

OMB Control Number: 2900-0911

Estimated Burden: 15 minutes

Expiration Date: 08/31/2027

Thank you for agreeing to participate in this Community Opinion Survey. This survey is aimed at all people in your community, regardless of whether you have experienced thoughts of suicide yourself. Our goal is to learn more about the factors that affect people's likelihood to seek help when experiencing suicidal thoughts.

Your valued feedback helps us improve existing suicide prevention efforts and create new programs for Veterans and other members of your community.

VA 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 2900-0911, and it expires 08/31/2027. Public reporting burden for this collection of information is estimated to average 15 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 and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0911 in any correspondence. Do not send your completed Survey to this email address.

Privacy Act Statement: VA has determined this collection is not subject to the Privacy Act of 1974, and the particular notice and other requirements of the Act do not apply. Specifically, VA will not collect information about individuals and will not use a name or any other personal identifier to routinely retrieve records from the information collected. This information is being collected to evaluate the effectiveness of the investment in suicide prevention for Veterans. The results of this survey will help inform improvements in VA suicide prevention programs and determine whether the programs and policies implemented by a community have resulted in positive change in knowledge and attitudes. Any information you enter here is anonymous and will be kept private to the extent provided by law. All respondent contact information is stored separately from the survey answers. Participation in this survey is voluntary, and failure to respond will not have any impact on your entitlement to benefits.

Your participation in this confidential survey is purely voluntary. You do not have to answer any questions that you don't want to. Your answers will never be associated with your name or any identifying information.

There are questions about suicide that may be upsetting to some people. If you or someone you know is in crisis or having thoughts of suicide, please call the Suicide & Crisis Lifeline @ 988 for confidential support 24 hours a day. The Veterans Crisis Line can be reached @ 988, Press 1.

For more information, please visit communityopinionsurvey.org

For questions or if you experience technical issues, please call 1-888-913-1380 or email info@communityopinionsurvey.org

Instructions for Completing this Questionnaire:

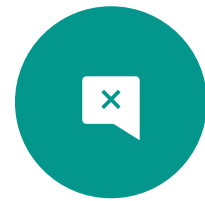


Please use a blue or black pen to complete the questionnaire



You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

(If Yes, go to 41a -- If No, go to 42)



Answer each question by making an X in the box next to your answer, like this :

1 ☒ Yes 2 ☐ No

Section A. About You

1. What is the year of your birth (y y y y)

y	y	y	y

2s. What is your sex?

1 ☐ Female

2 ☐ Male

3. Would you describe yourself as (check ALL that apply):

We collect information about race and ethnicity, including the national origin of you and/or your ancestors, so we can ensure we are representing the full range of people within the community.

1 ☐ White (For example, German, Irish, etc.)

5 ☐ Middle Eastern or North African (For example, Lebanese, Iranian, Egyptian, etc.)

2 ☐ Hispanic, Latino or of Spanish origin (For example, Puerto Rican, Cuban, etc.)

6 ☐ American Indian or Alaska Native (For example, Navajo Nation, Aztec, etc.)

3 ☐ Black or African American (For example, African American, Haitian, Nigerian, etc.)

7 ☐ Native Hawaiian or other Pacific Islander (For example, Native Hawaiian, Samoan, Tongan, etc.)

4 ☐ Asian (For example, Chinese, Vietnamese, Asian Indian, etc.)

8 ☐ Other race or ethnicity (please specify)

4. Have you served in the Armed Forces?

1 ☐ Yes

2 ☐ No

Section B. Community Perceptions

The next set of questions is about relations in your community. 'Community' means different things to different people, so please use whatever definition makes the most sense to you. We will begin by asking about the viewpoints of those in your community as a whole, that is the area that you live in and the people you encounter there on a regular basis.

Please indicate your agreement with each of the following statements about your community.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
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5. Most people in my community believe that a Veteran can be trusted.

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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6. Most people in my community would not marry a Veteran.

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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7. Only a few people in my community believe that a Veteran is dangerous.

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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8. Most people in my community think less of a Veteran.

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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9. Only a few people in my community look down on a Veteran.

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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10. Only a few people in my community think that Veterans are just as intelligent as the average person.

