



QPR Training Evaluation



Thank you for participating in the QPR training. This training is a part of Connecticut's statewide suicide prevention efforts. Please fill out this evaluation to help us continue to enhance our prevention efforts.

Trainer's Name

Training Date

Type your question or statement here

Please indicate your gender

- Male
 Female
 Other

Are you Hispanic or Latino?

- Yes
 No

Please select your race. (Check all that apply)

- American Indian or Alaska Native
 Asian
 Black or African-American
 Native Hawaiian or other Pacific Islander
 White/Caucasian
 Other

Please select your age.

- 0 - 17
 18 - 24
 25 - 44
 45 - 64
 65 +

Do you work in a mental health related position?

- Yes
 No

Type your question or statement here

Response Definition: VD=Very Dissatisfied D=Dissatisfied N=Neutral S=Satisfied VS=Very Satisfied

	VD	D	N	S	VS
1. How satisfied are you with the overall quality of this training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How satisfied are you with the quality of the information from this training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How satisfied are you with the quality of the training materials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How satisfied are you with the instructor's presentation of this training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Response Definition: SD=Strongly Disagree D=Disagree N=Neutral A=Agree SA=Strongly Agree

	SD	D	N	A	SA
5. The training was well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The training space met my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. This training content was relevant to my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I expect to use the information gained from this training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I would recommend this training to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I have increased my knowledge of suicide prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I feel competent to recognize the warning signs of suicide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I feel confident that I can <i>question</i> a person about suicidal thoughts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I feel confident that I can <i>persuade</i> someone to get help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I feel confident that I can <i>refer</i> someone for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





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15. Do you now feel prepared to help someone who expresses suicidal thoughts or intentions to you?

Y N

16. Have you ever received suicide prevention training before?

