



Suicide Proofing Your Home: Lessons Learned from Rhode Island's Means Restriction Media Campaign from 2010-2012



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Introduction

Youth suicide is an important public health issue in the United States today.¹ For youth in the 10 to 24 age group, suicide is the third leading cause of death, resulting in approximately 4600 lives lost each year.² Suicide is the third leading cause of death for Rhode Islanders ages 15-24. According to the 2009 Youth Risk Behavior Survey (YRBS), approximately 11.8% (Range: 10.3–13.6) of Rhode Island public high school students reported that they seriously considered attempting suicide in the year before the survey, and 7.7% (Range: (6.6–9.0) stated that they had attempted suicide one or more times in the prior 12 months.³

Suicide differs from other self-injury (such as intentional cutting, scratching, or burning oneself) in that it is a deliberate attempt to end one's life. Suicide affects all youth, but some youth are at higher risk than others. Suicide attempts are three times more likely among females, (who are twice as likely to experience depression as males), but completed suicides are four times more likely among males.⁴ Firearms account for 45% of suicide deaths among youths,² underscoring the importance and urgency of means restriction campaigns as part of a comprehensive approach to suicide prevention.⁵

Means restriction campaigns seek to inform the public about why guns are the most lethal and most common method of suicide in the United States. They also are designed to motivate people to take steps to reduce the likelihood that a gun will be used in an attempt. Research has shown that when lethal means are made less available or less deadly, suicide rates by that method decline, and frequently suicide rates overall decline.³ Despite the fact that that means restriction media campaigns have been shown to be a promising strategy for reducing youth suicide, few states have implemented such campaigns and the effectiveness of these campaigns has not been systematically evaluated.⁶

In 2008, the Rhode Island Department of Health received a three-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop, implement and evaluate a multi-strategy approach to prevent suicide in youth aged 15-24. The Rhode Island Department of Health's Injury and Violence Prevention Program and the Center to Prevent Youth Violence (CPYV) partnered on the development, launching, and evaluation of "Suicide-Proof Your Home," Rhode Island's means restriction campaign.

The purpose of the campaign was to educate parents who had a child in the home between the ages of 12 and 18 years about simple steps they could take to reduce the risk of suicide in their homes. This report summarizes lessons learned from Rhode Island's means restriction media campaign.

Methods

Study design

CPYV partnered with HEALTH to conduct message development research in order to gain an understanding how specific language and messaging strategies around lethal means restriction would resonate with key audiences in Rhode Island. CPYV conducted extensive background research for the means restriction media campaign. This included discussions with key local organizations and institutions in Rhode Island's six core cities. Cities where the child poverty level is greater than 15% are designated as core cities. In 2010-2011, six cities were designated as core cities (Providence, Pawtucket, Central Falls, Woonsocket, West Warwick and Newport).⁷ In addition, four focus group sessions were conducted with Rhode Island parents within driving distance of Providence Rhode Island, where the sessions took place. This formative evaluation provided valuable knowledge and insights on the public's knowledge of and receptivity to a means restriction media campaign and informed the development of the means restriction

campaign for parents with an adolescent or young adult child in the home. In Year 1, the campaign targeted adults aged 35 to 54 living in a core city, although the evidence is mixed regarding a relationship between living in a poverty neighborhood and youth suicide.^{8,9}

The campaign included TV, Cable TV and radio public service announcements (radio PSAs were aired in both English and Spanish), distribution of brochures and posters that were available in both English and Spanish, and a website that featured information about the campaign, tips for parents to “suicide-proof” their homes, and links to a variety of local suicide prevention resources. Additionally, in Year 2 of the campaign Facebook advertising also was used. The campaign ran from 9/19/2011-10/16/2011 in Year 1 and from 5/28/2012-6/18/2012 in Year 2.

The campaign in Year 1 featured press outreach and secured coverage in the local media including ABC, CBS, and NBC news affiliates, an article in the Providence Journal, and online coverage on foxnews.com, wpri.com, and ri.gov. As of December 2011 (2 months after the end of the Year 1 media campaign) there had been 1,087 visits to the campaign’s website, suicideproof.org. From March 2012-August 2012 (2 months after the end of the Year 2 campaign) there were 3373 visits to suicideproof.org. However, a large number of these visits (n=1799) were in April because suicideproof.org was featured on the homepage of the national Suicide Prevention Resource Center¹⁰ for the week of April 23rd, drawing many visitors from around the country.

The use of Facebook was a significant difference between the first and second years of the media campaign, which increased traffic to the campaign’s website, suicideproof.org. Facebook ads targeting parents living in Rhode Island directed them to visit the campaign website. The health department developed three unique Facebook ads shown from 5/21/12-6/18/12. During this time period, 656 unique users clicked on the ad and were re-directed to suicideproof.org.

In the second year of the campaign, less funding was available to dedicate to media work. The same radio and television PSA's were used in Year 2 as in Year 1. However, the radio and television campaign in Year 2 ran two weeks shorter than in the Year 1 campaign. The abbreviated Year 2 campaign resulted in significantly fewer media "spots" purchased (981 in Year 1 vs. 291 in Year 2). In Year 2 print materials were only distributed during ongoing trainings and to local contacts. In Year 1 local businesses were mailed suicide proof materials but not in Year 2 (see distributed materials list below for full distribution details).

Evaluation

The evaluation measured two components: reach and impact. Reach was measured by the number of people who were exposed to the campaign through Facebook, TV, radio, or through distribution of brochures and posters. Impact measured the effect of the campaign on Rhode Islanders, for example, if people who saw the campaign made any changes to their home to make it safer. The evaluation findings on impact provide guidance on whether the campaign was successful in conveying its messages and if people were receptive enough to that message to make a behavior change.