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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11. Most employers in my community will hire a Veteran.

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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Section B. Community Perceptions

Please indicate your agreement with each of the following statements about your community.	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
12. Most people in my community believe that a person with mental illness can be trusted.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
13. Most people in my community would not marry a person with mental illness.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
14. Only a few people in my community believe that a person with mental illness is dangerous.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
15. Most people in my community think less of a person with mental illness.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
16. Only a few people in my community look down on a person with mental illness.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
17. Only a few people in my community think that persons with mental illness are just as intelligent as the average person.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
18. Most employers in my community will hire a person with mental illness.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Please indicate your agreement with each of the following statements about your community.	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
19. Most people in my community think that a person who has attempted suicide can be trusted.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
20. Most people in my community would not marry a person who has attempted suicide.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
21. Only a few people in my community believe that a person who has attempted suicide is dangerous.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
22. Most people people in my community think less of a person who has attempted suicide.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
23. Only a few people in my community look down on a person who has attempted suicide.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
24. Only a few people in my community think that persons who have attempted suicide are just as intelligent as the average person.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
25. Most employers in my community will hire a person who has attempted suicide.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Section C. Healthcare Utilization

The next set of questions asks about perceptions of suicide. We are interested in how likely the scenarios below are.

Please indicate the likelihood of each of the following statements.	Very Likely	Likely	Neither Likely nor Unlikely	Unlikely	Very Unlikely
26. If you were experiencing suicidal thoughts, how likely is it that you would seek help from a primary care provider (e.g., physician, nurse) ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
27. If you were experiencing suicidal thoughts, how likely is it that you would seek help from a mental health professional (e.g., psychologist, social worker, counselor, psychiatrist) ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
28. If you were experiencing suicidal thoughts, how likely is it that you would seek help from friends ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
29. If you were experiencing suicidal thoughts, how likely is it that you would seek help from family ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
30. If you were experiencing suicidal thoughts, how likely is it that you would seek help from the faith-based community (e.g., clergy) ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
31. If you were experiencing suicidal thoughts, how likely is it that you would seek help from complementary and alternative medicine practitioners (e.g., acupuncture, yoga, energy healers) ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
32. If you were experiencing suicidal thoughts, how likely is it that you would seek help from a suicide hotline such as the 988 Suicide and Crisis Lifeline (formerly the National Suicide Prevention Lifeline) or the Veterans Crisis Line ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
33. If someone you knew were experiencing suicidal thoughts, how likely would you be able to talk to them about seeking help for their suicidal thoughts?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
34. If someone you knew were experiencing suicidal thoughts, how likely would you be able to talk to them about safe storage of their guns, such as storing them locked and unloaded?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
35. In the past 12 months, have you suggested to anyone that they seek help, such as from psychotherapy or counseling, for a mental health, psychological, or emotional problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				

Section D. Media Awareness

36. Do you recently recall seeing, reading, or hearing about the Reach Out to Me campaign on TV, the radio, Internet, or some other media source?

1 ☐ Yes 2 ☐ No

37. If presented with a friend or family member who is in a suicidal crisis, would you know where to get assistance?

1 ☐ Yes 2 ☐ No

Section E. Your Health

Now we will ask some questions about your current health.

38. In general, how would you rate your physical health?

1 ☐ Excellent 2 ☐ Very Good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor

39. In general, how would you rate your mental health, including your mood and your ability to think?

1 ☐ Excellent 2 ☐ Very Good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor

Section F. Exposure to Suicide

The next few questions concern your own experience with persons who have committed suicide. These questions could be upsetting to some people.

40. Have you heard of anyone who has died by suicide in your community?

'Community' means different things to different people, so use the definition that makes the most sense to you. In general, the area that you live in and the people you encounter there on a regular basis.

1 ☐ Yes 2 ☐ No

41. Have you ever known anyone who died by suicide? ➔ (If Yes, go to 41a -- If No, go to 42) 1 ☐ Yes 2 ☐ No

41a. (If Yes to 41) Was anyone you knew who died by suicide a family member? 1 ☐ Yes 2 ☐ No 3 ☐ Not Sure

41b. (If Yes to 41) What was your closest relationship to anyone you knew who died by suicide?

