

Information for this form is provided voluntarily. Host sites are required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of the program. We appreciate your cooperation in the completion of this form.

Today's Date & Time:	Year of birth (YYYY)
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Enter the first 2 letters of your FIRST name:	Enter the first 2 letters of your LAST name:
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Type of training: Adult MHFA Youth MHFA QPR SafeTalk Other: _____

Address:	City:	State:	Zip Code:
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Email Address:	Cell Phone #:	Work Phone #:
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Date of training I will Attend: _____ Host Site Name: _____

Are you a health professional? Yes or No
 If yes, list your health profession: _____ If no, list Profession: _____

Employer: _____

If you answered "Yes" to "Are you a health professional" please answer the following 3 questions,

Do you work in a medically underserved area?..... Yes No
 Do you work in a primary care setting?..... Yes No
 Do you work in a rural setting?..... Yes No

Gender: Male Female _____

Race: American Indian/ Alaskan Native Asian Black Hawaiian/ Pacific Islander White More than one race

Ethnicity: Hispanic Non Hispanic

Military Service: Active Duty Military Veteran Military Family Member Veteran Family Member None

1. How knowledgeable are you about mental health issues?

Not at all	Slightly	Somewhat	Moderately	Extremely
1____	2____	3____	4____	5____

2. How confident are you helping a person who is demonstrating signs or symptoms of a mental health issue?

Not at all	Slightly	Somewhat	Moderately	Extremely
1____	2____	3____	4____	5____

3. How knowledgeable are you about strategies to use to help a person with a mental health issue?

Not at all	Slightly	Somewhat	Moderately	Extremely
1____	2____	3____	4____	5____

4. How able are you to promote help seeking behaviors of a person who is demonstrating signs or symptoms of a metal illness?

Not at all	Slightly	Somewhat	Moderately	Extremely
1____	2____	3____	4____	5____

5. People with mental health issues should be avoided.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1____	2____	3____	4____	5____

6. If I had a mental health issue I would not tell anyone.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1____	2____	3____	4____	5____

7. People with mental health issues are dangerous.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1____	2____	3____	4____	5____