

This survey asks questions about you, your relationships, and your community. All of your answers to the survey questions are completely confidential. This is not a test, so there are not right or wrong answers. You do not need to answer any questions that you do not want to and you can stop taking the survey at any time.

Program Name: _____ Today's Date: Month ___ Day ___ Year ___

First Name (2 First Letters): _____ Date of Birth: Month ___ Day ___ Year ___

Last Name (2 First Letters): _____

About you...

1) Please imagine a ladder with steps numbered from 0 at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

	0	1	2	3	4	5	6	7	8	9	10
a) On which step of the ladder would you say you personally feel you stand on at this time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2) The following questions ask how satisfied you feel, on a scale from 0-10. Zero means you feel "not at all satisfied" and 10 means "completely satisfied."

	0	1	2	3	4	5	6	7	8	9	10
a) Overall, how satisfied are you with your life these days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Overall, how satisfied with your life were you 5 years ago?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) As your best guess, overall how satisfied with your life do you expect to feel in 5 years time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) How satisfied are you with your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) How satisfied are you with your mental health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3) Please rate your level of agreement to the following statement. Zero means you "disagree completely" and 10 means you "agree completely."

	0	1	2	3	4	5	6	7	8	9	10
a) I have goals or plans for my future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I can do most things if I try	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) There are many things that I do well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I feel valued by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I take the initiative to do what needs to be done, even if no one asks me to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Most days I get a sense of accomplishment from what I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4) During the past 3 months, how many times have you participated in the following activities?

	Never/ 0 Times	1 - 3 Times	4 - 6 Times	7 + Times	Not Applicable
a) Attended meetings/events related to my child's school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Participated in faith/spirituality based events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Volunteered with a local group/organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Spent time socializing with people outside of my home (people who do not live with me)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5) How many days in the past week have you done the following?

	Never/ 0 Days	1 - 2 Days	3 - 4 Days	5 - 6 Days	Everyday/ 7 Days
a) Smiled or laughed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Felt nervous or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Felt unhappy, sad, or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Tried something new or challenging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Spent time exercising (walking, dancing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Felt a sense of accomplishment or pride in myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About your relationships with other people...

6) If you were in trouble, do you have relatives or friends you can count on to help you whenever you need them?

Yes No

For Office use only:

First

Last

Date

Birth

7) How much do you agree with the following statements?

- | | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a) I have someone I can confide in or talk to when I need support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) I know someone who can suggest how to find help with a personal problem | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) I have someone I could call at 3 a.m. if I needed help or support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

About Community...

By community we mean a group of people who know each other well enough that they can act together and support each other.

8) Do you feel that you are a member of a community? Yes No

9) How much do you agree with the following statements about your community?

- | | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a) Everyone can participate in making decisions that will help us | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) We act together to make positive change | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) We support each other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) I ask for support from other community members | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) I offer support to other community members | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

About your experience with _____ ...**10) How much do you agree with the following statements? Because of my involvement with _____:**

- | | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a) I know how to talk to others about important things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) I am more involved in my community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) I do things I didn't think I could do | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) I now know how to access mental health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) I am more hopeful about my future | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) My wellbeing has improved | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g) I have identified my gifts/talents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h) I have created meaningful relationships/friendships | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11) How long have you been involved with this program?

- Less than 1 month 1-3 months 4-6 months 7-12 months 1-2 years More than 2 years

12) Which area of the County do you live in?

- | | | | | |
|-------------------------------------|-------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Ceres | <input type="radio"/> Empire | <input type="radio"/> Knights Ferry | <input type="radio"/> Patterson | <input type="radio"/> Waterford |
| <input type="radio"/> Crows Landing | <input type="radio"/> Grayson | <input type="radio"/> La Grange | <input type="radio"/> Riverbank | <input type="radio"/> Westley |
| <input type="radio"/> Del Rio | <input type="radio"/> Hickman | <input type="radio"/> Modesto | <input type="radio"/> Salida | <input type="radio"/> Other _____ |
| <input type="radio"/> Denair | <input type="radio"/> Hughson | <input type="radio"/> Newman | <input type="radio"/> Turlock | |
| <input type="radio"/> Diablo Grande | <input type="radio"/> Keyes | <input type="radio"/> Oakdale | <input type="radio"/> Valley Home | |

13) Have you ever served in the U.S. Armed Forces?

- Yes No Don't know Prefer not to answer

14) Were you activated, into active duty, as a member of the National Guard or as a Reservist?

- Yes No Don't know Prefer not to answer

15) Are you an immediate family member of someone who has served in the U.S. Armed Forces?

- Yes No Don't know Prefer not to answer

16) What best describes your gender identity?

- | | |
|-----------------------------------|---|
| <input type="radio"/> Male | <input type="radio"/> Transgender |
| <input type="radio"/> Female | <input type="radio"/> Questioning or unsure |
| <input type="radio"/> Genderqueer | <input type="radio"/> Another gender identity |

17) What best describes your sexual orientation?

- | | |
|--|--|
| <input type="radio"/> Heterosexual or straight | <input type="radio"/> Queer |
| <input type="radio"/> Gay or lesbian | <input type="radio"/> Questioning or unsure |
| <input type="radio"/> Bisexual | <input type="radio"/> Another sexual orientation |

18) Do you experience any of the following conditions which have lasted at least six months and limit your ability to do everyday activities?

- Difficulty seeing
- Difficulty hearing or having speech understood
- A physical disability or mobility challenge
- Cognitive challenges
- Chronic health condition
- No, I do not experience any of the above conditions

19) Do you consider yourself?

- | | |
|--|---|
| <input type="radio"/> Employed full-time | <input type="radio"/> Day/temp. employee |
| <input type="radio"/> Employed part-time | <input type="radio"/> Retired |
| <input type="radio"/> Unemployed | <input type="radio"/> Student |
| <input type="radio"/> Seasonal worker | <input type="radio"/> Outside the workforce |
| <input type="radio"/> Other _____ | <input type="radio"/> Prefer not to answer |

20) Have you recently lost employment?

- Yes No Prefer not to answer

21) What best defines your race?

- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or other Pacific Islander
- Asian White Other Prefer not to answer

22) What best identifies your ethnicity?

- Hispanic/Latino Non-Hispanic/Latino Prefer not to answer

23) Please specify your ethnic origin.

- | Hispanic/Latino | Non Hispanic/Latino | |
|---|--------------------------------------|--|
| <input type="radio"/> Caribbean | <input type="radio"/> South Asian | <input type="radio"/> African |
| <input type="radio"/> Central American | <input type="radio"/> Korean | <input type="radio"/> Cambodian |
| <input type="radio"/> Mexican/Chicano | <input type="radio"/> Filipino | <input type="radio"/> Chinese |
| <input type="radio"/> Puerto Rican | <input type="radio"/> Japanese | <input type="radio"/> Eastern European |
| <input type="radio"/> Southern American | <input type="radio"/> Middle Eastern | <input type="radio"/> European |
| <input type="radio"/> Other Hispanic Latino | <input type="radio"/> Vietnamese | <input type="radio"/> Other |

24) Are you currently homeless?

- Yes No Not currently, but expect to be within a month
- Prefer not to answer

25) Please mark your preferred language.

- English Spanish Other Prefer not to answer

Thank you for your participation!