

Evaluation Toolkit

Name of Suicide Prevention Network

Evaluation Year: (eg 2018)

Key Activities

Activity:

Who was Involved	(eg, young males aged 16-24 years)
What was Involved	(eg two hour community based suicide prevention education session held in April 2018)
Purpose of Activity	(eg reduce the stigma associated with suicide and increase awareness in the community)
Outcome of Activity	(eg community awareness around suicide and self-harm increased and vital contacts within the community and services obtained)

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South Australian Suicide Prevention Networks - Evaluation Toolkit 2018

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Surveys Undertaken

Demographic

What is your gender? Female Male Gender Diverse

What is your age? years

What is your current work status?

Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>
Volunteer	<input type="checkbox"/>	Student	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	Retired	<input type="checkbox"/>

Other (please specify)

What is your occupation?

What is your postcode?

Experience with Suicide Prevention Network

When did you first hear about the Suicide Prevention Network and how did you hear about it?

.....

.....

In the last 18 months, which of the following Suicide Prevention Network events/activities have you connected with or heard about? (you may select more than one)

Stand up for Mental Health	<input type="checkbox"/>	RU OK Day	<input type="checkbox"/>
Creating Connected Communities	<input type="checkbox"/>	Annual General Meeting (AGM)	<input type="checkbox"/>
Youth Mental Health First Aid	<input type="checkbox"/>	Mental Health First Aid	<input type="checkbox"/>
World Suicide Prevention Day	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

What other events/activities do you think the Suicide Prevention Network should conduct in the future?

.....

.....

Do you have any suggestions for how the Suicide Prevention Network could be improved?

.....

.....

Do you have any further comments?

.....

.....

Qualitative Evaluation for Interviews and Focus Groups (SPN Committee Members)

Demographic

What is your gender? Female Male Gender Diverse

What is your age? years

What is your current work status? Full-time Part-time
Volunteer Student
Unemployed Retired
Other (please specify)

What is your occupation?

What is your postcode?

Experience with Suicide Prevention Network

When were you introduced to this Suicide Prevention Network and how did you become aware of it?
.....
.....

What made you interested in volunteering for the Suicide Prevention Network?
.....
.....

In your own words, what does this Suicide Prevention Network do?
.....
.....

What is your role within this Suicide Prevention Network (what do you do for the Network)?
.....
.....

Is there a cross-over between your role within the Suicide Prevention Network and your work in the community?
.....
.....

Which aspects of this Suicide Prevention Network do you believe have contributed to its effectiveness?
.....
.....

How can this Suicide Prevention Network be improved in the future?

.....
.....

What should the main focus/impact of a Suicide Prevention Network be?

.....
.....

Is this Suicide Prevention Network currently achieving these aims and if so, how?

.....
.....

Have you had any specific training around suicide prevention? (please detail below)

Name of Training

How long ago was this training

What were the most significant understandings you took away from the training?

.....
.....

Can you provide an example of when you used this training to assist someone in need and what the outcome was?

.....
.....

Do you feel comfortable providing support to a community member at risk of suicide?

.....
.....

How effective have you found the Suicide Prevention Network as a community approach to suicide prevention?

.....
.....

Any further comments?

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.....
.....
.....
.....
.....

Event Feedback

We are interested in your experience with (insert the event name here)?
Your feedback is important for improving events of a similar nature

What was most helpful to you about (insert the event name here)?

.....
.....
.....
.....

What was least helpful to you about (insert the event name here)?

.....
.....
.....
.....

Would you attend (insert the event name here) if it was held again in the future?

- Yes
- No
- Unsure

Comments

Would you recommend (insert the event name here) to family/friends?

- Yes
- No
- Unsure

Comments

Do you have any suggestions for how (insert the event name here) could be improved?

.....
.....
.....
.....

Thank you for taking the time to complete this feedback form

Feedback from Conversation Undertaken with Members of the Public

We are interested in your thoughts above the topic of suicide prevention

After our conversation today, are you more aware about suicide?

Yes - please describe one new thing you have learnt about suicide prevention below

.....
.....
.....
.....

No

Unsure

After our conversation of today, are you more confident to talk to friends/family/others about suicide?

Yes

No

Unsure

Comments

.....
.....
.....

Would you like to know more about suicide prevention?

Yes - please provide your name and contact information below so that we can assist with this request

Name:

Address:

.....

Contact Number:

No

Thank you for taking the time to complete this feedback form

