

WORKSHOP DATE	WORKSHOP LOCATION	NAME OF WORKGROUP TRAINER				
27-28 FEB 20	Life Center Whiterock AFB MD	GRAHAM & RYAN				
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>ANG</u>			
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.			Rating			
1. How would you rate ASIST? (1 = did not like at all... 10 = liked a lot)			8			
2. Would you recommend ASIST to others? (1 = definitely no... 10 = definitely yes)			9			
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.				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
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.