1 ☐ Very Close 2 ☐ Close 3 ☐ Moderately Close 4 ☐ Not Very Close 5 ☐ Not Close at All

41c. (If Yes to 41) For the person you were closest to who died by suicide, how much of an effect did this person's suicide have on your life?

1 ☐ It had a devastating effect on me that I still feel 2 ☐ It had a devastating effect on me but I no longer feel that way 3 ☐ It disrupted my life for a short time 4 ☐ It had somewhat of an effect on me, but did not disrupt my life 5 ☐ It had little effect on my life

Section G. Household Safety

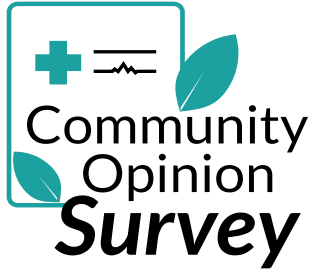
42. Do you have access to firearms in your home?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (If Yes, go to 43, If No, go to 45)
43. To what extent are the firearm(s) in your home stored in a gun safe, locked cabinet, gun rack, or stored with a trigger lock?	1 <input type="checkbox"/> Not Very Often 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Very Often
44. To what extent are the firearm(s) in your home stored in an unloaded state?	1 <input type="checkbox"/> Not Very Often 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Very Often
45. Are there prescribed or unprescribed medications or drugs in your home that could be life-threatening to ingest?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure (If Yes, go to 46, If No, go to 47)
46. To what extent are the medication(s) in your home stored in a locked cabinet or storage device?	1 <input type="checkbox"/> Not Very Often 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Often 4 <input type="checkbox"/> Very Often
47. Have any of your health care providers ever talked with you about your firearms or access to firearms?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure
48. Have any of your health care providers ever talked with you about safe storage of medications or removing excess medications from your home?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure

Please indicate your agreement with each of the following statements about your community	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
49. Having a firearm in the home increases the risk of dying by suicide.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
50. Keeping firearms locked and unloaded can reduce the risk of dying by suicide.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
51. Temporary removal of firearms from the home, such as legal offsite storage, can reduce the risk of dying by suicide.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
52. Having excess or leftover medications in the home increases the risk of dying by suicide.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
53. Locking or securely storing excess or leftover medications in the home can reduce the risk of dying by suicide.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
54. Removing excess or leftover medications from the home can reduce the risk of dying by suicide.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Section H. Community Environment

'Community' means different things to different people, so use the definition that makes the most sense to you. In general, community is the area that you live in and the people you encounter there on a regular basis.

Please indicate how much you agree with each of the following:	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
55. This is a close-knit community.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
56. People in this community are willing to help each other.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
57. People in this community do not share the same values.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
58. People in this community can be trusted.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
59. People in this community generally don't get along with each other.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



Thank you for participating in the Community Opinion Survey. Your answers will help improve existing suicide prevention efforts and create new programs to help both Veterans, as well as all other people in the community at risk for suicide.

Please return this questionnaire in the enclosed postage-paid envelope. If the envelope is missing, please mail the questionnaire to: **Minuteman Technology Services | Survey Processing Center | Post Office Box 540496 | Waltham, MA 02454-0496**

Resources

Below are some resources that you may find helpful. If you have any questions, you can contact the research team by phone 1-888-913-1380, email info@communityopinionsurvey.org, or view the study information website at communityopinionsurvey.org

Veterans who are in crisis or having thoughts of suicide, and those who know a Veteran in crisis, should contact the **Veterans Crisis Line** (see the contact information below) for confidential crisis intervention and support available 24 hours a day, 7 days a week, 365 days a year.

Suicide & Crisis Lifeline

988

Drug & Alcohol Treatment Hotline

1-800-662-4357

Help Finding a Therapist

1-800-843-7274

National Alliance on Mental Illness (NAMI)

1-800-950-6264

Veterans Crisis Line*

988 (Press 1)

*Send a text message to 838255 to connect with a VA responder or start a confidential online chat session at VeteransCrisisLine.net/Chat