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 abuse service provider?  Yes  No
Are you a mental health or substance abuse 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):**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I learned something new as a result of viewing these Digital Stories.</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>I learned something that I did not previously know about behavioral health (mental health and/or substance abuse) as a result of viewing these Digital Stories.</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>I learned how I could be supportive of someone with behavioral health challenges after viewing these Digital Stories.</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>I plan to act in ways that are more supportive of people with behavioral health challenges after viewing these Digital Stories.</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>I learned ways to stop or prevent discrimination or stigma against people with behavioral health challenges after viewing these Digital Stories.</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

2. **How do these Digital Stories relate to your community or the people you serve?**

3. **After viewing these Digital Stories, 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.

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
   - □ Male-to-Female (FTM)/Transgender Male/Trans Man/Trans-masculine/Man
   - □ Female-to-Male (FTM)/Transgender Male/Trans Man/Trans-feminine/Woman
   - □ Neither exclusively male or female
   - □ 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
   - □ 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 a mental health condition?** (select all that apply)
   - □ Difficulty seeing
   - □ Speech understood
   - □ Dementia
   - □ Developmental disability
   - □ Physical/mobility disability
   - □ Chronic health condition
   - □ I do not have a disability
   - □ Learning disability
   - □ Another 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