



# **MENTAL HEALTH FIRST AID U.S.A.**

## **3-MONTH OR 6-MONTH SURVEY**

For this survey, please consider the term mental health problem(s) to include a range of signs and symptoms that *disrupt* daily functioning:

- physical signs (e.g., changes in normal patterns or appearance)
- emotional symptoms (e.g., depressed mood, irritability, excessive worry)
- thinking problems (e.g., racing thoughts, odd ideas, confused thinking)
- behavioral signs (e.g., difficulty concentrating, avoiding feared situations, excessive alcohol and substance use)
- extreme distress (e.g., thoughts of suicide or self-harm, experienced or witnessed traumatic event(s) (i.e., events that are perceived to be dangerous and threatens serious injury or death like accidents, domestic violence, physical or sexual abuse, loss of a caregiver, dog bites, shootings, natural disasters, painful medical procedures, etc.)

Throughout the survey, there are a few sections that will ask you to consider the same set of actions or beliefs from different perspectives. Please help us answer each item even though the items may feel repetitive at times.

### A. YOUR PERSONAL BELIEFS

In this section, we would like to know what YOU BELIEVE about mental health problems. Please select the response that best describes your level of agreement.

A1. In general, I believe that I should...

	<i>Do not agree at all</i> <span style="float: right;"><i>Strongly agree</i></span>				
	1	2	3	4	5
a. encourage anyone experiencing a mental health crisis to get professional help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. listen without expressing my judgment to anyone about his/her mental health problem(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. give practical resources (e.g., self-help information, crisis hotline) to anyone experiencing a mental health problem(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ask directly about suicidal thoughts or harm if I suspect anyone is experiencing a mental health crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. encourage anyone experiencing mental health problem(s) to participate in activities that will promote their well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A2. In general, I believe that people with mental health problem(s)...**

	<i>Do not agree at all</i>			<i>Strongly agree</i>	
	1	2	3	4	5
a. are easy to talk with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. are unpredictable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. get better with treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. are dangerous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Do not agree at all</i>			<i>Strongly agree</i>	
	1	2	3	4	5
<b>A3.</b> If I had a mental health problem(s), I would not tell anyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A4.</b> If someone in my family had a mental health problem(s), I would not tell anyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A5.</b> I intend to take action to help anyone address his/her mental health problem(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A6.</b> I intend to reach out and express my concerns to anyone experiencing mental health problem(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A7.</b> I intend to listen without expressing my judgment to anyone I suspect of experiencing a mental health problem(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## B. YOUR BELIEFS ABOUT MENTAL HEALTH ACTIONS

For each action, please select the response that best describes **HOW DIFFICULT** it is for you to perform that action.

**B1.** Currently, I believe that, **for me**...

	<i>Not at all difficult</i>			<i>Extremely difficult</i>	
	1	2	3	4	5
a. Giving practical resources (e.g, self-help information, crisis hotline number) to anyone showing signs and symptoms of a mental health problem(s) is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Listening to anyone about his/her mental health problem(s) without expressing my judgment is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Asking anyone experiencing a mental health problem(s) if he or she is thinking about suicide or harm is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Referring anyone experiencing a mental health problem(s) to a mental health provider is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Encouraging anyone showing signs of a mental health problem(s) to engage in activities that might help decrease symptoms is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each statement below, please select the response that best describes **YOUR** **OPINION** about how likely it would be for anyone with a mental health problem(s) to respond to a specific action of yours.

	<i>Not at all likely</i>			<i>Extremely likely</i>	
	1	2	3	4	5
<b>B2.</b> If I express my concerns to any person about the mental health signs and symptoms that he or she is experiencing, it will help that person to seek timely support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B3.</b> If I listen to any person without expressing my judgment, it will help that person talk to me about his/her mental health problem(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B4.</b> If I ask about suicidal thoughts directly, a person with such thoughts will feel a sense of relief.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B5.</b> If I give information about mental health providers in the community to any person experiencing mental health problem(s), it will assist that person to get help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would like to learn from you whether helping anyone with mental health problem(s) would be personally rewarding – in other words, something that would feel *beneficial* to you.