A 19 question telephone survey evaluated the effectiveness and impact of the means restriction media campaign in years 1 and 2 (Appendix A). In year 1, the target population was households with children in the home aged 12-18 in one of Rhode Island's core cities. In year 2, the target population was expanded to include the non-core cities of Cranston, East Providence, North Providence, Riverside, Rumford, and Smithfield. As noted previously, it is unclear whether living in neighborhoods of concentrated poverty increases the risk of youth suicide.

Respondents were asked if they had recently seen or heard information about suicide proofing their home and actions they would take to suicide proof their home. Additional questions asked

about access to guns and medications in the home as well as if the respondent had ever been worried that her/his child was at risk for suicide.

Statistical analysis

The post-campaign telephone survey was completed by 400 Rhode Island parents with at least one child between the ages of 12-18 living at home at least 50% of the time; 200 in year 1 and 200 in year 2. Survey responses were analyzed for three groups of respondents. Group 1 compared men (n = 121) to women (n = 279). Group 2 compared gun owners (n = 51) to non-gun owners (n = 337). Gun owners were defined as people who responded, “yes” to the question, “Do you or someone else in your household have one or more working firearms on your property? Please include any pistols, handguns, and rifles but not BB guns, starter pistols, or guns that cannot fire?” Group 3 compared parents who has seen or heard recent information on suicide proofing the home (n = 176) to those who had not seen or heard anything (n = 224). A respondent was categorized as one who had seen/heard something about suicide proof if they responded yes to either question: “Have you seen or heard any information about “suicide proofing your home” during the past month?” OR “Have you seen or heard any information about simple things parents can do around their homes to help decrease the risk of a youth suicide occurring in the home?”

A p-value of .05 was set as the threshold to denote statistical significance in this report. A p-value refers to the probability that an outcome would have arisen by chance. The smaller the P value the less likely the outcome occurred by chance and more likely the outcome was due to the intervention; in this case Rhode Island’s means restriction campaign. Statistical significance is sensitive to sample size. Since some survey questions required a “yes” response to a previous

question, thus reducing sample size, a p-value of .07 or .10 also was considered statistically significant for some questions.

Results

Campaign Reach

Printed Materials Distribution

Shown in Table 1 is the reach of media campaign materials in year 1.

Table 1: Year 1 Reach of Printed Materials				
Location Type	Total of Each Location Type	English Brochures	Spanish Brochures	Posters
Pharmacies	22	2,750	1,100	88
Police	8	800	600	32
Libraries	14	2,100	1,400	70
Healthcare	54	16,200	5,400	270
Gun Dealers/Clubs	17	850	850	34
Community Agencies	6	2,400	2,000	60
Total	121	25,100	11,350	554

Key Findings

Total Number of Partners Receiving Materials 121

- Total Number of English Brochures 25,100
- Total Number of Spanish Brochures 11,350
- Total of All Educational Materials Sent to Partners 37,004

Shown in Table 2 is the reach of media campaign materials in year 2.

Table 2: Year 2 Reach of Printed Materials				
Location Type	Total of Each Location Type	English Brochures	Spanish Brochures	Posters
Community partners	10	200	200	10
Trained gatekeepers in Question, Persuade, Refer (QPR)	300	200	100	20
Local hospitals	3	1,000	300	0

Key Findings

- Total Number of Partners Receiving Materials 313
- Total Number of English Brochures 1,400
- Total Number of Spanish Brochures 600

Media

Shown in Table 3 is the reach of media outlets in year 1.

Year 1:

On Air Dates: 9/19/2011 – 10/16/2011

Target Audience: Adults aged 35-54

Table 3: Year 1 Reach of Radio and Television Ads				
Media Type	Number of Spots	% Target Audience Reached	# People Reached (approx.)	Avg. # Times Reached
Network TV	46	42.9%	134,192	2.7
Cable TV, through COX Media	223	61.7%	192,999	2.3
Cable TV, through Viamedia	322	63.3%	198,004	2.3
Radio	390	63.3%	198,004	4.4
Total	981	88.3%*	276,205	5.5
*Total Reach Numbers do not add up because they take overlap into account, i.e. some of the same people are reached across types media.				

Year 2:

On Air Dates: 5/28/2012 – 06/18/2012

Target Audience: Adults aged 35-54

Table 4: Year 2 Reach of Radio and Television Ads				
Media Type	Number of Spots	% Target Audience Reached	# of Impressions¹	Avg. # Times Reached
Network TV	26	32.6%		1.8
Cable TV, through COX Media	42	9.2%		1.2
Cable TV, through Verizon	42	4.5%		1.2
Cable TV (full channel)	24	.3%		1.1
Sub Total	134		336,000	
Radio	157	40%	523,000	2.9
Total	291		859,000	
¹ number of people who may have heard ad on the radio or saw on TV based on network viewership counts				

Key Findings

By airing 981 television and radio PSA's, 88.3% of adults aged 35-54 living in the core cities saw or heard a suicide PSA from this grant. These individuals, on average, saw/heard the

campaign 5.5 times throughout the month it was aired. We estimate that 276, 205 people were reached through this effort in Year 1. In Year 2 a total of 291 radio and television PSA’s were aired. As described earlier, the year 2 budget was smaller than the year 1 budget, which reduced the reach of the campaign. The analytics indicate that the radio and TV campaigns were seen 859,000 times, not accounting for overlap between viewers. Facebook was a highly cost effective advertising medium. Facebook advertising resulted in 1,742,805 impressions. 656 different users clicked on the ad. An impression, for Facebook, refers to the number of times the advertisement appeared on someone’s Facebook page; the same people will see the ad multiple times. The number of impressions does not account for overlap between users and thus cannot be considered the number of unique users who saw the ad.

Characteristics of the survey sample are shown in Table 5.

