



5490



County of Los Angeles Department of Mental Health
Program Development and Outcomes Division
Suicide Prevention Program Participant Questionnaire



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

Date of Training: _____ Name of Training: _____

Demographic Information

1. Race

- American Indian or Alaska Native, Asian, Black or African American, Other, Native Hawaiian or other Pacific Islander, White, More than one race, Decline to answer

2.3. Ethnicity

Hispanic or Latino as follows:

- Caribbean, Central American, Mexican/Mexican-American/Chicano, Puerto Rican, South American, Other, Decline to answer

Non Hispanic as follows:

- African, Asian Indian/South Asian, Cambodian, Chinese, Eastern European, European, Filipino, Japanese, Korean, Middle Eastern, Vietnamese, Other, Decline to answer

- More than one ethnicity, Decline to answer

4. Age

- 0-15 (children/youth), 16-25 (transition age youth), 26-59 (adult), ages 60+ (older adult), Decline to answer

5. Veteran Status

- Yes, No, Decline to answer

6. Assigned Sex at Birth

- Male, Female, Decline to answer

7. Current Gender Identity

- Male, Female, Transgender, Genderqueer, Questioning or unsure of gender identity, Another Gender Identity, Decline to answer

8. Sexual Orientation

- Gay or Lesbian, Heterosexual or Straight, Bisexual, Questioning or unsure of sexual orientation, Queer, Another sexual orientation, Decline to answer

9. Disability

- Yes (Report the number that apply by each of the following), No, Decline to answer

Mental (excluding mental health) 1 _____ Difficulty seeing _____
Physical/mobility _____ Difficulty hearing _____
Chronic Health Condition (including chronic pain) _____ Other communication disability _____
Other _____

1 Including learning disability, developmental disability, dementia

10. Primary Language

- Arabic, Armenian, Cambodian, Cantonese, English, Farsi, Hmong, Korean, Mandarin, Other Chinese, Russian, Spanish, Tagalog, Vietnamese, American Sign Language, Other, Decline to answer

(Please continue on the other side)



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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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I am more knowledgeable about professional and peer resources that are available to help people who are at risk of suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am more willing to reach out and help someone if I think they may be at risk of suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I've learned how to better care for myself and seek help if I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The presenters were respectful of my culture (e.g., race, ethnicity, gender, religion, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. This training was relevant to me and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>