parents/foster parents/caregivers
- Family
- Coworkers
- Community members
- Other (please describe: _____)

Please rate the extent to which the workshop increased your knowledge in the following areas:

	1 Increased knowledge very much	2 Increased knowledge somewhat	3 Knowledge remained the same	4 Not sure
Suicide Prevention Knowledge				
16. Managing one's own reactions to suicide.				
17. Reconciling the difference (and potential conflict) between the clinician's goal to prevent suicide and the client's goal to eliminate psychological pain via suicidal behavior.				
18. Eliciting suicide ideation, behavior, plans and intent.				
19. Collaboratively developing a crisis response plan.				
20. Developing a written treatment and services plan that addresses the client's immediate, acute, and continuing suicide ideation and risk for suicide behaviors.				
21. Developing policies and procedures for following clients closely, including taking reasonable steps to be proactive.				

Please rate the extent to which each of the following statements applies to you:

	Expert							Novice			
	10	9	8	7	6	5	4	3	2	1	
Suicide Prevention Confidence and Intent to Use											
22. I am able to maintain a collaborative, nonadversarial stance by creating an atmosphere in which the client feels safe in sharing information about suicidal thoughts, behaviors and plans.											
23. I am able to demonstrate an understanding of suicide-related risk and protective factors by asking questions about suicide-related risk and protective factors during assessment.											
24. I am able to collect accurate assessment information about suicide-related risk by eliciting risk and protective factors during the clinical interview and obtaining records and information from collateral sources as appropriate.											
25. I am able to identify warning signs of acute risk of suicide.											
26. I am able to integrate a risk assessment for suicidality into a clinical interview.											
27. I am able to document assessment information from a bio-psycho-social and cultural perspective.											
28. I am able to demonstrate an understanding of suicide-related risk and protective factors by considering all relevant factors when formulating risk.											
29. I am able to collect accurate assessment information about suicide-related risk by eliciting suicide ideation, behavior and plans and warning signs of acute risk.											
30. I am able to make a clinical judgment of risk that a client will attempt or complete suicide in the short and long term by working collaboratively with other professionals in an interdisciplinary team approach to integrate and prioritize all the information that has been collected, including a consideration of developmental, cultural and gender-related issues related to suicidality.											
31. I am able to document formulation of risk, including interaction with professional colleagues, and write a sound rationale for clinical judgment.											

Background information

32. What is your gender?

- Female
- Male
- Transgender
- Other

33. What is your age? _____ years

34. Are you Hispanic or Latino? (Select one.)

- Yes
- No

34a. If yes, which group represents you? (Select one or more.)

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

35. What is your race? (Select one or more.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

This is the end of the survey.

Thank you for taking the time to complete this survey. Your participation is critical to the success of the Garrett Lee Smith Memorial Suicide Prevention Cross-Site Evaluation.

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Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) Campus Suicide Prevention Program

Training Exit Survey: Core Form

Thank you for participating in this survey about the training you just attended as part of the Garrett Lee Smith Campus Suicide Prevention Cross-site Evaluation. This survey asks questions about the training you just completed, what you plan to do with what you learned, 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.

Before you complete this survey, please read the following consent form. The survey will take approximately 10 minutes. By completing and returning this survey, you are consenting to participate. Your participation in this survey is completely voluntary; there are no right or wrong answers; and you may ask any questions that you have before, during, or after you complete the survey.

Privacy: 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. The information that we report to SAMHSA 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 campus 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 today's training event.

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-greene@icfi.com.

Thank you in advance for your willingness to participate.

TRAINING ID: □□□□□□

PARTICIPANT ID: □□□

Your answers will help us understand how trainings like the one you just completed can contribute to preventing suicide among youth. Your answers are very important to us.

