

WORKSHOP DATE	WORKSHOP LOCATION	NAME OF WORKGROUP TRAINER			
2/27-28/2000	Life Center WAFB	Graham + Ryan	Barley Erwin		
Please circle the letter next to your primary role/job (please select only one)					
a. Administrator	b. Firefighter	c. Volunteer	d. Police/Corrections		
e. Clergy/Pastoral	f. Youth Worker	g. Psychologist	h. Military Branch: <u>Av Force</u>		
i. <u>Counselor</u>	j. Nurse	k. Social Worker	l. Chaplain/Assistant Military Branch:		
m. Educator	n. Physician	o. Transit Worker	p. Other (specify):		
On a scale of 1 to 10, please write the rating number that best describes your response to the questions.					
1. How would you rate ASIST? (1 = did not like at all... 10 = liked a lot)	Rating				
2. Would you recommend ASIST to others? (1 = definitely no... 10 = definitely yes)	7				
3. This workshop has practical use in my personal life. (1=definitely no... 10=definitely yes)	10				
4. This workshop has practical use in my work life. (1=definitely no... 10=definitely yes)	10				
Please circle the number that describes your response.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5. If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking about suicide.	1	2	3	4	5
6. Before taking the ASIST training, my answer to #5 would have been:	1	2	3	4	5
7. If someone told me he or she were thinking of suicide, I would do a suicide intervention.	1	2	3	4	5
8. Before taking the ASIST training, my answer to #7 would have been:	1	2	3	4	5
9. I feel prepared to help a person at risk of suicide.	1	2	3	4	5
10. Before taking the ASIST training, my answer to #9 would have been:	1	2	3	4	5
11. I feel confident I could help a person at risk of suicide.	1	2	3	4	5
12. Before taking the ASIST training, my answer to #11 would have been:	1	2	3	4	5
Please place a check mark in the appropriate box.					
13. I attended two consecutive 8-hour days of training. (including lunch hour)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
14. All trainers were present at the workshop for the full 2 days.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
15. The "Jack" exercise was done on the afternoon of day 1.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			

Please write any additional comments you may have about the ASIST workshop or clarify any of your responses.