For each action, please select the response that best describes HOW **REWARDING** it is for you to perform that action.

**B6.** *Currently*, I believe that, for me...

	<i>Not at all rewarding</i>		<i>Extremely rewarding</i>		
	1	2	3	4	5
a. Giving practical resources (e.g., self-help information, crisis hotline number) to anyone showing signs and symptoms of a mental health problem(s) is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Listening to anyone about his/her mental health problem(s) without expressing my judgment is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Asking anyone experiencing a mental health problem(s) if he or she is thinking about suicide or harm is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Referring anyone experiencing a mental health problem(s) to a mental health provider is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Encouraging anyone showing signs of a mental health problem(s) to engage in activities that might help decrease symptoms is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. YOUR BELIEFS ABOUT PEOPLE IMPORTANT TO YOU

**In this section, please tell us what you think PEOPLE WHO ARE IMPORTANT TO YOU (i.e., people who influence the way you think) believe. Select the response that best describes your level of agreement.**

**C1. In general, people who are important to me believe that I should...**

	<i>Do not agree at all</i>			<i>Strongly agree</i>	
	1	2	3	4	5
a. encourage anyone experiencing a mental health crisis to get professional help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. listen without expressing my judgment to anyone about his/her mental health problem(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. give practical resources (e.g., self-help information, crisis hotline number) to anyone experiencing a mental health problem(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ask directly about suicidal thoughts or harm if I suspect anyone is experiencing a mental health crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. encourage anyone experiencing mental health problem(s) to participate in activities that will promote their well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C2. In general, people who are important to me believe that people with mental health problem(s)...**

	<i>Do not agree at all</i>			<i>Strongly agree</i>	
	1	2	3	4	5
a. are easy to talk with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. are unpredictable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. get better with treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. are dangerous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. YOUR CONFIDENCE IN PERFORMING MENTAL HEALTH ACTIONS

Please select the response that best describes your level of agreement with the following statements.

**D1.** Currently, I am confident that **I can**...

	<i>Do not agree at all</i>		<i>Strongly agree</i>		
	1	2	3	4	5
a. assist a person who may be dealing with a mental health problem(s) to seek professional help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. provide practical resources (e.g., self-help information, crisis hotline number) to help anyone who may have a mental health problem(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. recognize the signs and symptoms of mental health problem(s) in anyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ask a person directly whether he/she is considering killing her/himself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. de-escalate a situation where anyone is agitated or aggressive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ask anyone directly about experiencing or witnessing a traumatic event(s) <i>(i.e., events that are perceived to be dangerous and threatens serious injury or death like accidents, domestic violence, physical or sexual abuse, loss of a caregiver, dog bites, shootings, natural disasters, painful medical procedures, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. listen without expressing my judgement to anyone in distress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. correct misconceptions in others about mental health and mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. suggest supportive and self-help strategies to anyone with mental health problem(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



For each statement below, please select the response that best describes the **LIKELIHOOD** that you would carry out the following actions *currently*.

	<i>Not at all likely</i>			<i>Extremely likely</i>	
	1	2	3	4	5
<b>D2.</b> I will approach anyone with a mental health problem(s) if I feel I have the knowledge to talk to him/her about their problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D3.</b> I will help anyone with a mental health problem(s) if I have practice in asking about suicidal thoughts or harm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D4.</b> I will talk to anyone about their mental health problem(s), if he/she is willing to talk to me about the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D5.</b> I will recommend getting help from a mental health provider to anyone experiencing a mental problem(s) if I know the resources in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D6.</b> I will encourage anyone experiencing a mental health problem(s) to use self-help strategies if I knew which strategies to recommend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D7.</b> I will help anyone experiencing mental health symptom(s) to find supports if I know the resources available in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E. YOUR AGREEMENT WITH VARIOUS ASPECTS OF MENTAL HEALTH

Please select the response that best describes your level of agreement with the following statements.

