

**Bucks County Intermediate Unit
QPR Post-Training Survey**

Test Type:

- Post-Test

Age Range:

- 10-15 16-20 21-30
 31-40 41-55 55-65
 65 or older Prefer not to answer

Self-Identified Gender (optional – check one):

- Female Male Other Prefer not to answer

Race (how do you identify?):

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other
 More than one race Prefer not to answer

Ethnicity:

- Latinx/Hispanic Non-Hispanic Prefer not to answer

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

	Low	Medium	High
1. Facts concerning suicide prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Warning signs of suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How to ask someone about suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Persuading someone to get help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How to get help for someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Information about local resources for help with suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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- | | Always | Sometimes | Never |
|---|-----------------------|-----------------------|-----------------------|
| 7. Do you feel that asking someone about suicide is appropriate? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Do you feel likely to ask someone if they are thinking of suicide? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | Low | Medium | High |
|--|-----------------------|-----------------------|-----------------------|
| 9. Please rate your level of understanding about suicide and suicide prevention. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | Excellent | Very Good | Good | Fair | Poor |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 10. Please provide your OVERALL rating of the quality of this training. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | Yes | No | Undecided |
|---|-----------------------|-----------------------|-----------------------|
| 11. Would you recommend QPR training to others? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments:
