QPR Pre Training Survey

Please complete this registration form for the QPR Suicide Prevention Training sponsored by the Nebraska DHHS Division of Behavioral Health, the Nebraska Suicide Prevention Coalition, and the University of Nebraska Public Policy Center.

Please Answer ALL questions:

_____ _____
First Name **Last Name**

_____
Address **City** **Zip Code** **County**

_____
Email Address

Each participant will have a unique and confidential identification number. Please follow the instructions to create your specific ID # below:

A) The year you were born _____

B) The last four digits of your home phone number -_____

For example, if you were born in 1961, and your phone number is 123-4567, your ID number will be 19614567

Your ID number is: _____

Please select (check) one:

_____ Addiction Professional
_____ Administrator
_____ Corrections/Probation
_____ Dispatcher
_____ Educator
_____ EMS
_____ Family Member/Survivor
_____ Fire Fighter
_____ Law Enforcement
_____ Licensed Mental Health Professional
_____ Military
_____ Nebraska CISM Team Member
_____ Nurse (RN or APRN)
_____ Para Professional
_____ Peer Support
_____ Prevention Specialist
_____ Psychologist
_____ Physician
_____ Red Cross Volunteer
_____ Student
_____ Survivor
_____ Other (Specify) _____

Please CIRCLE your answers to the following questions/statements:

1. **Asking someone about suicide is appropriate:**
   Never Rarely Sometimes Often Always

2. **Rate your knowledge of suicide prevention facts.**
   Very Low Low Average High Very High

3. **Rate your knowledge of warnings signs of suicide.**
   Very Low Low Average High Very High

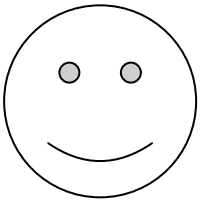
4. **Rate your knowledge of how to ask someone about suicide.**
   Very Low Low Average High Very High

5. **Rate your knowledge of how to persuade someone to get help.**
   Very Low Low Average High Very High

6. **Rate your knowledge of how to get help for someone.**
   Very Low Low Average High Very High

7. **Rate your knowledge about information of local resources for help with suicide.**
   Very Low Low Average High Very High

8. **Rate your level of understanding about suicide and suicide prevention.**
   Very Low Low Average High Very High

9. **Rate your knowledge of or experience with development/use of safety plans.**
   Very Low Low Average High Very High

Thank you for completing the registration pre survey!