## 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? (check ONE)
- Yes
- No
- Decline to state

### What is your gender identity? (check ONE)
- Female/Woman/Cisgender Woman
- Male/Men/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? (check ONE)
- Yes
- No
- Decline to state

### If you have a disability, what type do you have? (check ALL that apply)
- Mental disability
- Physical/mobility disability
- Chronic health condition
- 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?

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(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.

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