



This document contains all the currently used measures to determine learning and behavioral outcomes from QPR gatekeeper training. Sets of measures are organized below into six sections, with a seventh section containing supporting literature for some of the measures.

The following pre-post survey, knowledge quiz items, and post-training follow up items have been developed by a number of university-based research teams and the staff of the QPR Institute. They are designed to measure knowledge about suicide, attitudes toward engaging someone suicidal, self-efficacy, experience with suicide both before and after QPR training. They share commonalities with other gatekeeper training outcome measures. The seven sections are:

- **Section 1: Original 9 pre-post general survey items.**
- **Section 2: Self-efficacy pre-post training survey items.**
- **Section 3: Pre-post knowledge test items.**
- **Section 4: Self-report experience with suicide behaviors for baseline.**
- **Section 5: Self-report follow up experience with suicide at one month post-training.**
- **Section 6: Self-report follow up experience with suicide 6 months post-training**
- **Section 7: Supporting psychometrics and research**
- **Section 8 Pre-training professional knowledge and training needs survey**

**Section 1: Original 9 pre-post survey items.** The pre-training items are identical to those below (the post-training items).

*Instructions post-training survey (a pre-training survey may be used as well):*

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

1. Facts concerning Suicide Prevention:

Very Low  
Low  
Medium  
High  
Very High

2. Warning signs of suicide:

Very Low  
Low  
Medium  
High  
Very High

3. How to ask someone about suicide:

Very Low  
Low  
Medium  
High  
Very High

4. Persuading someone to get help:

Very Low  
Low  
Medium  
High  
Very High

5. How to get help for someone:

Very Low  
Low  
Medium  
High  
Very High

6. Information about resources for help with suicide:

Very Low  
Low  
Medium  
High  
Very High

7. Please rate what you feel is the appropriateness of asking someone who may be at risk about suicide.

- Very Low
- Low
- Medium
- High
- Very High

8. What is the likelihood you will ask someone who appears to be at risk if they are thinking of suicide?

- Very Low
- Low
- Medium
- High
- Very High

9. Please rate your level of understanding about suicide and suicide prevention.

- Very Low
- Low
- Medium
- High
- Very High

**Section 2: Self-efficacy pre-post training survey items (literature source in section 7).**

This section contains a list of statements of what you may think or believe about suicide prevention. Please read each statement and use the rating scale to indicate the degree to which you agree or disagree with it. There are no right or wrong answers. It is important that you answer all statements according to your beliefs and not what you think others may want you to believe.

1. If someone I knew was showing signs of suicide, I would directly raise the question of suicide with them.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

2. If a person's words and/or behavior suggest the possibility of suicide, I would ask the person directly if he/she is thinking about suicide

- Strongly Disagree

Disagree  
Neutral  
Agree  
Strongly Agree

3. If someone told me they were thinking of suicide, I would intervene  
Strongly Disagree  
Disagree  
Neutral  
Agree  
Strongly Agree

4. I feel confident in my ability to help a suicidal person  
Strongly Disagree  
Disagree  
Neutral  
Agree  
Strongly Agree

5. I don't think I can prevent someone from suicide  
Strongly Disagree  
Disagree  
Neutral  
Agree  
Strongly Agree

6. I don't feel competent to help a person at risk of suicide  
Strongly Disagree  
Disagree  
Neutral  
Agree  
Strongly Agree

### **Section 3: Pre-post knowledge test items.**

The following quiz items are built into the QPR online gatekeeper training program. At 80% items correct score must be earned to issue a certificate of course completion. Some of these items are also used to evaluate face-to-face training knowledge gains.

In this next section you will be asked to answer 15 questions regarding your current knowledge about suicide and suicide prevention.

1. In America approximately how many lives are lost to suicide each year?

- a. 5,000
- b. 10,000
- c. 20,000
- d. 30,000

2. The number one contributing cause of suicide is (*circle one*):
- a. Untreated major depressive disorder (a medical illness)
  - b. Acute and severe stress
  - c. Rejection by a loved one
  - d. Alcoholism, especially if the person has recently been diagnosed with terminal cancer.
3. If you intercept a suspected suicidal communication (clue, warning sign, suspicious statement or threat), which of the following questions should be avoided (*circle one*):
- a. You're not thinking of killing yourself, are you?
  - b. Are you thinking about suicide?
  - c. Are you feeling so bad you'd like to go to sleep and never wake up?
  - d. Have you ever wished you were dead?
4. The most commonly identified psychological state of those who take their own lives has been found to be (*circle one*):
- a. Hallucinations
  - b. Sadness
  - c. Anger
  - d. Humiliation
  - e. Hopelessness
5. Asking a distressed person if he or she is having thoughts of death or suicide (*circle one*):
- a. Should never be done, as it may put the idea of suicide in the person's mind
  - b. Should only be done by professionally trained persons
  - c. May lower the risk of suicide
  - d. Should have no effect on the risk for suicide
6. To be effective in preventing suicide, I need to (*circle one*):
- a. Be able to recognize the warning signs of suicide
  - b. Understand what causes most people to become suicidal
  - c. Know how to speak frankly about suicide
  - d. All of the above

