

## **BHS Community Engagement Sign-In and Demographics**

The following satisfaction and demographic information will be used to generate reports about the community engagement efforts led by the County of San Diego HHS Behavioral Health Services and UC San Diego. This survey is completely anonymous, and you have the option to provide your name and email address if you would like to receive updates about this work.

Overall, how satisfied were you with this activity?

- Extremely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Extremely dissatisfied

Overall, how useful was the information covered in this activity?

- Very useful
- Somewhat useful
- Barely useful
- Not at all useful

To what extent do you agree or disagree with the following statements:

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	N/A; This is a meeting/event that I regularly attend
The day of week for the activity was a good fit for my schedule.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The time of day for the activity was a good fit for my schedule.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The location of the activity was convenient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How did you learn about this activity?

- Flyer
- Friend/Family Member
- Co-worker/Colleague
- Social Media
- Email From: (please specify) \_\_\_\_\_
- Other: (please specify) \_\_\_\_\_

## Demographics

What is your age group? *(Please select one)*

- 0-15 years old
- 16-25 years old
- 26-59 years old
- 60 years old and over
- Prefer not to answer

Please select your racial and ethnic identity. *(Select all that apply)*

- Hispanic, Latino/a, or Spanish origin: Mexican, Mexican American, or Chicano
- Another Hispanic, Latino/a, or Spanish origin (please specify): \_\_\_\_\_
- Alaska Native
- Native or Indigenous American
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Samoan
- Vietnamese
- White
- My race or ethnic identity was not captured above. I identify as: \_\_\_\_\_
- Prefer not to answer

What is the primary language you use at home?

- English
- Spanish
- Arabic
- Farsi
- Tagalog
- Vietnamese
- Other (please specify): \_\_\_\_\_

What is your sexual orientation? *(Select the option that best describes you)*

- Heterosexual or straight
- Gay or lesbian
- Bisexual/pansexual/sexually fluid
- Queer
- Questioning/unsure of sexual orientation
- Another sexual orientation (please specify): \_\_\_\_\_
- Prefer not to answer

Do you have a disability?

*If yes, please select all that apply. (A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.)*

- No, I do not have any of these disabilities
- Difficulty seeing
- Difficulty hearing or having speech understood
- Other communication disability (please specify) \_\_\_\_\_
- Learning disability
- Developmental disability
- Dementia
- Other mental disability not related to mental illness (please specify) \_\_\_\_\_
- Physical/mobility disability
- Chronic health condition/chronic pain
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

Are you a Veteran?

- No
- Yes
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

Do you identify with any of these additional groups? *(Select all that apply)*

- Immigrant
- Refugee/Newcomer
- Asylee
- Veterans/Military
- Homeless
- African
- Chaldean
- LGTBQIA+
- Prefer not to answer
- Do not identify as any of these additional groups
- Other (please specify): \_\_\_\_\_

What is your gender identity? *(Select one that best describes you)*

- Male
- Female
- Transgender male/trans man
- Transgender female/trans woman
- Genderqueer/gender non-conforming
- Questioning/unsure of gender identity
- Another gender identity (please specify): \_\_\_\_\_
- Prefer not to answer

What sex were you assigned on your original birth certificate?

- Male
- Female
- Prefer not to answer
- Other (please specify): \_\_\_\_\_

What is your home address ZIP Code?

ZIP Code: \_\_\_\_\_

If you'd like to receive updates about this work, please enter your personal information below. This information will not be linked to the data you provided today and will be carefully stored.

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have any other comments to share with us?

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