

PARTICIPANT DEMOGRAPHIC 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 this information is **VOLUNTARY** and **CONFIDENTIAL**.

What age range are you under? (check ONE)	
0-15 years	
16-25 years	
26-59 years	
60+ years	
Decline to state	
What is your primary language spoken at home? (check ONE)	
English	
Spanish	
Mandarin	
Cantonese	
Tagalog	
Russian	
Samoan	
Tongan	
Another language: _____	
Decline to state	
What race(s) do you identify with? (check ALL that apply)	
Asian	
Black or African-American	
Native American, American Indian or Indigenous	
Native Hawaiian or Pacific Islander	
White or Caucasian	
Another race: _____	
Decline to state	
What ethnicity or ethnicities do you identify with? (check ALL that apply)	
Latino/a/x or Hispanic	
Caribbean	
Central American	
Mexican/Mexican-American/Chicano	
South American	
Another ethnicity or tribe: _____	
Decline to state	
Non-Latino/a/x or Non-Hispanic	
African	
Asian Indian/South Asian	
Chamorro	
Chinese	
Eastern European	
European	
Fijian	
Filipino	
Japanese	
Korean	
Middle Eastern or North African	
Samoan	
Tongan	
Vietnamese	
Another ethnicity or tribe: _____	
Decline to state	
What is your sex assigned at birth? (check ONE)	
Female	
Male	
Decline to state	

Are you intersex ¹ ? (check ONE)	
Yes	
No	
Decline to state	
What is your gender identity? (check ONE)	
Female/Woman/Cisgender Woman	
Male/Man/Cisgender Man	
Transgender Woman/Trans Woman/Trans-Feminine/Woman	
Transgender Man/Trans Man/Trans-Masculine/Man	
Questioning or unsure of gender identity	
Genderqueer/Gender Non-Conforming/Gender Non-Binary/ Neither exclusively female or male	
Indigenous gender identity: _____	
Another gender identity: _____	
Decline to state	
What is your sexual orientation? (check ONE)	
Lesbian	
Gay	
Straight or Heterosexual	
Bisexual	
Queer	
Pansexual	
Asexual	
Questioning or unsure of sexual orientation	
Indigenous sexual orientation: _____	
Another sexual orientation: _____	
Decline to state	
Do you have a disability? ² (check ONE)	
Yes	
No	
Decline to state	
If you have a disability, what type do you have? (check ALL that apply)	
Mental disability ³	
Physical/mobility disability	
Chronic health condition ⁴	
Difficulty seeing	
Difficulty hearing or having speech understood	
Another type of disability: _____	
Decline to state	
What group(s) are you part of? (check ALL that apply)	
Behavioral health consumer/client	
Family member of a behavioral health consumer/client	
Provider of behavioral health services	
Provider of health and social services	
Law enforcement	
Homeless	
Student	
Community member	
Another group: _____	
Decline to state	
Are you a Veteran? (check ONE)	
Yes	
No	
Decline to state	
What city do you live in, work or represent in San Mateo County?	

(1) Intersex is a general term for several conditions resulting in a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male at birth; (2) Disability includes physical or mental impairment or medical condition lasting at least six months and limiting major life activity (not the result of a severe mental health condition); (3) Mental disability does not include mental health conditions and includes (but is not limited to) a learning disability, developmental disability and dementia; (4) Chronic health condition includes (but is not limited to) chronic pain.