

Round 1: Questionnaire for Researchers/Practitioners/Advocates

Participant's Identification Number:

S. No.	Questions	Response
Section I		
1.	Name
2.	Age
3.	Gender	a. Male b. Female c. Others (please specify)
4.	Permanent Address	Province: District: City:
5.	Temporary Address (leave blank if not relevant)	Province: District: City:
6.	Profession	a. Researcher b. Clinician c. Advocates d. Academician e. Others (please specify)
7.	How long have you been involved in the field of suicide prevention? years months
8.	Name of current Institutions/Organizations

Section 2

<p>9.</p>	<p>In your view, what is the status, causes/risk factors of suicide and self-harm in Nepal?</p>	
<p>10.</p>	<p>What is working well for suicide prevention in Nepal? (Aspects of health care delivery services, awareness, government plan and programs, community)</p>	



<p>11.</p>	<p>What is not working well/challenges do you face while conducting your research/ practice with people who attempt to commit suicide? ((Aspects of health care delivery services, awareness, government plan and programs, community)</p>	
<p>12.</p>	<p>What additional information/ evidence would help your research or you work supporting people considering taking their life?</p>	



<p>13.</p>	<p>Can you provide 5-10 research questions that you think would improve the evidence to prevent suicide and attempted suicide in Nepal over the next 5 years.</p>	<p>i.</p> <p>ii.</p> <p>iii.</p> <p>iv.</p> <p>v.</p> <p>vi.</p> <p>vii.</p> <p>viii.</p> <p>ix.</p> <p>x.</p>
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Section 3		
12.	Can you let us know about any other organization or people who could be potential participants for our study?	a. Yes (if yes please go to Q.No.13) b. No (if no please go to Q.no. 14)
13.	Please provide us with details	Name: Professional Title: Organization Contact Details
		Name: Professional Title: Organization Contact Details
		Name: Professional Title: Organization Contact Details
14.	Would you be interested to be a part of Suicide Prevention Advisory Group in future?	Yes No

Thank you!

Round 1: Questionnaire for patients, care givers and family member participants.

Participant's Identification Number:

S. No.	Questions	Response
Section 1		
1.	Name
2.	Age
3.	Gender	a. Male b. Female c. Others (Please specify)....
4.	Are you someone who has previously attempted to harm themselves?	a. Yes b. No If Yes, how long has it been?.....years.....months
5.	If No, please tell us your relationship with the person who tried to harm themselves?	a. Caregiver b. Family member c. Friend d. Others (Please specify)
6.	What is your Permanent Address	Province: District: City:
7.	What is your Temporary Address (leave blank if not relevant)	Province: District: City:
Section 2		
8.	What do you think are the most important things that researchers or doctors and nurses	

	should study or do in order to help people who are thinking of harming themselves?	
9.	At individual/family level, how do you think we can reduce or prevent people from harming themselves?	
10.	At community level, how do you think we can reduce or prevent people from harming themselves?	

11.	At national level, how do you think we can reduce or prevent people from harming themselves?	

Thank you!