

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**.

1. **Age:** 0-15 years 16-25 years 26-59 years 60+ years Decline to state
2. **Primary language spoken: (select ONE)**
 English Spanish Mandarin Cantonese Tagalog Russian Samoan Tongan
 Another language: _____
3. **Race/Ethnicity: (select all that apply)**
 American Indian, Alaska Native or Indigenous Asian Black or African-American
 Native Hawaiian or Pacific Islander White or Caucasian
- | | | | |
|---|--|-----------------------------------|---|
| <input type="checkbox"/> Asian Indian/South Asian | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Chamorro | <input type="checkbox"/> African |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Central American | <input type="checkbox"/> Fijian | <input type="checkbox"/> Eastern European |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Mexican/Chicano | <input type="checkbox"/> Samoan | <input type="checkbox"/> European |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Tongan | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> South American | | |
| <input type="checkbox"/> Korean | | | |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Another race/ethnicity: _____ | | <input type="checkbox"/> Decline to state |
4. **Sex assigned at birth: (select ONE)** Male Female Decline to state
5. **Have you been diagnosed with an intersex condition?** Yes No Decline to state
6. **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/
Trans Woman/Trans-feminine/Woman Another gender identity: _____
 Decline to state
7. **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
8. **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 Decline to state
9. **Do you represent any of the following groups? (select all that apply)**
 Behavioral health consumer/client Law enforcement Another group: _____
 Family member of a consumer/client Homeless
 Provider of behavioral health services Student
 Provider of health and social services Community member Decline to state
10. **Are you a Veteran?** Yes No Decline to state
11. **What city do you live in, work or represent in San Mateo County?** _____



Thank you for completing this survey!

Revised 11/28/2017

