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
   □ Asian Indian/South Asian □ Caribbean □ Chamorro □ African
   □ Cambodian □ Central American □ Fijian □ Eastern European
   □ Chinese □ Mexican/Chicano □ Samoan □ European
   □ Filipino □ Puerto Rican □ Tongan □ Middle Eastern
   □ Japanese □ South American
   □ Korean
   □ Vietnamese □ Another race/ethnicity: ____________________ □ 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 □ Female/Woman/Cisgender Woman □ Questioning or unsure of gender identity
   □ Female-to-Male (FTM)/Transgender Male/Trans Man/Trans-masculine/Man □ Genderqueer/Gender Non-conforming/
   □ Male-to-Female (MTF)/Transgender Woman/Trans Woman/Trans-feminine/Woman □ Neither exclusively male or female
   □ Indigenous gender identity: ____________________
   □ 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 speech understood □ Developmental □ Chronic health condition □ Another 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