FIS LEARN YOUTH SURVEY • PRE-TRAINING
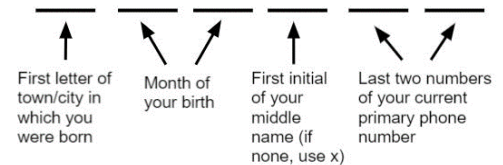
Please take a few minutes to fill out this survey. Your answers are anonymous.
This information helps us collect data for grant applications, funding, reports, training and
program improvements. Thank you for your participation and willingness to help.

1. **As part of this anonymous survey, we need to link your responses across time. To do this, you will create your own unique code. This will not allow us to determine your identity. It is only to facilitate linking your responses over time. Please enter your self-generated code. Please make sure this is 6 spaces. (1 upper case letter, 2 numbers, 1 upper case letter, 2 numbers).**

2. **Did you attend an In Person or Online version of the training?** _____

   First letter of town/city in which you were born | Month of your birth | First initial of your middle name (if none, use x) | Last two numbers of your current primary phone number

3. **Date of Training** _____

4. **Your School Name** _____

5. **Type of Training: Which group describes you best? Ask your trainer if you are unsure which one to check.**

   ☐ Caregiver/Parent   ☐ Student by Student (students lead the training)
   ☐ Student by Teacher (teacher leads the training)   ☐ Teacher/Specialist/Faculty/School Staff

6. **Have you attended a suicide prevention training before today?**
   ☐ YES, last year   ☐ YES, before last year   ☐ NO   ☐ I Don't Know

7. **How frequently do you have contact with students who may be at risk for suicide?**
   ☐ Never   ☐ Seldom   ☐ Fairly Often   ☐ Often   ☐ Almost Every Day   ☐ I don't know

8. **Suicide prevention is relevant to my job/role (i.e., as a friend, colleague, parent, school leader, etc.)**
   ☐ Never   ☐ Sometimes   ☐ Usually   ☐ Always   ☐ Unsure

   The next questions are about how likely you would be to do the following things if you were concerned about someone who may be at risk for suicide.

9. **How likely would you be to empathize and listen to them?**
   ☐ Very Low Likelihood ☐ Low Likelihood ☐ Medium Likelihood ☐ High Likelihood ☐ Very High Likelihood

10. **How likely would you be to ask them if they were thinking about suicide?**
    ☐ Very Low Likelihood ☐ Low Likelihood ☐ Medium Likelihood ☐ High Likelihood ☐ Very High Likelihood

11. **How likely would you be to ask them what their plan is for killing themselves?**
    ☐ Very Low Likelihood ☐ Low Likelihood ☐ Medium Likelihood ☐ High Likelihood ☐ Very High Likelihood

12. **How likely would you be to provide critical information so that an adult could follow up regarding access to dangerous items?**
☐ Very Low Likelihood ☐ Low Likelihood ☐ Medium Likelihood ☐ High Likelihood ☐ Very High Likelihood

13. **How likely would you be to connect them to help?**
☐ Very Low Likelihood ☐ Low Likelihood ☐ Medium Likelihood ☐ High Likelihood ☐ Very High Likelihood

14. **How likely would you be to follow up with the person to see if they got connected with help or support?**
☐ Very Low Likelihood ☐ Low Likelihood ☐ Medium Likelihood ☐ High Likelihood ☐ Very High Likelihood

15. **Do you currently have the suicide prevention lifeline or crisis text chat as a contact in your mobile phone?**
☐ Yes ☐ No ☐ Not Sure

16. **What is your age in years? (Please enter only whole numbers.)** _____

17. **What is your role?**
☐ Student
☐ Other (please describe) _____

18. **What is your gender identity?**
☐ Woman
☐ Man
☐ Non-binary
☐ Genderfluid
☐ Two-spirit
☐ Transgender female/Trans female
☐ Transgender male/Trans male
☐ Prefer to self-describe _____

19. **Which identity(ies) best describes you? Please select all that apply:**
☐ American Indian/Alaskan Native
☐ Asian
☐ Black or African American
☐ Hispanic/Latino/Spanish descent
☐ Middle Eastern or North African
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Prefer to self-describe (please specify) _____
☐ Prefer not to say