

## Participant Demographics

The PRC is committed to serving diverse communities. Your answers to these questions will help us understand who we serve and who we still need to reach out to. All of this information is completely **CONFIDENTIAL**. Please fill out and email to [gwalcott@cibhs.org](mailto:gwalcott@cibhs.org) or send by fax to 916-556-3478 attn: Gerilyn Walcott

1. **Age:**       0-15 years    16-25 years    26-59 years    60+ years       Decline to state
2. **Gender assigned at birth:**                       Male       Female                       Decline to state
3. **Gender identity:**       Male                       Female       Transgender                       Genderqueer  
    Questioning       Other: \_\_\_\_\_                       Decline to state
4. **Sexual Orientation:**    Bisexual                       Gay/Lesbian       Heterosexual                       Queer  
    Questioning       Other: \_\_\_\_\_                       Decline to state
5. **Race: (select all that apply)**  
 American Indian/Alaska Native       Asian                       Black/African-American  
 Caucasian/ White       Native Hawaiian                       Other Pacific Islander  
 Other: \_\_\_\_\_                       Decline to state
6. **Ethnicity: (select all that apply)**  
*Hispanic/Latino:*    Central American       Mexican       South American       Caribbean  
 Puerto Rican       Other: \_\_\_\_\_  
  
*Non-Hispanic/Latino:*    African       Eastern European       Middle Eastern       European  
 Other: \_\_\_\_\_  
  
*Asian:*    Chinese       Filipino       Asian Indian/South Asian       Cambodian       Japanese  
 Korean       Vietnamese       Other: \_\_\_\_\_  
  
 Decline to state
7. **What is your preferred language? (select ONE)**  
 English       Spanish                       Cantonese/Mandarin       Tagalog       Other: \_\_\_\_\_
8. **Do you have a disability or learning difficulty? (select all that apply)**  
 Difficulty seeing       Difficulty hearing                       Physical/mobility disability  
 Learning disability       Developmental                       Dementia       Chronic health condition  
 I do not have a disability       Decline to state       Other: \_\_\_\_\_
9. **Do you represent any of the following groups? (select all that apply)**  
 Homeless                       Law Enforcement                       Behavioral Health Consumer/Client  
 Family Member of a consumer/client                       Provider of Behavioral Health Services  
 Provider of Health and Social Services                       Decline to state  
 Other: \_\_\_\_\_
10. Are you a Veteran?  
 Yes       No       Decline to state
11. **What city do you live in or represent in San Mateo County?** \_\_\_\_\_