7. People who talk about suicide are only talking and should be ignored, since people who talk about suicide don't do it (*circle one*).
- True
  - False
8. Since persons in an acute suicidal crisis often feel bad and cannot sleep, 3 to 5 ounces of an alcoholic drink is recommended (*circle one*).
- True
  - False
9. Suicide affects mostly poor people and those having financial difficulties (*circle one*):
- True
  - False
10. Which of the following statements is most true (*circle one*):
- Removal of the means of suicide is an important suicide prevention measure
  - Suicide prevention is best left to the experts
  - Only doctors should discuss suicide with people who may be thinking about ending their own lives
  - Drugs and alcohol play only a minor role in suicidal behavior
11. Which of the following is not a possible warning sign of suicide (*circle one*):
- Giving away prized possessions
  - A sudden interest or disinterest in religion
  - Talking about suicide
  - Spending lots of money one doesn't have
12. When talking with someone who has suicidal thoughts and feelings, it is strongly recommended that you be sure to (select the most correct item):
- Listen carefully to the problem or problems that suicide would solve
  - Tell the person in no uncertain terms that suicide is a bad idea
  - Warn the person that they might go to hell if they die by suicide
  - Explain to them the pain they would cause others if they killed themselves
13. You are talking to a friend or family member who has been having a lot of personal problems lately and seems to be overwhelmed and hopeless. They say they can't sleep and can't stop feeling blue. During your conversation, the person sighs and says, "I just can't go on anymore. Life isn't worth living." The best thing to say is:
- "Look things will get better, I know they will. They always do."
  - "What you just said frightens me, are you thinking about suicide?"

- c. "You're not thinking about suicide, are you?"
  - d. "You're talking like a crazy person, you know everyone loves you."
14. Someone you know admits that they have been thinking about suicide. To Persuade them to get help, the very first thing to do is:
- a. Tell them you care about them, but that suicide is a totally acceptable choice
  - b. Tell them that if they don't get help right away, you will call the police
  - c. Remind them that you love them, but that suicide is a sin.
  - d. Encourage them to talk, not pass judgment, and listen carefully to the problem(s) suicide would solve.
15. When Referring someone suicidal for professional help, the best outcome is to:
- a. Take the person to someone who can help
  - b. Make sure the person has local and national crisis numbers
  - c. Secure a "promise" not to attempt suicide
  - d. Get an agreement that they will see their doctor right away

#### **Section 4: Self-report experience with suicide behaviors for baseline.**

In this section we ask you three questions about your experiences helping people. Please write in the actual numbers (e.g., 0, 1, 2).

1. How many times in the last 6 months have you thought a person's behavior might indicate he/she was considering suicide?
2. How many times in the last 6 months have you asked a person whether he/she was considering suicide?
3. In the last 6 months, how many people did you personally refer to appropriate professional services because you were concerned that they might be suicidal?

#### **Section 5: Self-report follow up experience with suicide one month post-training**

Please rate the following statement as to how well it applies to you:

"I had knowledge about suicide prevention before the QPR Training, but now I feel much more comfortable using that knowledge to help to prevent suicide."

- Not at all how I feel
- Not really how I feel
- Neutral
- That is how I feel
- That is 100% how I feel

Please rate how you feel the following statement matches your experience after completing the QPR Training:

"I feel much more comfortable asking someone the suicide question in a manner that will illicit a more genuine response from someone."

- Not at all how I feel
- Not really how I feel
- Neutral
- That is how I feel
- That is 100% how I feel

### **Section 6: Self-report follow up experience with suicide 6 months post-training**

In this section we ask about your experiences with using and applying the QPR-related knowledge and skills after you completed the training.

1. How often did you use the knowledge and skills that you obtained in QPR since you completed it approximately 6 months ago?

- Never
- Once in a while
- Sometimes
- Quite often
- Frequently, if not always
- Extremely often

2. Over the last six months I have increased others' general awareness and knowledge of suicide.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

3. How many times in the last six months have you screened individuals for suicide behaviors with a screening tool (please write actual number, e.g., 0, 1, 2)

4. How many times in the last six months have you provided mental health services to individuals at risk for suicide and/or their families (please write actual number, e.g., 0, 1, 2)

5. How many times in the last six months have you discussed the QPR Gatekeeper training with others (please write actual number, e.g., 0, 1, 2) [If 0, skip to item number 9.]

