

PEI Participant Survey

Your answers to the following questions will help us understand the diversity of who we are serving. The information on this form is confidential.

 Event Name

Date: _____

1. What is your age? _____ years

-66 Prefer not to answer

2. What is your military status?

- ₁ Never served in the military ₅ Previously served in the US military and received entry-level separation or other than honorable discharge
₂ Currently active duty
₃ Currently reserve duty or National Guard ₆ Served in another country's military
₄ Previously served in the US military and received honorable or general discharge ₇ Other: _____
 -66 Prefer not to answer

3. Do you have any 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 Other mental disability not related to mental illness: _____
 Difficulty seeing Physical/mobility disability
 Difficulty hearing or having speech understood Chronic health condition/chronic pain
 Other communication disability: _____
 Learning disability Other: _____
 Developmental disability Prefer not to answer
 Dementia

4. What is your primary language?

- | | | | |
|---|--|--|--|
| <input type="radio"/> ₁ American Sign Language | <input type="radio"/> ₉ Hebrew | <input type="radio"/> ₁₇ Mien | <input type="radio"/> ₂₅ Turkish |
| <input type="radio"/> ₂ Arabic | <input type="radio"/> ₁₀ Hmong | <input type="radio"/> ₁₈ Polish | <input type="radio"/> ₂₆ Vietnamese |
| <input type="radio"/> ₃ Armenian | <input type="radio"/> ₁₁ Ilocano | <input type="radio"/> ₁₉ Portuguese | <input type="radio"/> ₂₇ Other Chinese Dialects |
| <input type="radio"/> ₄ Cambodian | <input type="radio"/> ₁₂ Italian | <input type="radio"/> ₂₀ Russian | <input type="radio"/> ₂₈ Other Non-English |
| <input type="radio"/> ₅ Cantonese | <input type="radio"/> ₁₃ Japanese | <input type="radio"/> ₂₁ Samoan | <input type="radio"/> ₂₉ Other Sign Language |
| <input type="radio"/> ₆ English | <input type="radio"/> ₁₄ Korean | <input type="radio"/> ₂₂ Spanish | <input type="radio"/> ₃₀ Other: _____ |
| <input type="radio"/> ₇ Farsi | <input type="radio"/> ₁₅ Lao | <input type="radio"/> ₂₃ Tagalog | <input type="radio"/> -66 Prefer not to answer |
| <input type="radio"/> ₈ French | <input type="radio"/> ₁₆ Mandarin | <input type="radio"/> ₂₄ Thai | |

FOR STAFF USE ONLY

Specific program type

Participant Cerner ID (if applicable): _____

Children Access/Outreach Adult Access/Outreach

Primary Service Provider's Name: _____

Triple P Stand Against Stigma

Botvin LifeSkills ACEs Presentation

Date: _____ M M / D D / Y Y Y Y

Early Onset QPR/Suicide Prevention

Upon completion, email this form to mhsa@co.shasta.ca.us or fax to 530-245-6760. If you are completing this form electronically, clicking the "Submit" button will email it to mhsa@co.shasta.ca.us.

Other: _____

5. What is your race/ethnicity? Please select all that apply.

African/African American/Black

- African American
- African (specify): _____
- Other African/Black (specify):

Asian

- Asian Indian/South Asian
- Cambodian
- Chinese
- Filipino
- Hmong
- Japanese
- Korean
- Laotian
- Mien
- Vietnamese
- Other Asian (specify):

Pacific Islander

- Native Hawaiian
- Samoan
- Other Pacific Islander (specify):

American Indian/Alaskan Native

- American Indian (specify):

Hispanic/Latino

- Caribbean
- Central American
- Cuban
- Dominican
- Mexican/Mexican-American/Chicano
- Puerto Rican
- Salvadoran
- South American
- Other Hispanic/Latino (specify):

White/Caucasian

- Chaldean
- Eastern European
- European
- Iraqi
- Middle Eastern
- Other White/Caucasian (specify):

Other (specify): _____

Prefer not to answer

6. What is your gender identity? Select one that best describes you.

- ₁ Male
- ₂ Female
- ₃ Transgender male/trans man
- ₄ Transgender female/trans woman
- ₅ Genderqueer/gender non-conforming
- ₆ Questioning/unsure of gender identity
- ₇ Another gender identity: _____
- ₋₆₆ Prefer not to answer

7. What sex were you assigned on your original birth certificate?

- ₁ Male
- ₂ Female
- ₃ Other: _____
- ₋₆₆ Prefer not to answer

8. What is your sexual orientation? Select one that best describes you.

- ₁ Heterosexual or straight
- ₂ Gay or lesbian
- ₃ Bisexual/pansexual/sexually fluid
- ₄ Queer
- ₅ Questioning/unsure of sexual orientation
- ₆ Another sexual orientation: _____
- ₋₆₆ Prefer not to answer