Table 5. Description of surveyed population (n=400)

Women	279
Men	121
Average age of child(ren) in household	15.3
Core city resident	337
Non-core city resident	63
Gun in household	51
No gun in household	337

Key Findings

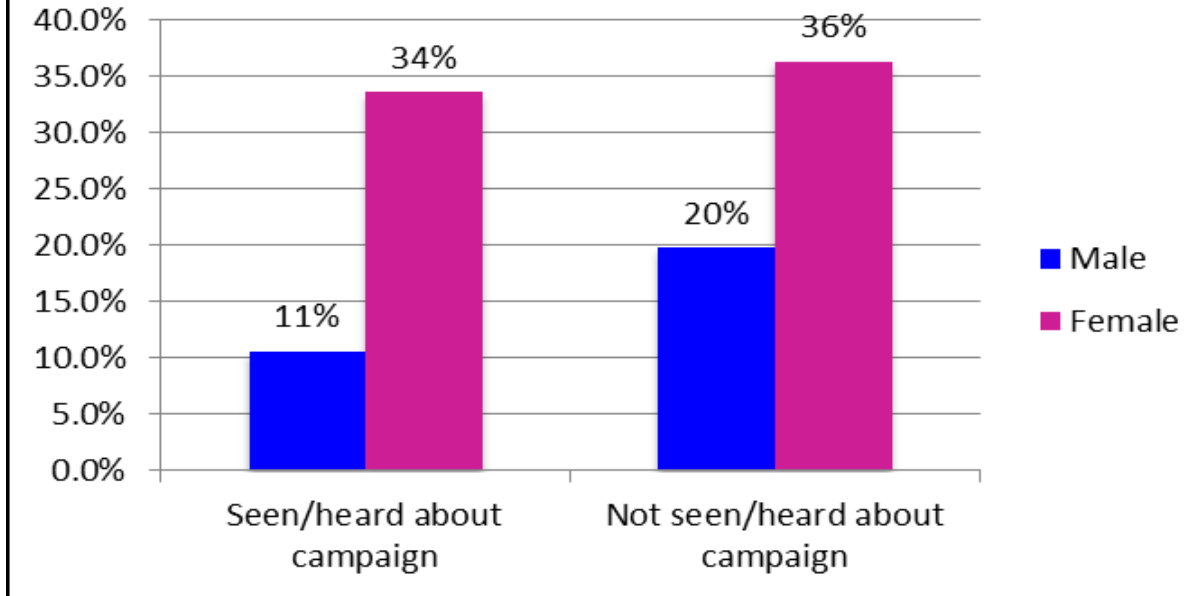
- More women responded to the survey than men.
- On average, the age of respondents’ children in the home was 15.3.

Campaign Impact

Figure 1 and Table 6 display responses to the telephone survey questions:

Have you seen or heard any information about “suicide proofing your home” during the past month? OR Have you seen or heard any information about simple things parents can do around their homes to help decrease the risk of a youth suicide occurring in the home?

Figure 1: Seen/heard suicide proof by gender (in %)



	Seen campaign % (n)	Not seen campaign % (n)
Male*	34.7% (42)	65.3% (79)
Female*	48.0% (134)	52% (145)