1. Please select the **one** primary role with which you most closely identify. For example, if you are a faculty member who is also an administrator, choose the position that best matches your primary role on campus.
 - Undergraduate student
 - Graduate student
 - Campus administrator
 - Campus staff (including mental/primary health care providers)
 - Faculty/instructor/lecturer
 - Off-campus community member (including family member)
 - Other _____

2. With which of the following activities or services are you directly involved? (Select all that apply.)
 - Emergency/Crisis response
 - Mental health care services
 - Primary health care services
 - Residential life services
 - Teaching
 - None of the above

3. Were you required to participate in this training?
 - Yes
 - No
 - Don't know

4. How do you intend to use what you learned during this training? (Select all that apply.)
 - Screen students for suicide behaviors (i.e., using a screening tool)
 - Publicize information about suicide prevention and mental health resources
 - Have informal conversations about suicide and suicide prevention with students and others
 - Identify students who might be at risk for suicide
 - Provide direct services to students at risk for suicide and/or their families
 - Train others
 - Link students at risk for suicide with appropriate services or supports
 - Other (please describe: _____)
 - Don't intend to use what I learned

Please indicate your agreement with the following statements about the training.

	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree	5 N/A or No Opinion
5. The training increased my knowledge about suicide prevention.					
6. The training materials I received (i.e., brochures, wallet cards) will be very useful for my suicide prevention efforts.					
7. The training met my needs.					
8. The training addressed cultural differences in the students I intend to serve (i.e., provided different cultural examples, identified different cultures).					
9. The training was practical to my life on campus.					
10. I fully understand why I attended the training.					
11. I am now more ready to help with suicide prevention on my campus.					
12. The things I learned will help prevent suicide or reduce the problems that might lead to suicide (i.e., depression, substance use).					

13. On a typical day, about how much time do you spend interacting or talking directly with students?

- 0–15 minutes
- 15–30 minutes
- 30 minutes–1 hour
- 1–2 hours
- More than 2 hours

14. How would you rate the training? (Select one.)

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

15. With whom do you expect to directly apply what you have learned during this training?
(Select all that apply.)

- Students
- Coworkers
- Campus community members
- Parents/foster parents/caregivers
- Family/friends
- Other (please describe: _____)

16. With what group do you expect to **most often** apply what you have learned during this training? (Select one.)

- Students
- Coworkers
- Campus community members
- Parents/foster parents/caregivers
- Family/friends
- Other (please describe: _____)

Background information

17. What is your gender?

- Female
- Male
- Transgender
- Other

18. What is your age? _____ years

19. Are you Hispanic or Latino? (Select one.)

- Yes
- No

19a. If yes, which group represents you? (Select one or more.)

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

20. What is your race? (Select one or more.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

This is the end of the survey.

Thank you for taking the time to complete this survey. Your participation is critical to the success of the Garrett Lee Smith Memorial Suicide Prevention Cross-Site Evaluation.

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Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) Campus Suicide Prevention Program

Training Exit Survey: Gatekeeper Training

Thank you for participating in this survey about the training you just attended as part of the Garrett Lee Smith Campus Suicide Prevention Cross-site Evaluation. This survey asks questions about the training you just completed, what you plan to do with what you learned, 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.

Before you complete this survey, please read the following consent form. The survey will take approximately 10 minutes. By completing and returning this survey, you are consenting to participate. Your participation in this survey is completely voluntary; there are no right or wrong answers; and you may ask any questions that you have before, during, or after you complete the survey.

Privacy: 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. The information that we report to SAMHSA 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 campus 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 today's training event.

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 Christine.walrath@icfi.com.

Thank you in advance for your willingness to participate.

TRAINING ID: □□□□□□

PARTICIPANT ID: □□□

Your answers will help us understand how trainings like the one you just completed can contribute to preventing suicide among youth. Your answers are very important to us.

