

# YOUTH SUICIDE PREVENTION SURVEY

## *School Personnel*

### INTRODUCTION TO SURVEY

*Prevention* can be defined as a strategy or approach that reduces the likelihood of health problems ever occurring. Prevention programming is common in schools. We are interested specifically in prevention activities designed to reduce suicide-risk behaviors among young people in school communities. The questions in this survey are about your awareness of suicide prevention efforts in your building and how you might respond to a distressed youth. Your responses are anonymous. That means that there will be no way to identify your answers from those of others that complete the survey. If there is a question that you do not want to answer, you are free to skip it.

### I. PREVENTION PROGRAMMING IN YOUR SCHOOL

1. Are you aware of any suicide prevention activities/programs in your school?

- \_\_\_\_\_ a. Yes  
 \_\_\_\_\_ b. No  
 \_\_\_\_\_ c. Maybe or I think so

**If yes:**

1a. How many different programs/activities are you aware of?

\_\_\_\_\_ *(Write in number)*

1b. What types of programs/activities are available?

\_\_\_\_\_

\_\_\_\_\_

**If no:**

1c. How open do you think your building would be to a suicide prevention program?

Not at All							A Great Deal
0	1	2	3	4	5	6	6

2. How important do you think it is for schools to provide preventive services to assist students who exhibit the problem behaviors listed below? Please use a scale of 0 to 6, where “0” means Not at All and “6” means Extremely. You may give me any number from 0 to 6. Please circle your response to each question.

Not at 0	All 1	2	Neutral 3	4	5	Extremely 6
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2a. Suicide-risk behaviors?      0    1    2    3    4    5    6

2b. Anger control problems?      0    1    2    3    4    5    6

2c. Violent behavior?              0    1    2    3    4    5    6

2d. Drug use/abuse?                0    1    2    3    4    5    6

3. In a situation where you are concerned about a student who you think is depressed or thinking about suicide, how would you proceed to get help for that student in your building? Please mark all that apply.

- a. Refer the student to school counselor
- b. Refer the student to school psychologist
- c. Refer the student to intervention team
- d. Refer the student to a specific program
- e. Call the student’s parent
- f. Handle it myself [What would you do? \_\_\_\_\_ ]
- h. Seek consultation from a colleague to determine how best to handle the situation
- i. Notify an administrator
- j. Other, please specify: \_\_\_\_\_

**II. SUICIDE WARNING SIGNS**

This section contains some questions that might be more sensitive for you. These are questions about how you might respond to a young person who may be at risk for suicide.

4. Please take a moment to imagine that you know a young person, 15-19 years old, who is showing signs of being suicidal. In order to know if this person might be in danger of attempting suicide, what 3 signs would you look for?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**III. HELPING DEPRESSED/SUICIDAL PERSON**

For the next 4 questions, use a 0 to 10 scale to answer the questions. A value of “0” means “not at all,” a 10 means “very much or extremely;” and a “5” means you’re neutral or feel “so-so” about your response. Please circle your response to each question. Now, imagining this same young person who seems suicidal...

5. In your opinion, is it *appropriate* for you to ask this person—who may be suicidal—the following question: “*Are you thinking of harming yourself or attempting suicide?*”

not at all appropriate			neutral				extremely appropriate			
0	1	2	3	4	5	6	7	8	9	10

6. How *likely* would you be to ask this person if they were thinking of harming themselves or attempting suicide?

not at all likely			neutral				very likely			
0	1	2	3	4	5	6	7	8	9	10

7. How comfortable would you be in asking this question?

not at all comfortable			neutral				very comfortable			
0	1	2	3	4	5	6	7	8	9	10

8. Please tell me how much you agree or disagree with the following statement: “*I think suicide among young people is a major issue facing my community.*”

strongly disagree			neutral				strongly agree			
0	1	2	3	4	5	6	7	8	9	10

**IV. BEHAVIOR/ACTIONS TAKEN**

The next section asks about *your* experiences with people 15-19 years old. Some questions may be more sensitive for you. If you prefer not to answer a question, please just leave it blank and continue on to the next question.

9. In the last 4 weeks have you been in contact with anyone, 15-19 years old, who was depressed or showing signs of being suicidal? \_\_\_\_\_ Yes \_\_\_\_\_ No

If your answer is “Yes,” write in number of times \_\_\_\_\_

*If your answer is no—SKIP TO question #14 below*

10. Did you talk to them (him/her) about your concerns for their well-being?

- \_\_\_\_\_ 1. Yes                      \_\_\_\_\_ 3. Indirectly or tried to suggest ways to get help  
\_\_\_\_\_ 2. No                        \_\_\_\_\_ 4. Not sure

11. Did you ask them if they were considering harming themselves or attempting suicide?

- \_\_\_\_\_ 1. Yes                        \_\_\_\_\_ 3. Indirectly or tried to suggest ways to get  
\_\_\_\_\_ 2. No                        help \_\_\_\_\_ 4. Not sure

12. Did you talk with the person about where they could get help?

- \_\_\_\_\_ 1. Yes                        \_\_\_\_\_ 3. Indirectly or tried to suggest ways to get help  
\_\_\_\_\_ 2. No                        \_\_\_\_\_ 4. Not sure

13. Is there anything else you would like to tell us about your interaction with this person/  
these people?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Are you concerned *now* about anyone, 15-19 years old, who might be at suicide risk?

- \_\_\_\_\_ 1. Yes [continue to text below]  
\_\_\_\_\_ 2. No [Skip to Section 15]  
\_\_\_\_\_ 3. Maybe/uncertain [continue to text below]

- If you are concerned about this person's safety, it is important that you talk with him or her directly to persuade him/her to get help.
- If you need information about how to do this, I'd like you to call your local crisis information telephone number. The crisis line people are specially trained and available to provide just this kind of consultation.
- The numbers for your area are: \_\_\_\_\_

## V. DEMOGRAPHICS

***We are nearly at the end of our questions—just a few more questions so we will be able to describe the source of our information***

15. Are you male or female? \_\_\_\_\_ 1. Male \_\_\_\_\_ 2. Female

16. What is your age?

- |                        |                          |
|------------------------|--------------------------|
| 1. _____ Under 25 yrs. | 5. _____ 50-59 yrs.      |
| 2. _____ 25-29 yrs.    | 6. _____ 50-59 yrs.      |
| 3. _____ 30-39 yrs.    | 7. _____ 60 or more yrs. |
| 4. _____ 40-49 yrs.    |                          |

17. How long have you worked at this school? \_\_\_\_\_

***These are all the questions we have for you today. Thank you for helping us. Your efforts will contribute to youth suicide prevention in our community.***