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<th>Title</th>
<th>Mental health First Aid in an Irish Context</th>
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Appendix L

Control group questionnaire completed before and immediately after physical first aid training

Mental Health First Aid

Questionnaire – Control (pre and post physical first-aid training)  

Dear course participant,

Thank you for taking part in this knowledge/attitude survey. All your answers are confidential and are unidentifiable.

1. What is your age? ________ years

2. Your gender?  Male    Female
3. What is the highest level of education you have completed to date?
   None/ primary not complete
   Primary or equivalent
   Intermediate/junior/group certificate or equivalent
   Leaving certificate or equivalent
   Diploma/ certificate
   Primary degree
   Post graduate/ Higher degree
   Refusal

4. Which of these descriptions BEST describes your usual situation in regard to work?
   Employee (inc. apprenticeship or community employment)
   Self employed outside farming
   Farmer
   Student full-time
   On state training scheme (FAS, Failte Ireland etc)
   Long term sickness or disability
   Home duties/ looking after the home or family
   Retired
   Other (please specify) ____________________________________________

5. Note below if you have any prior training, learning or knowledge in mental health issues? (eg qualifications, training courses, work related learning).

6. What is your current level of knowledge of Mental Health First Aid issues? None Some Adequate Good Complete
7. How skilful are you in managing mental health?  
   Not at all  Somewhat  Adequate  Good  Completely

8. How confident are you that you could manage a mental health crisis?  
   Not at all  Somewhat  Adequate  Good  Completely

9. If you encountered a mental health crisis today what would be your level of competence to deal with it?  
   Not at all  Somewhat  Adequate  Good  Completely

10. Please rate your current knowledge about the following issues?  

   Depression  
   Suicide/self harm  
   Anxiety  
   Psychosis  
   Drug and alcohol misuse
11. The following statements ask you to rate your ability to be able to control and master mental health issues.

- There is really no way I can solve some of the problems I have.
- Sometimes I feel I am being pushed around in life.
- I have little control over things that happen to me.
- I can do just about anything I really set my mind to.
- I often feel helpless in dealing with problems in life.
- What happens to me in the future depends on me.
- There is little I can do to change many of the important things in my life.

12. The following statements ask you about how you feel things have been with you during the past 4 weeks. For each question, please give one answer that comes closest to the way you have been feeling.

**How much IN THE PAST 4 WEEKS have you…….**

- Did you feel full of life?
- Have you been a nervous person?
- Have you felt so down in the dumps that nothing could cheer you up?
- Have you felt calm and peaceful?
- Did you have a lot of energy?
- Have you felt downhearted and blue?
- Did you feel worn out?
- Have you been a happy person?
- Did you feel tired?
13. Below are some statements about feelings and thoughts.

Please tick the boxes that best describes your experience of each over the last 2 weeks.

<table>
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<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ve been feeling optimistic about the future</td>
<td>I’ve been feeling useful</td>
<td>I’ve been feeling relaxed</td>
<td>I’ve been feeling interested in other people</td>
<td>I’ve had energy to spare</td>
</tr>
</tbody>
</table>

Thank you for your assistance