* Statistically significant difference @ .05 level

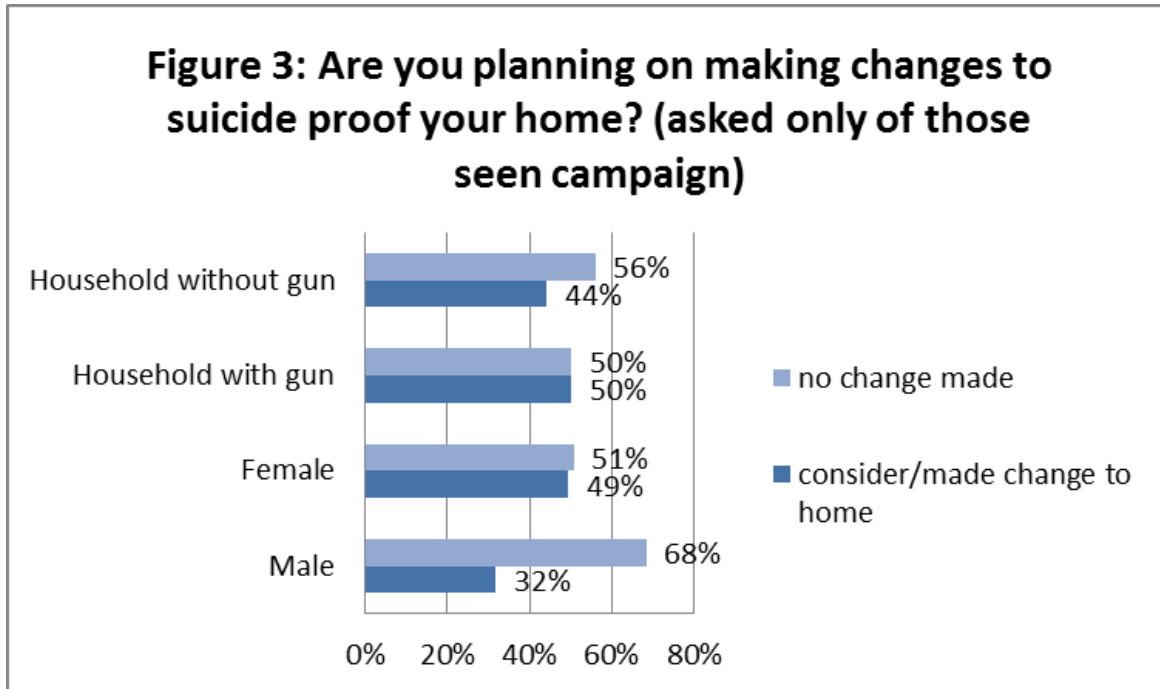
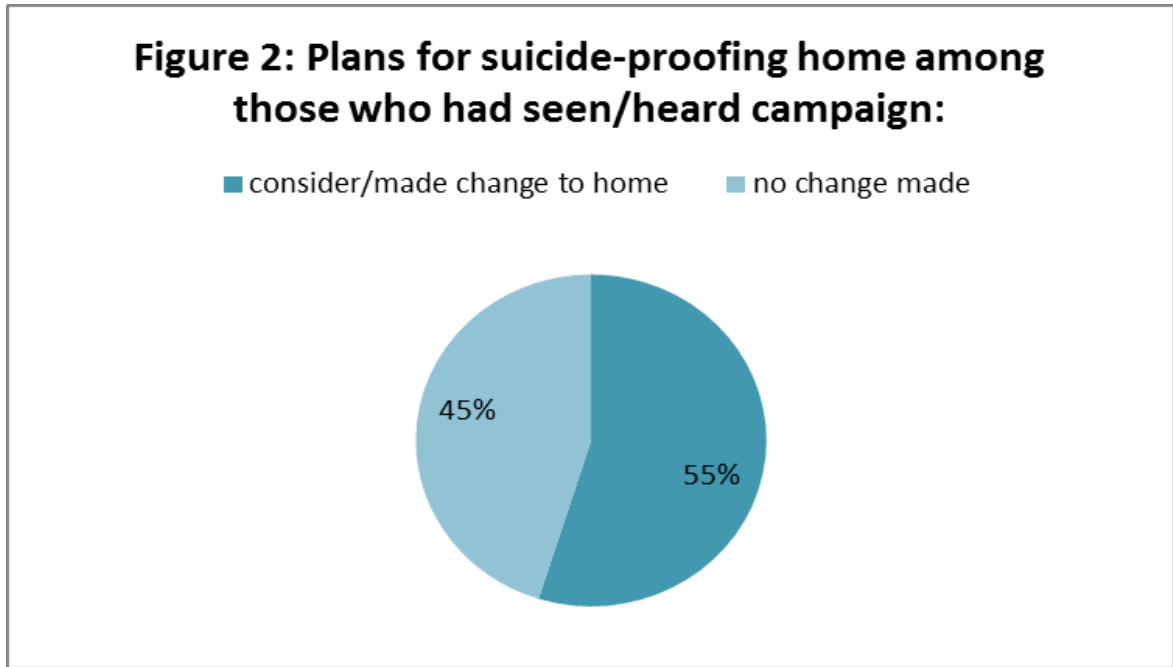
Key Findings

- Males were less likely than females to have seen the means restriction campaign.

Figures 2-3 and Table 7 display responses to the telephone survey question:

“After seeing or hearing information about suicide proofing your home, which of the following best describes your plans related to suicide-proofing your own home? Would you say... don’t plan to make any changes around home, considering making changes, definitely make changes, have already made changes around home?”

The response options for respondents who said “don’t plan to make any changes around home” were grouped as no change to home. Those who said “considering making changes or would definitely make changes, or have already made changes around home” were grouped under considering suicide-proofing home.



	No change to home % (n)	Considering suicide-proofing home % (n)
Male*	68.3% (28)	31.7% (13)
Female*	50.7% (68)	49.3% (66)
Those who had seen campaign	45% (79)	55% (96)
Household with gun	50% (13)	50% (13)
Household without gun	56% (80)	44.1% (63)

* Statistically significant difference @ .05 level

Key Findings

- 55% of people who had seen or heard of the campaign responded that they were considering, or had already made, “suicide-proof” changes.
- Males who had seen the campaign were significantly less likely to take action to suicide-proof their home than females who had seen the campaign (31.7% vs. 41.3%).

Shown in Figure 4 and Table 8 are responses to the telephone survey question: In general, how important do you think it is for parents to suicide-proof their homes? By suicide-proofing, we mean simple things parents can do to make it less likely for a suicide to occur in their homes, such as locking up medications or removing firearms. Would you say it is very important, somewhat important, or not important at all?

