



Your Feedback

WORKSHOP DATE	WORKSHOP LOCATION	NAME OF WORKGROUP TRAINER
Feb 27-28 2020	L.I.F.E. Center	Graham Bailey

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: Missouri Air National Guard
i. Counselor	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.

- | Question | Rating |
|--|--------|
| 1. How would you rate ASIST? (1 = did not like at all... 10 = liked a lot) | 10 |
| 2. Would you recommend ASIST to others? (1 = definitely no... 10 = definitely yes) | 10 |
| 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.

Question	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.

I believe this course and content are EXTREMELY crucial in our current environment.

Thank You
- Tom