W·I·S·E
Workforce Integration Support and Education

a program of NorCal MHA
1908 O Street
Sacramento, CA 95811
P. 916.366.4600 | F. 916.855.5448
www.wiseup.work | wise@wiseup.work

DEMOGRAPHIC INFORMATION SURVEY:

This demographic survey is being administered by the Office of Statewide Health Planning and Development (OSHPD), which partially funds your participation in this program. In efforts to collect data that enables the evaluation of the program's effectiveness towards serving diverse populations, this survey aims to collect data regarding the wide range of demographics of our program participants. While this survey is optional, OSHPD kindly requests your completion of this anonymous survey.

Date: _____

Activity/Training Title: _____

Please Identify Your County of Residence: _____

Please Identify Your Profession: _____

Please identify your Race/Ethnicity:

- ☐ African American/Black/African
- ☐ American Indian/Native American/Alaskan Native
- ☐ Asian
  - ☐ Cambodian
  - ☐ Chinese
  - ☐ Filipino
  - ☐ Indian
  - ☐ Japanese
  - ☐ Korean
  - ☐ Laotian/Hmong
  - ☐ Pakistani
  - ☐ Thai
  - ☐ Vietnamese
  - ☐ Other Asian
- ☐ Caucasian/White/European
- ☐ Latino/Hispanic
  - ☐ Central American
  - ☐ Cuban
  - ☐ Mexican
  - ☐ Puerto Rican
  - ☐ South American
  - ☐ Other Hispanic
- ☐ Middle Eastern
- ☐ Pacific Islander
  - ☐ Fijian
  - ☐ Guamanian
  - ☐ Hawaiian
  - ☐ Samoan
  - ☐ Tongan
  - ☐ Other Pacific Islander
- ☐ Decline to State

Please select any languages you speak in addition to English:

- ☐ American Sign Language
- ☐ Arabic
- ☐ Armenian
- ☐ Cambodian
- ☐ Cantonese
- ☐ Farsi
- ☐ French
- ☐ German
- ☐ Haitian Creole
- ☐ Hebrew
- ☐ Hindi
- ☐ Hmong
- ☐ Italian
- ☐ Japanese
- ☐ Khmer
- ☐ Kiswahili
- ☐ Korean
- ☐ Laotian
- ☐ Mandarin
- ☐ Other Chinese
- ☐ Polish
- ☐ Portuguese
- ☐ Punjabi
- ☐ Russian
- ☐ Samoan
- ☐ Spanish
- ☐ Tagalog
- ☐ Thai
- ☐ Turkish
- ☐ Urhobo
- ☐ Vietnamese
- ☐ Other (specify): _____

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NorCal MHA Mental Health America

MENTAL HEALTH SERVICES ACT PROPOSITION 63 CALIFORNIA
WELLNESS • RECOVERY • RESILIENCE

OSHPD Office of Statewide Health Planning and Development

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Not everybody uses the same labels, however, which BEST describes your current gender:

- ☐ Androgynous
- ☐ Female
- ☐ Female/Transwoman/MTF Transgender
- ☐ Male
- ☐ Male/Transman/FTM Transgender
- ☐ Questioning my Gender
- ☐ Decline to State

Not everybody uses the same labels to describe their sexual orientation, however, which BEST describes your sexual orientation:

- ☐ Bisexual/Pansexual
- ☐ Gay
- ☐ Heterosexual/Straight
- ☐ Lesbian
- ☐ I'm questioning whether I'm straight or not straight
- ☐ Queer
- ☐ Decline to State

Please identify if you are a consumer and/or a family member:

- ☐ Consumer
- ☐ Family Member
- ☐ Decline to State
- ☐ Both
- ☐ None

Do you identify yourself as an individual having a disability*?

- ☐ Yes
- ☐ Decline to State
- ☐ No

*A disability is defined as an individual who: 1) a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; 2) a record or history of such impairment or medical condition; or 3) is regarded as having such an impairment or medical condition.

Please select your age group:

- ☐ Under 18
- ☐ 18-24
- ☐ 25-39
- ☐ 40-64
- ☐ 65 years and over
- ☐ Decline to State

Are you a military veteran?

☐ Yes ☐ No

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