



YOUTH MENTAL HEALTH FIRST AID

Pre-course questionnaire

Please fill in and hand back to the instructor(s)

1. Gender: Female Male Transgender
Age: 16–24 25–34 35–44 45–54 55–64 65+

2. Please select the option which best describes your ethnic origin

- | | | |
|--|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Asian Bangladeshi | <input type="checkbox"/> Mixed White & Black African |
| <input type="checkbox"/> White Welsh | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Mixed White & Black Caribbean |
| <input type="checkbox"/> White other | <input type="checkbox"/> Asian Pakistani | <input type="checkbox"/> Mixed other |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Asian Chinese | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Asian other | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Black other | <input type="checkbox"/> Mixed White & Asian | |

Ethnicity is complex to define as it is multi-faceted. Importantly, ethnicity is subjective: a person should self-assign his or her own ethnic group. While other people may view an individual as having a distinct ethnic identity, the individual's view of their own identity takes priority. This data will help us target groups that may not usually undertake this training.

3. Please select the option which best describes your sexuality

- | | | |
|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Lesbian | |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual |

The question on sexuality is asked to assist us in collecting information on marginalised groups in society so that we ensure that there are mental health first aiders in all aspects of life.

4. Do you consider yourself to have a disability?

- Yes No I do not wish to disclose this information

If you answered yes to the above question, please state the type of impairment, which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other'.

- | | | |
|--|---|--|
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Sensory Impairment |
| <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Learning Disability/Difficulty | <input type="checkbox"/> Long Standing Illness |

Other, please specify:

5. What are the first parts of your home and work postcodes? (For example CF24, NP20, SA20).

Home Work

6. Employment status:

Are you employed? Yes No

7. In what capacity are you attending this training?

Work volunteering personal

8. I work/volunteer in:

Mental health Physical health Education/training
 Human Resources Counselling Police/probation/criminal justice
 Pastoral care/clergy Service industry Sport/recreation
 Defence Other, please specify:

9. How many times have you helped a person experiencing mental health problems?

0 1 2-5 6-15 >15

10. How prepared do you feel to help someone experiencing mental health problems?

Not prepared 1 2 3 4 5 Fully prepared

11. Have you had any previous mental health training?

Yes No

If yes, was this training:

a few hours a few days more?