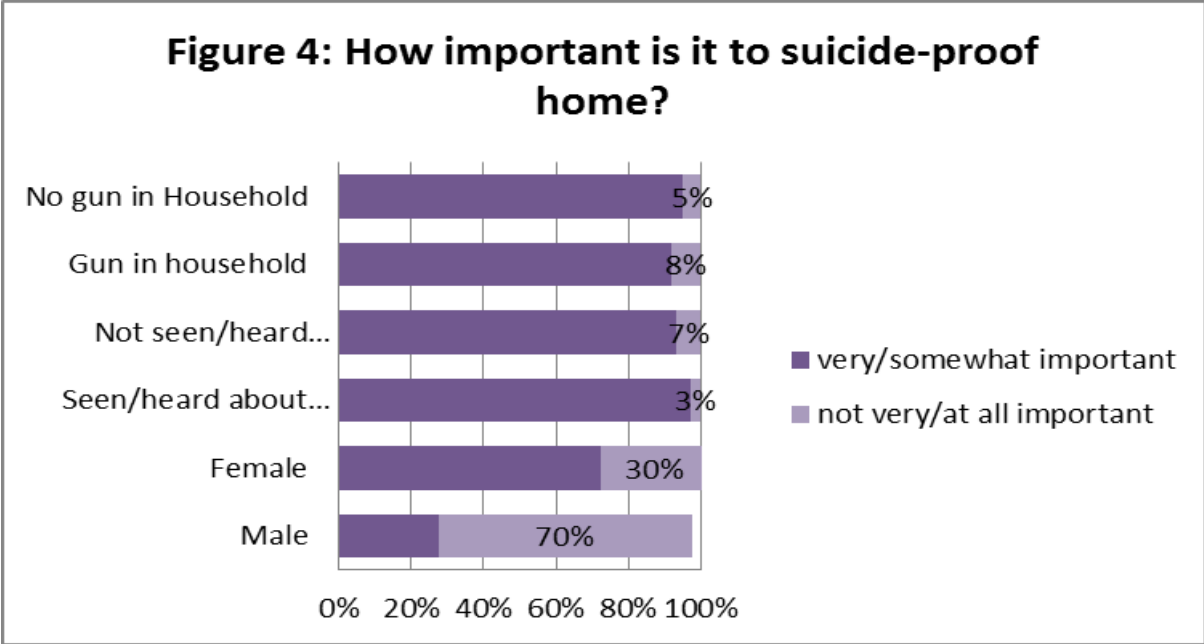


Table 8. Importance of suicide proofing one’s home by respondent characteristics

	Very/Somewhat important % (n)	Not Very/at all important % (n)
Parents seen campaign	97.1% (168)	2.9% (5)
Parents not seen campaign	93.2% (205)	6.8% (15)
Males*	88.0% (103)	12% (14)
Females*	97.8% (270)	2.2% (6)
Gun Households	92.2% (47)	7.8% (4)
Non-gun Households	95.2% (315)	4.8% (16)

* Statistically significant difference @ .05 level

Key Findings

- There was a difference between parents who had seen/heard of suicide proofing and those who had not around the importance of suicide proofing one’s home, based on a p-value of .07
- Males were significantly less likely than females to report that suicide proofing was very or somewhat important (88.0% vs. 97.8%).

Figure 5 and Table 9 show responses to the telephone survey question: Would you say that keeping a gun in one’s home makes it more likely or less likely that a suicide will occur in that home, or do you think it makes no difference?

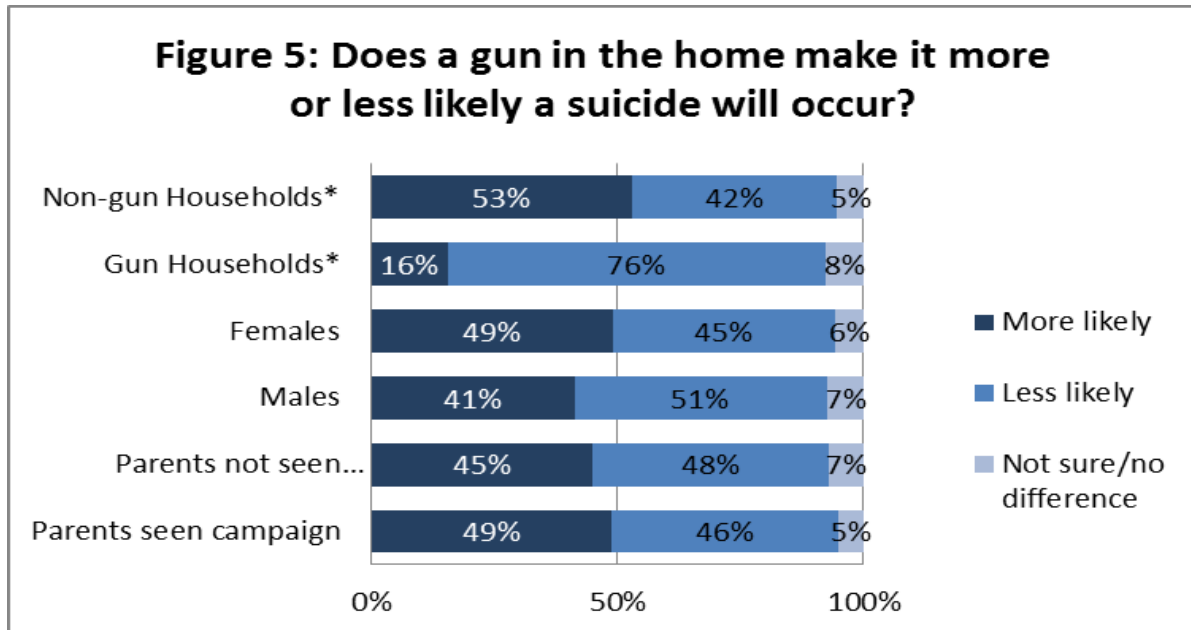


Table 9. Likelihood of believing that keeping a gun in one’s home makes it more or less likely that a suicide will occur by respondent characteristics

	More likely % (n)	Less likely % (n)	Not sure/no difference % (n)
Parents seen campaign	48.9% (86)	46.0% (81)	5.1% (9)
Parents not seen campaign	45.1% (101)	47.8% (107)	7.2% (16)
Males	41.3% (50)	51.28% (62)	7.4% (9)
Females	49.1% (137)	45.2% (126)	5.7% (16)
Gun Households*	15.7% (8)	76.5% (39)	7.8% (4)
Non-gun Households*	53.1% (179)	41.5% (140)	5.3% (18)

* Statistically significant difference @ .05 level

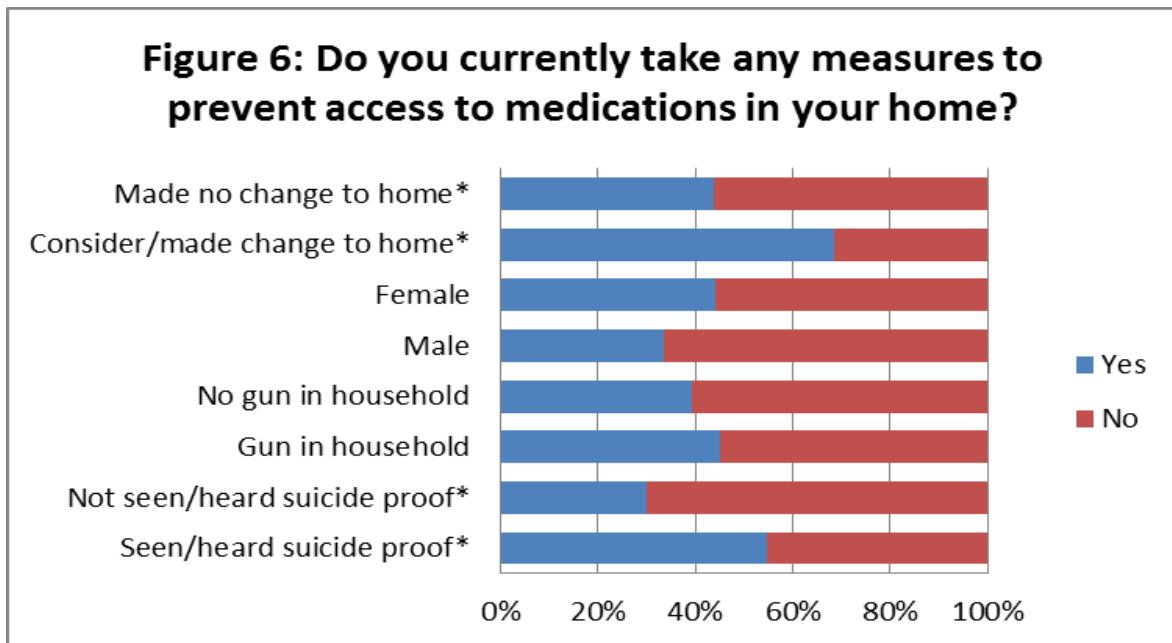
Key Findings

- There was a significant difference between households with and without guns with regards to how likely they felt it is a suicide would occur in a household with a gun.

Among respondents with a gun in the home, 15.7% thought a suicide in the home was more likely. In contrast, among respondents who said that they did not have a gun in the home, 53.1% felt that having a gun in the home would make it more likely that a suicide would occur in the home.

- The difference between males and females about how likely they think a suicide is to occur in homes with guns was modest and not statistically significant.

Figure 6 and Table 10 show responses for the telephone survey question: Do you currently take any measures to prevent access to medications in your home?



	Yes % (n)	No % (n)
Parents seen campaign*	54.6% (95)	45.4% (79)
Parents not seen campaign*	30% (66)	70% (154)
Males*	33.61% (40)	66.39% (79)
Females*	44.0% (121)	56.0% (154)
Gun Households	45.1% (23)	54.9% (28)
Non-gun Households	39.27% (130)	60.73% (201)
Considered/made change to home*	68.35% (54)	31.65% (25)
Made no change to home*	43.62% (41)	56.38% (53)

* Statistically significant difference @ .05 level, note the n for this “change” group is 173 because only asked of those who seen/heard of campaign whereas the others n=400		

Key Points

- There was a significant difference between exposed and unexposed parents with regards to taking action around securing medication in one’s home
- There was a significant difference between males and females with regards to taking action around securing medication in one’s home
- Among parents who had seen or heard of suicide-proof, the three actions respondents said that they were most likely to take were: 1) remove/lock medications (n = 36); 2) get rid of extra medications safely (n = 31) remove a gun from household; and 3) store gun more securely in home (n = 20).

Figure 7 and table 11 show responses to the telephone survey question: Have you ever been worried that your child was at risk for suicide?

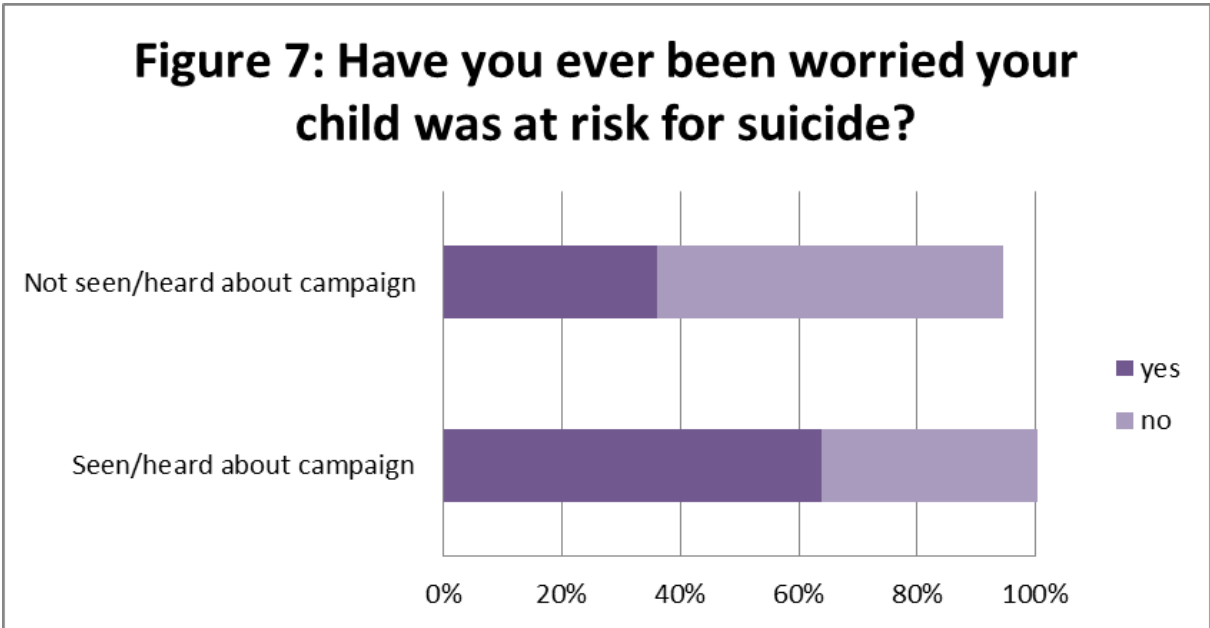


Table 11: Responses to the question “have you ever been worried that your child was at

risk for suicide” by respondent characteristics		
	Yes % (n)	No % (n)
Parents seen campaign*	13.2% (23)	86.8% (151)
Parents not seen campaign*	5.8% (13)	94.28% (211)
Males	8.0% (9)	92.5% (111)
Females	10.0% (27)	90.3% (251)
* Statistically significant difference @ .05 level		

Key Findings

- There was a difference between parents who had seen/heard about suicide proof and those who had not about whether they had ever been worried their child was at risk for suicide. More than twice as many parents who had seen the campaign had been worried at some point that their child was at risk for suicide (13.2%) compared to parents who had not seen the campaign (5.8%).

Figure 8 and table 12 present responses to the telephone survey question: Where did you hear of suicide proof?

Figure 8: Where did you hear of suicide proof?

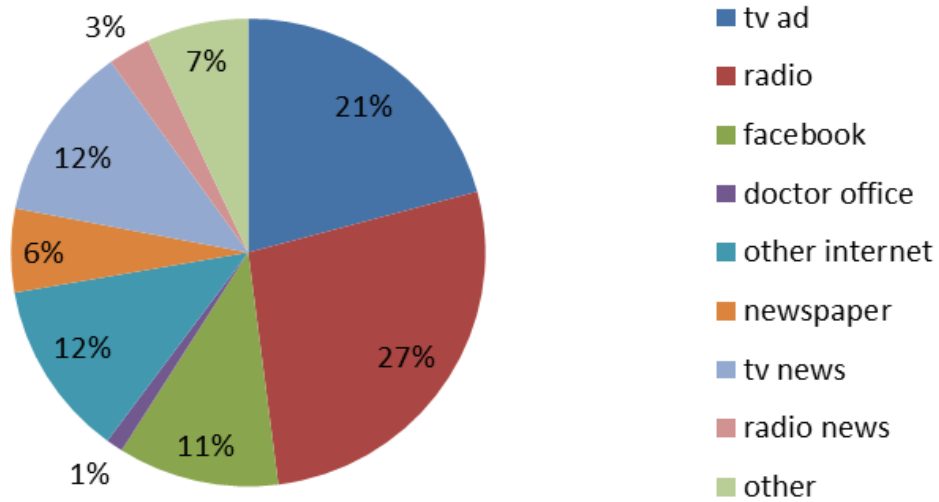


Table 12: Where did you see or hear this information?

	% (n) of parents who saw campaign and identified source
Radio ad	26.7% (47)
TV ad	20.5% (36)
Other internet	11.9% (21)
TV News	11.9% (21)
Facebook	10.8% (19)
Newspaper	5.7% (10)
Radio News	2.8% (5)
Doctor's office	1.1% (2)
Other sources (not described)	6.8% (12)

Key Points

- Most parents heard about suicide proof from the radio (n = 47, followed by tv ads (n = 36), tv news or other internet sources (n = 21) , and Facbook (n = 19). Respondents referenced these sources most often when asked where they had heard about suicide proofing one’s home.

Conclusion

This report presents findings on an evaluation of a means restriction media campaign to prevent youth suicide. The campaign focused on the association between the accessibility and availability of firearms and medications in the home and the risk for youth suicide. The risk of youth suicide by firearm is lowest in families with no firearms at home. But among families that own a gun, youths living in homes in which all firearms are stored unloaded and locked are at lower risk for suicide than those living in homes in which firearms are stored less securely.¹¹

Survey findings showed that 27% of the respondents heard about suicide-proofing one's home through the radio campaign, while 21% of respondents saw the campaign on TV. Eleven percent of survey respondents mentioned seeing the suicide proof campaign on Facebook. The cost ratio per click (656 unique users clicked on the ad) on Facebook was very low since the Facebook ads were not expensive to place. These findings suggest that future means restriction media campaigns in Rhode Island may be more effective if media dollars are spent on television spots, coupled with heightened and sustained social media outreach efforts targeting parents.

A second key finding was that women were more likely than men to say that they had seen the campaign, take action in their home to secure medication, and feel more strongly than men that suicide-proofing one's home is important. Research has shown women tend to respond to emotional messages with social consequences for themselves or health consequences to those close to them men were found to respond best to unemotional messages emphasizing personal and physical health consequences.¹² The emotional nature of Rhode Island's means restriction campaign, with its emphasis on a personal story could be the reason women responded better than men to the campaign's messages.

The findings from this report are subject to two limitations. Findings cannot be generalized to all Rhode Island parents with an adolescent child living at home as survey respondents were drawn from a small number of cities and towns. The survey was offered to English speakers with a landline and thus excluded parents of an adolescent who did not meet these criteria.

Youth who are contemplating suicide and who have limited access to a given means, such as an unlocked gun in the home, will not necessarily put off using another method if they are intent on taking their own life. These findings notwithstanding, means restriction campaigns targeting parents of adolescents can draw attention to the seriousness of youth suicide and the availability of resources for youth suicide prevention.¹³ Initial evidence suggests that Rhode Island's means restriction campaign was a success and that both the message and media outlets employed had an impact on those who saw the campaign. To this end, Rhode Island's Violence and Injury Prevention Program supports continuation of future campaigns using the "Suicide-Proof Your Home" message to reach Rhode Island parents as an important part of a comprehensive approach to suicide prevention. Future work for this study could examine the impact of the campaign as part of a multi-pronged strategy to suicide prevention.

Appendix A. *Means restriction media campaign post-campaign telephone survey:*

Hello, my name is _____, and I'm calling on behalf of a national nonprofit organization. This is not a sales call. We are talking to parents in Rhode Island today about recent topics in the media, and your household is one of a small number selected. This call will take approximately 5 minutes. Your participation is very important to us.

ASK OF ALL

1. First I have to ask you a few questions to see if someone in your household is qualified to participate. Are you 18 years of age or older?

- 1) Yes
- 2) No **TERMINATE BUT ASK FOLLOW-UP IF ANYONE ELSE IN HH**

2. In what city or town do you currently live in Rhode Island? (First year survey)

DO NOT READ

- 1) Providence
- 2) Pawtucket
- 3) Central Falls
- 4) Newport
- 5) Woonsocket
- 6) West Warwick
- 7) Other **TERMINATE**

In what city or town do you currently live in Rhode Island? (second year survey, note additional response options)

DO NOT READ

- 1) Providence
- 2) Pawtucket
- 3) Central Falls
- 4) Newport
- 5) Woonsocket
- 6) West Warwick
- 7) Other **TERMINATE**
- 8) Cranston
- 9) East Providence
- 10) North Providence
- 11) Riverside
- 12) Rumford
- 13) Smithfield

3. Do you have children between the ages of 12 and 18 that live with you at least 50% of the time?

- 1) Yes
- 2) No **TERMINATE**
- 9) Don't know/Refuse **TERMINATE**

4. How many children do you have between the ages of 12 and 18?

DO NOT READ

- 1) 1
- 2) 2
- 3) 3
- 4) 4
- 5) 5
- 6) 6+

5. Record ages and gender of each child between 12 and 18.
6. Now I'm going to ask you a few questions about information you may have seen or heard in the media during the past month. Have you seen or heard any information about "suicide proofing your home" during the past month?
 - 1) Yes
 - 2) No
 - 3) Not sure
7. Have you seen or heard any information about simple things parents can do around their homes to help decrease the risk of a youth suicide occurring in the home?
 - 1) Yes
 - 2) No
 - 3) Not sure

IF ANSWER 'YES' TO Q6 OR Q7

8. Where did you see or hear this information?

[PROBE WITH 'Where else?' UNTIL THERE ARE NO OTHER RESPONSES]

DO NOT READ

MULTIPLE RESPONSES

1. Information I received in the mail
2. TV ad
3. Radio ad
4. In a doctor's office
5. On the web page www.suicideproof.org
6. On the Internet, but not the web page www.suicideproof.org
7. In a newspaper or magazine
8. On TV news
9. On Radio news
10. Other (specify:_____)
11. Not sure CANNOT SELECT WITH ANY OTHER
12. Did not see or hear information anywhere CANNOT SELECT WITH ANY OTHER

IF ANSWER 'YES' TO Q6 OR Q7

9. Thinking about the information you saw or read about suicide-proofing your home, what do you think the main message of the campaign is?

[OPEN END]

IF ANSWERED 'YES' TO Q6 OR Q7

10. After seeing or hearing information about suicide proofing your home, which of the following best describes your plans related to suicide-proofing your own home? Would you say...

READ 1-4

1. You don't plan to make any changes around your home
2. You are considering making changes around your home
3. You will definitely make changes around your home
4. You have already made changes around your home
5. Not sure DO NOT READ
6. Refuse DO NOT READ

ASK IF Q10/2,3,4

11. What [IF Q10/2,3 INSERT: would you; IF Q10/4 INSERT: did you] do to suicide-proof your home?

[PROBE WITH 'Where else?' UNTIL THERE ARE NO OTHER RESPONSES]

DO NOT READ

MULTIPLE RESPONSES

1. Remove gun(s) from home
2. Store gun(s) more securely in home
3. Get rid of extra medications safely
4. Lock up medications
5. Look for more information about suicide prevention online
6. Ask my child's doctor or another expert about suicide prevention
7. Share information about suicide proofing with other people I know
8. Talk to my child
9. Monitor my child's moods/behavior
10. Other (specify: _____)
11. Not sure CANNOT SELECT WITH ANY OTHER
12. Nothing CANNOT SELECT WITH ANY OTHER

ASK ALL

12. In general, how important do you think it is for parents to suicide-proof their homes? By suicide-proofing, we mean simple things parents can do to make it less likely for a suicide to occur in their homes, such as locking up medications or removing firearms. Would you say it is...

READ 1-4

1. Very important
2. Somewhat important
3. Not very important
4. Not at all important
5. Not sure DO NOT READ
6. Refuse DO NOT READ

ASK ALL

13. Would you say that keeping a gun in one's home makes it more likely or less likely that a suicide will occur in that home, or do you think it makes no difference?

DO NOT READ

1. More likely
2. Less likely
3. No difference
4. Not sure
5. Refuse

ASK ALL

14. I just have a few more questions, for information purposes only. What is your current age?

[_] [RANGE=25-99]

ASK ALL

15. Do you currently take any measures to prevent access to medications in your home?

1. Yes
2. No
3. Refuse

ASK ALL

16. Do you or someone else in your household have one or more working firearms on your property? Please include any pistols, handguns, and rifles but not BB guns, starter pistols, or guns that cannot fire.

1. Yes
2. No
3. Not sure
4. Refuse

IF ANSWERED 'YES' TO Q17

17. Are any of the guns on your property unlocked, meaning you do not need a key or combination to get the gun and fire it? We don't count a safety as a lock.

1. Yes
2. No
3. Don't Know

ASK ALL

18. Have you ever been worried that your child was at risk for suicide?

1. Yes
2. No
3. Not sure
4. Refuse

Those are all the questions I have for you today. The National Suicide Prevention Lifeline has crisis centers all around the United States. If you ever have any concerns related to suicide, just pick up the telephone and dial 1-800-273-TALK. Thank you for your time.

19. RECORD GENDER OF RESPONDENT

1. MALE
2. FEMALE

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