





**Photovoice Viewer Evaluation
Office of Diversity and Equity
Behavioral Health and Recovery Services**



Thank you for viewing the Photovoice exhibit. As you walk through the exhibit, we invite you to explore each project and to think about the role you play in the story that each artist is sharing. After viewing the photovoice exhibit, please take a few moments to fill out this evaluation form. Your feedback will help us understand better ways to serve the community.

Are you a mental health or substance use service provider?	Yes	No
Are you a mental health or substance use client/consumer or family member?	Yes	No
Are you San Mateo County BHRS staff?	Yes	No
Do you live, work, or attend school in San Mateo County?	Yes	No

1. How much do you agree or disagree with these statements (circle one number for each):

									
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree				
<i>I learned something new as a result of viewing these Photovoices.</i>	9	8	7	6	5	4	3	2	1
<i>I learned something that I did not previously know about behavioral health (mental health and/or substance use) as a result of viewing these Photovoices.</i>	9	8	7	6	5	4	3	2	1
<i>I learned how I could be supportive of someone with behavioral health challenges after viewing these Photovoices.</i>	9	8	7	6	5	4	3	2	1
<i>I plan to act in ways that are more supportive of people with behavioral health challenges after viewing these Photovoices.</i>	9	8	7	6	5	4	3	2	1
<i>I learned ways to stop or prevent discrimination or stigma against people with behavioral health challenges after viewing these Photovoices.</i>	9	8	7	6	5	4	3	2	1
<i>As a result of these stories, I am more likely to seek behavioral health services for myself and/or a loved one if needed.</i>	9	8	7	6	5	4	3	2	1
<i>For providers: I learned more methods to improve the outcomes of our service to consumers.</i>	9	8	7	6	5	4	3	2	1

2. How do these Photovoices relate to your community or the people you serve?

3. After viewing these Photovoices, I will _____

 **Please TURN OVER and complete BOTH SIDES of this survey** 

PARTICIPANT DEMOGRAPHICS SURVEY

San Mateo County is committed to serving diverse communities. Your answers to these questions will help us understand who we serve and still need to reach. All of this information is **VOLUNTARY** and **CONFIDENTIAL**.

- Age:** 0-15 years 16-25 years 26-59 years 60+ years Decline to state
- Primary language spoken: (select ONE)**
 English Spanish Mandarin Cantonese Tagalog Russian Samoan Tongan
 Another language: _____
- Race/Ethnicity: (select all that apply)**
 American Indian/Alaska Native/Indigenous Asian Eastern European European
 Arab/Middle Eastern Black/African-American White/Caucasian

 Asian Indian/South Asian Caribbean Fijian
 Cambodian Central American Guamanian
 Chinese Mexican/Chicano Native Hawaiian
 Filipino Puerto Rican Samoan
 Japanese South American Tongan
 Korean
 Vietnamese Another race/ethnicity: _____ Decline to state
- Sex assigned at birth (select ONE):** Male Female Decline to state
- Have you been diagnosed with an intersex condition?** Yes No Decline to state
- Gender identity: (select all that apply)**
 Male/Man/Cisgender Man Questioning or unsure of gender identity
 Female/Woman/Cisgender Woman Genderqueer/Gender Non-conforming/
 Female-to-Male (FTM)/Transgender Male/ Neither exclusively male or female
Trans Man/Trans-masculine/Man Indigenous gender identity: _____
 Male-to-Female (MTF)/Transgender Woman/ Another gender identity: _____
Trans Woman/Trans-feminine/Woman Decline to state
- Sexual orientation: (select all that apply)**
 Gay, Lesbian or Homosexual Queer Questioning or unsure of sexual orientation
 Straight or Heterosexual Pansexual Indigenous sexual orientation: _____
 Bisexual Asexual Another sexual orientation: _____ Decline to state
- Do you have a disability or learning difficulty, not including or as a result of mental health conditions? (select all that apply)**
 Difficulty seeing Dementia Physical/mobility disability I do not have a disability
 Difficulty hearing or having Developmental Chronic health condition Another disability: _____
speech understood disability Learning disability
- Do you represent any of the following groups? (select all that apply)**
 Behavioral health consumer/client Provider of health and social services Student
 Family member of a consumer/client Law enforcement Another group: _____
 Provider of behavioral health services Homeless Decline to state
- Are you a Veteran?** Yes No Decline to state
- What city do you live in, work or represent in San Mateo County?** _____



Thank you for completing this survey!