	<i>Do not agree</i>	<i>Agree</i>	<i>Don't know</i>
<b>E1.</b> At least 1 in 5 people in the US have one or more mental health disorder(s) in any one year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E2.</b> Around half of mental disorders start during childhood or adolescence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E3.</b> It is not a good idea to ask people if they are feeling suicidal in case you put the idea in their head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E4.</b> Use of alcohol or other drugs increases the risk of suicide or harm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E5.</b> Schizophrenia is one of the most common mental disorders in the US.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E6.</b> Depression can increase a young person's risk taking behavior (e.g., reckless driving, risky sexual involvements).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E7.</b> When talking to people with eating disorders, it is important to criticize their body size.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E8.</b> Exposure to traumatic event(s) is a risk factor in almost every type of mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E9.</b> Males complete suicide four times more frequently than females.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Do not agree</i>	<i>Agree</i>	<i>Don't know</i>
<b>E10.</b> People with psychosis are more at risk of being victims of violent crimes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E11.</b> When difficulties are encountered, youth tend to be quite resilient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E12.</b> Physical symptoms such as fast breathing, dizziness, or shaking could be signs of a panic attack.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E13.</b> Emotional symptoms such as excessive anger, depressed mood, or hopelessness can be signs of a young person's distress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E14.</b> Two significant risk factors of suicide are having an organized plan and having had a previous attempt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E15.</b> Anxiety disorders are the least common mental health disorders in the US.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## F. YOUR PERSONAL EXPERIENCES

**Please provide the response that best reflects your experience(s) in the past 3 months.**

**F1. In the past 3 months, have you encountered anyone displaying the following *mental health related signs and symptoms*:**

	Yes/no	If yes, how many people?
a. Physical signs like significant changes in normal patterns or appearance?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
b. Emotional symptoms like depressed mood, irritability, excessive anxiety or worry?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
c. Thinking problems like self-blame, racing thoughts, or odd ideas?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
d. Behavioral signs like frequent crying, withdrawal, aggression, phobias, excessive use of alcohol or drugs?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
e. Thoughts of suicide or self-harm?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
f. Experiencing or witnessing a traumatic event(s) ( <i>i.e., events that are perceived to be dangerous and threatens serious injury or death like accidents, domestic violence, physical or sexual abuse, loss of a caregiver, dog bites, shootings, natural disasters, painful medical procedures, etc.</i> )	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
g. Changes in normal behaviors that disrupt daily functioning in school, social settings, work, etc?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+

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**F2. In the past 3 months, how many people have you referred to services and supports?**

- None → **SKIP TO F3**
- 1-2
- 3-4
- 5-6
- 7-8
- 9+

**If you indicated at least 1 person, what type(s) of services and supports did you refer the person(s) to? (Mark all that apply.)**

- Mental health provider (e.g., psychologist, social worker, substance abuse counselor, etc.)
- Medical provider (e.g., family doctor, pediatrician, internist, etc.)
- Community mental health agency providing mental health services
- Private practice providing mental health counseling
- National crisis hotline phone number
- Local crisis hotline phone number
- Local hospital (including emergency room)
- Clergy (including church member, ministry, pastor, parish staff, etc.)
- Local support groups
- Self-help information or strategies (e.g., books, websites, yoga, meditation, etc.)
- Other (Please specify): \_\_\_\_\_

**F3. In the past 3 months, have you reached out to anyone who you believe has a mental health problem(s) in *any of the ways listed below*:**

	Yes/no	If yes, how many people?
a. Brought up signs and symptoms that you recognize	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
b. Assessed the situation for the presence of a crisis	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
c. Spent time listening to someone without expressing your judgment.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
d. Helped someone to calm down	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
e. Called a crisis hotline or service for someone	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
f. Offered emotional support	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
g. Suggested options for getting help	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
h. Talked to someone about his/her suicidal thoughts	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+

