

Stigma and Discrimination Reduction Program Participant Questionnaire

Please help our agency make services better by answering some questions. This survey is anonymous and voluntary.

Demographic Information

1. Race

- | | | |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Other |
| <input type="checkbox"/> More than one race | <input type="checkbox"/> Decline to answer | |

2,3. Ethnicity

Hispanic or Latino as follows:

- | | | |
|--|---|---|
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Central American | <input type="checkbox"/> Mexican/Mexican-American/
Chicano |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> South American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Decline to answer | | |

Non-Hispanic as follows:

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> African | <input type="checkbox"/> Asian Indian/South
Asian | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Eastern European | <input type="checkbox"/> European |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other |
| <input type="checkbox"/> Decline to answer | | |
| <input type="checkbox"/> More than one ethnicity | <input type="checkbox"/> Decline to answer | |

4. Age

- | | | |
|---|---|--|
| <input type="checkbox"/> 0-15 (children/youth) | <input type="checkbox"/> 16-25 (transition age youth) | <input type="checkbox"/> 26-59 (adult) |
| <input type="checkbox"/> ages 60+ (older adult) | <input type="checkbox"/> Decline to answer | |

5. Veteran Status

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Decline to answer |
|------------------------------|-----------------------------|--|

6. Assigned Sex at Birth

- | | | |
|-------------------------------|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Decline to answer |
|-------------------------------|---------------------------------|--|

7. Current Gender Identity

- | | | |
|--|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Questioning or unsure of gender identity | <input type="checkbox"/> Another gender identity |
| <input type="checkbox"/> Decline to answer | | |

8. Sexual Orientation

- | | | |
|--|---|---|
| <input type="checkbox"/> Gay or Lesbian | <input type="checkbox"/> Heterosexual or Straight | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Questioning or unsure of sexual orientation | <input type="checkbox"/> Queer | <input type="checkbox"/> Another sexual orientation |
| <input type="checkbox"/> Decline to answer | | |

9. Disability

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Yes (Report the number that apply by each of the following): | <input type="checkbox"/> No | <input type="checkbox"/> Decline to Answer |
| Mental (excluding Mental Illness) ¹ ____ | Difficulty seeing ____ | |
| Physical/ mobility ____ | Difficulty hearing ____ | |
| Chronic health condition (including chronic pain) ____ | Other communication disability ____ | |
| Other ____ | | |

10. Primary Language

- | | | |
|--|--|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Armenian | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> English | <input type="checkbox"/> Farsi |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Korean | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Other | <input type="checkbox"/> Decline to answer | |

¹ Including learning disability, developmental disability, dementia

As a direct result of this training I am MORE willing to:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
11. ...live next door to someone with a serious mental illness.					
12. ...socialize with someone who had a serious mental illness.					
13. ...start working closely on a job with someone who had a serious mental illness.					
14. ...take action to prevent discrimination against people with mental illness.					
15. ...actively and compassionately listen to someone in distress.					
16. ...seek support from a mental health professional if I thought I needed it.					
17. ...talk to a friend or a family member if I was experiencing emotional distress.					

As a direct result of this training I am MORE likely to believe:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
18. ...people with mental illness are different compared to everyone else in the general population.					
19. ...people with mental illness are to blame for their problems.					
20. ...people with mental illness can eventually recover.					
21. ...people with mental illness are never going to be able to contribute much to society.					
22. ...people with mental illness should be felt sorry for or pitied.					
23. ...people with mental illness are dangerous to others.					

Please tell us how much you agree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
24. The presenters demonstrated knowledge of the subject matter.					
25. The presenters were respectful of my culture (i.e., race, ethnicity, gender, religion, etc.).					
26. This training was relevant to me and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion, etc.).					

Training Information

County:

Training Date:

Training Title: