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 Photovoices.</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 Photovoices.</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 Photovoices.</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 Photovoices.</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 Photovoices.</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

2. How do these Photovoices relate to your community or the people you serve?

3. After viewing these Photovoices, 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 ☐ Questioning or unsure of gender identity
☐ Female/Woman/Cisgender Woman ☐ Genderqueer/Gender Non-conforming/
☐ Female-to-Male (FTM)/Transgender Male/Trans Man/Trans-masculine/Man ☐ 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 ☐ 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: ________________
☐ 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 ☐ Student
☐ Provider of behavioral health services ☐ Community member ☐ Decline to state
☐ Provider of health and social services

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