**F3. In the past 3 months, have you reached out to anyone who you believe has a mental health problem(s) in *any of the ways listed below*:**

	Yes/no	If yes, how many <b>people</b> ?
i. Encouraged someone to seek professional help	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
j. Encouraged someone to get other supports	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
k. Helped identify others who may be able to help the person	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
l. Engaged family members to help	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
m. Recommended self-help strategies	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
n. Gave someone information about his/her problem(s)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
o. Gave someone information about local services	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+
p. Made someone an appointment for services	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+



**F4.** Please tell us any other steps that you may have taken in reaching out or intervening on behalf of someone whom you suspected of experiencing mental health related difficulties.

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**F5.** In the past 3 months, because of my Mental Health First Aid training, ...

		<i>Do not agree at all</i>			<i>Strongly agree</i>	
		1	2	3	4	5
a.	I am more aware of the signs and symptoms of my own mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	I am more aware of the signs and symptoms of other people's mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I have greater empathy towards someone experiencing mental health challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I am more likely to ask someone if he or she is "ok" if I see him or her showing signs and symptoms of distress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I feel more comfortable being around someone who is talking to himself or herself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I am less likely to avoid someone showing signs and symptoms of a mental health problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	I feel more comfortable talking to someone about mental health related signs and symptoms that I had observed in another person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	I have been using the information I learned from the MHFA training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F6.** Specifically how has the MHFA training enabled you to assist someone experiencing a mental health problem?

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**F7.** Specifically, what were the most useful aspects of the Mental Health First Aid training?

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**F8.** Specifically, what were the least useful aspects of the Mental Health First Aid training?

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## **G. YOUR EXPERIENCE WITH MENTAL HEALTH PROBLEMS**

**We would like to know about your experience of mental health problem(s) in everyday life.**

**G1.** Have you ever experienced a personal mental health problem(s)?

- Yes  
 No  
 Not sure

**G2.** To your knowledge, has anyone in your family experienced a mental health problem(s)?

- Yes  
 No

**G3.** To your knowledge, have any of your friends, co-workers, or neighbors experienced a mental health problem(s)?

- Yes  
 No

**G4.** In which role(s) have **you** come into contact with someone experiencing a mental health problem(s)? **As a(n):** *Mark all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> Mental health provider (e.g., psychologist, social worker, school counselor)     | <input type="checkbox"/> Family advocate  |
| <input type="checkbox"/> Substance abuse counselor  | <input type="checkbox"/> Law enforcement  |
| <input type="checkbox"/> Camp / Recreational counselor  | <input type="checkbox"/> Other legal system(s) (e.g., juvenile detention, probation officer, foster care) |
| <input type="checkbox"/> Medical/allied health provider (e.g., non-psychiatric MD, RN, PT, OT, etc.)      | <input type="checkbox"/> Military personnel (including Veterans)  |
| <input type="checkbox"/> First responder  | <input type="checkbox"/> Other government personnel   |
| <input type="checkbox"/> Coach  | <input type="checkbox"/> Airline personnel  |
| <input type="checkbox"/> Teacher  | <input type="checkbox"/> Business employer or manager   |
| <input type="checkbox"/> Non-instructional school staff (e.g., administrator, security, bus driver, etc.) | <input type="checkbox"/> Friend   |
| <input type="checkbox"/> Case manager   | <input type="checkbox"/> Neighbor or colleague  |
| <input type="checkbox"/> Clergy (including church member, ministry, pastor, parish staff, etc.)           | <input type="checkbox"/> Family member  |
|   | <input type="checkbox"/> Parent   |
|   | <input type="checkbox"/> Other ( <i>Please describe</i> ): _____  |

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**G5.** In the past 3 months, have you taken any additional training related to mental health?

- Yes  
 No

**Thank you very much for your time and participation!**