



Self-questionnaire for selection of sentinels

To know you better

***To be completed by the person who wishes to become a sentinel. This information will be kept confidential by the person responsible for the sentinel selection process**

Identification

Family and first name: _____

Contact information

Address: _____

City: _____

Postal code: _____

Telephone: _____

Email: _____

Personal and professional experience with the problem of suicide

- Have you ever thought about suicide or made an attempt (when, how, how long ago, result of the crisis, assistance received, how do you feel about this experience today)?

- Has someone close to you ever thought about or made an attempt at suicide (if so, relationship with you, when, how do you feel about this experience today)?

- Has someone close to you committed suicide (if so, relationship with you, when, how do you feel about this experience today)?

- Has a member of your entourage (work, recreational environment, neighbour, etc.) thought about, made an attempt, or committed suicide (if so, relationship with you, when, how do you feel about this experience today)?

- How do you understand that a person can think about suicide?

Motivation to become a sentinel

- What is your motivation to become a sentinel?

- Do you have any fears about the role of sentinel?

Thank you for having completed this questionnaire. The person responsible for selection will contact you shortly to follow up this initiative.

Signature: _____

Date: _____