Clinic Name: __________________________________________ Date: ____________________

PLEASE RATE/COMMENT ON THE FOLLOWING:

What is your role in the primary care setting/clinic?
Comments: __________________________________________________________________________________________
________________________________________________________________________________________

This training offered new and useful information.
Disagree (1) ___________ | __________ | __________ | __________ Agree (5)
Comments: __________________________________________________________________________________________
________________________________________________________________________________________

After this training, I feel more prepared to recognize suicide risk and to intervene.
Disagree (1) ___________ | __________ | __________ | __________ Agree (5)
Comments: __________________________________________________________________________________________
________________________________________________________________________________________

Of the different information and tools you learned about today, which one(s) are you most likely to use in your day-to-day work?
Comments: __________________________________________________________________________________________
________________________________________________________________________________________

Please provide us with any comments and suggestions for improvement.
Comments: __________________________________________________________________________________________
________________________________________________________________________________________