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### **Professional Suicide Knowledge and Skill Survey**

Age \_\_\_\_\_

Sex \_\_\_\_\_

Position/profession/job \_\_\_\_\_

Suicide attempts or completions are frequently preceded by “warning signs”(suicidal communications, threats or behaviors). A warning sign would include statements such as, “I can’t stand the pain any longer, I just want to end it all.” Or, “I’d be better off dead.” Or, “I think I’m going to kill myself.” Any of the following behaviors might also be warning signs of a pending suicide attempt: a previous suicide attempt, complaints of serious depression and thoughts of death, giving away prized possessions, preparing a will, putting financial affairs in order, stockpiling pills, purchasing a firearm, saying goodbye, and any other word or deed that suggests the person may be planning to die by suicide. Vulnerable persons suddenly caught up in a crises from which they cannot escape and which may prove personally humiliating would also fit this definition.

1. *In your role as a **professional**, have you ever* suspected and/or intercepted a suicidal communication or seen one or more warning signs in someone to whom you were providing service?

Yes \_\_\_ No \_\_\_

1a. If yes, how many suicidal persons have you identified/encountered in the past 12 months? \_\_\_\_ .

1b. Did any of them attempt suicide? Yes \_\_\_ No \_\_\_ How many? \_\_\_\_  
How many died? \_\_\_\_.

Comments:



7. Overall, I believe my knowledge of suicide, its causes and prevention is (circle one):

- a. Poor
- b. Fair
- c. Good
- d. Excellent

8. For persons in my position, education in suicide risk detection, initial assessment and referral skills:

Are not necessary \_\_\_ Necessary \_\_\_ Should be required \_\_\_

9. How many hours of training have you had on the topic of suicide prevention, intervention or assessment (course, seminar, CME, etc.)? Number of hours \_\_\_\_.

10. In my professional role, I believe I have some duty to assist suicidal persons and consumers of my services and, therefore, some exposure to legal action if I fail to take reasonable and prudent steps to reduce the risk of a suicide attempt or completion.

Yes \_\_\_ No \_\_\_

11. Personally, I would be willing to participate in and learn more about suicide and its prevention.

Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

12. Given my current professional role, duties and commitments to continuing education and skill enhancement, I could commit the following time to suicide prevention training (circle one letter):

- a. 0 hours
- b. 1-2 hours
- c. 2-3 hours
- d. 3-4 hours
- e. 8 hours
- f. More than 8 hours

13. My preferred educational platform for suicide prevention training would be (circle one letter):

- a. An in vivo professional seminar or presentation
- b. Multi-media online tutorial
- c. Multi-media online tutorial and in vivo review/Q&A
- d. Read-only print text

14. As a professional who may have “last contact” with a potentially suicidal person or consumer of my services like mine, do you feel persons in your profession would benefit from additional training in detecting suicidal communications and basic assessment and referral or intervention skills?

Yes \_\_\_ No \_\_\_

15. Are you aware that the Surgeon General of the United States has recently published the *National Strategy for Suicide Prevention: Goals and Objectives for Action*?

Yes \_\_\_ No \_\_\_

16. Do you believe persons in your profession should be included in the national effort to reduce disability and premature death associated with suicide attempts and completions?

Yes \_\_\_ No \_\_\_

Please elaborate on any item above and/or additional comments regarding this survey:

If we may quote any of your comments, please supply your name, address and signature here:

Thank you for your help with this important survey.

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