1. Please select the **one** primary role with which you most closely identify. For example, if you are a faculty member who is also an administrator, choose the position that best matches your primary role on campus.
 - Undergraduate student
 - Graduate student
 - Campus administrator
 - Campus staff (including mental/primary health care providers)
 - Faculty/instructor/lecturer
 - Off-campus community member (including family member)
 - Other _____

2. With which of the following activities or services are you directly involved? (Select all that apply.)
 - Emergency/Crisis response
 - Mental health care services
 - Primary health care services
 - Residential life services
 - Teaching
 - None of the above

3. Were you required to participate in this training?
 - Yes
 - No
 - Don't know

4. How do you intend to use what you learned during this training? (Select all that apply.)
 - Screen students for suicide behaviors (i.e., using a screening tool)
 - Publicize information about suicide prevention and mental health resources
 - Have informal conversations about suicide and suicide prevention with students and others
 - Identify students who might be at risk for suicide
 - Provide direct services to students at risk for suicide and/or their families
 - Train others
 - Link students at risk of suicide with appropriate services or supports
 - Other (please describe: _____)
 - Don't intend to use what I learned

Please indicate your agreement with the following statements about the training.

	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree	5 N/A or No opinion
5. The training increased my knowledge about suicide prevention.					
6. The training materials I received (i.e., brochures, wallet cards) will be very useful for my suicide prevention efforts.					
7. The training met my needs.					
8. The training addressed cultural differences in the students I intend to serve (i.e., provided different cultural examples, identified different cultures).					
9. The training was practical to my life on campus.					
10. I fully understand why I attended the training.					
11. I am now more ready to help with suicide prevention on my campus.					
12. The things I learned will help prevent suicide or reduce the problems that might lead to suicide (i.e., depression, substance use).					

13. On a typical day, about how much time do you spend interacting or talking directly with students?

- 0–15 minutes
- 15–30 minutes
- 30 minutes–1 hour
- 1–2 hours
- More than 2 hours

14. How would you rate the training? (Select one.)

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

15. With whom do you expect to directly apply what you have learned during this training?

(Select all that apply.)

- Students
- Coworkers
- Campus community member
- Parents/foster parents/caregivers
- Family/friends
- Other (please describe: _____)

16. With what group do you expect to **most often** apply what you have learned during this training? (Select one.)

- Students
- Coworkers
- Campus community members
- Parents/foster parents/caregivers
- Family/friends
- Other (please describe: _____)

Now that you have received this training, please indicate how you would rate your knowledge of suicide in the following areas:

	1 Very low	2 Low	3 Medium	4 High	5 Very high
17. Facts concerning Suicide Prevention.					
18. Warning signs of suicide.					
19. How to ask someone about suicide.					
20. Persuading someone to get help.					
21. How to get help for someone					
22. Information about resources for help with suicide:					
23. Please rate what you feel is the appropriateness of asking someone who may be at risk about suicide.					
24. What is the likelihood you will ask someone who appears to be at risk if they are thinking of suicide?					
25. Please rate your level of understanding about suicide and suicide prevention.					

Please read each statement and use the rating scale to indicate the degree to which you agree or disagree with it. It is important that you answer all statements according to your beliefs and not what you think others may want you to believe.

	1 Strongly disagree	2 Disagree	3 Neither agree or disagree	4 Agree	5 Strongly agree
26. If someone I knew was showing signs of suicide, I would directly raise the question of suicide with them.					
27. If a person's words and/or behavior suggest the possibility of suicide, I would ask the person directly if he/she is thinking about suicide.					
28. If someone told me they were thinking of suicide, I would intervene.					
29. I feel confident in my ability to help a suicidal person.					
30. I don't think I can prevent someone from suicide.					
31. I don't feel competent to help a person at risk of suicide.					

*Questions 17-31 were developed by the QPR institute; www.qprinstitute.com

Background information

32. What is your gender?

- Female
- Male
- Transgender
- Other

33. What is your age? _____ years

34. Are you Hispanic or Latino? (Select one.)

- Yes
- No

34a. If yes, which group represents you? (Select one or more.)

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

35. What is your race? (Select one or more.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

This is the end of the survey.

Thank you for taking the time to complete this survey. Your participation is critical to the success of the Garrett Lee Smith Memorial Suicide Prevention Cross-Site Evaluation.