6. With whom did you discuss the training? (check all that apply)

Coworker who attended  
Spouse, significant other, partner  
Friend, non-coworker  
Family member  
Coworker who did not attend  
Children

7. Through which means of communication did you discuss the training? (check all that apply)

Phone/text messages  
Email/internet  
Face-to-Face

8. If you checked face-to-face on item 7; Where did the discussion take place? (check all that apply)

Home  
Work/office  
Outside work (excluding home)  
School  
Other (please specify)

9. What factors make it difficult to discuss the training with others? Please list. (open-ended question)

10. How many times in the last six months have you shared training materials with others (please write actual number, e.g., 0, 1, 2)  
[If 0, skip to item 13]

11. With whom did you share the training materials? (check all that apply)

Coworker who attended  
Spouse, significant other, partner  
Friend, non-coworker  
Family member  
Coworker who did not attend  
Children

12. Through which means of communication did you share the training materials with others? (check all that apply)

Phone/text messages  
Email/internet  
Face-to-Face

13. What factors make it difficult to share the training materials with others? Please list. (open-ended question)

14. How many times in the last six months have you suggested to someone else that they may benefit from attending the training (please write actual number, e.g., 0, 1, 2) [If 0, skip items 15 and 16]

15. To whom did you suggest the training (check all that apply)

- Coworker who attended
- Spouse, significant other, partner
- Friend, non-coworker
- Family member
- Coworker who did not attend
- Children

16. Through which means of communication did you suggest the training? (check all that apply)

- Phone/text messages
- Email/internet
- Face-to-Face

### Section 7: Supporting psychometrics and research for self-efficacy items

| Self-Efficacy Item   | Source(s)   |
|--|---|
| I feel confident in my ability to help a suicidal person                   | BC Foster Care Education Program, 2002; Cigularov et al., in press; Cigularov & Chen, in preparation. |
| I don't think I can prevent someone from suicide (Reverse coded)           | Tierney, 1988; BC Foster Care Education Program, 2002; Cigularov & Chen, in preparation.              |
| I don't feel competent to help a person at risk of suicide (Reverse coded) | Cigularov et al., in press, Cigularov & Chen, in preparation.   |

Coefficient Alpha = .72 in Cigularov & Chen, in preparation; .75 in Moore et al., 2008

References:

*British Columbia foster care education program: Suicide awareness.* (2002). Vancouver, BC: Ministry of Children and Family Development.

Cigularov, K., Chen, P., Thurber, B. W., & Stallones, L. (in press). Investigation of the effectiveness of a school-based suicide education program using three methodological approaches. *Psychological Services*.

Cigularov, P. K., & Chen, P. Y. (in preparation). *College students' beliefs about suicide and suicide prevention*.

Moore, J. T., Cigularov, K. P., Hoffmeister, K. K., Chen, P. Y., Rohr, S., & Martinez, J. M. (2008, April). *Evaluation of a Community Gatekeeper Training: QPR*. Paper to be presented at the 41st AAS Annual Conference, Boston, MA.

Tierney, R. J. (1988). *Comprehensive evaluation of suicide prevention training*. Unpublished doctoral dissertation, University of Calgary, Calgary, AB.

## Section 8 Pre-training professional knowledge and training needs survey



Note: If your organization elects to use and/or adapt this survey to its own purpose, including modifying or adding to the survey questions themselves, please credit the QPR Institute for the original document and include the following web site information: [www.qprinstitute.com](http://www.qprinstitute.com). Unrestricted use is hereby granted. However, we would be interested in your findings. We will, with your permission, share your data with interested researchers, as well as the American Association of Suicidology and the Surgeon General's office. Thank you.

### 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:

2. In your role as a citizen (**non-professional** life) have you ever suspected and/or intercepted a suicidal communication or seen one or more warnings signs of suicide?

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

2a. If yes, how many suicidal persons have you identified in the past 12 months? \_\_\_\_

2b. Did any of them attempt suicide? Yes \_\_\_ No \_\_\_ How many? \_\_\_  
How many died? \_\_\_\_.

Comments:

3. As a professional, have you been involved in the *assessment* of someone who made a suicide attempt?

Yes \_\_\_

No \_\_\_

If yes, how many in the past 12 months \_\_\_\_.

Comment:

4. Elective question: Have you personally known anyone who ended his or her life by suicide?

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

If yes, was this person *or these persons* a (circle one or more letters)?

a. Blood relative/family member (number \_\_\_\_)

b. Friend(s) (number \_\_\_\_)

c. Consumer of my professional services (number \_\_\_\_)

Comments:

5. When confronted with a potentially suicidal consumer of your services, did you make some attempt to intervene?



- 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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