

Please fill in the short questionnaire below to assist the facilitator

Your first name or nickname: \_\_\_\_\_

- Do you know someone who has attempted suicide? Y/N
- Have you had suicidal thoughts yourself? Y/N
- Do you know someone for whom you are concerned about suicide? Y/N
- Do you need help now? Y/N

- What has made you come to this workshop today?

I have someone with mental illness in my family.

I am a mental health professional working with families  consumers

I have a relative who I feel may attempt suicide

Other: please explain briefly:

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