

Name of Program: _____	County Name: _____	Date _____
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**Stigma and Discrimination Reduction Program  
Participant Questionnaire**

Thank you for taking the time to help us improve our program. This survey is anonymous and voluntary. For the purposes of this survey, "mental health condition" refers to a condition that affects a person's thinking, feeling, or mood that may affect someone's ability to relate to others and function each day\*. Please select the box which best represents how you feel about your experiences in this program:

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable
<b>As a direct result of <u>this program</u> I am MORE willing to:</b>						
...live next door to someone with a mental health condition.						
...socialize with someone who had a mental health condition.						
...start working closely on a job with someone who had a mental health condition.						
...take action to prevent discrimination against people with mental health conditions.						
...actively and compassionately listen to someone in distress.						
...seek support from a mental health professional if I thought I needed it.						
...talk to a friend or a family member if I thought I was experiencing emotional distress.						

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable
<b>As a direct result of <u>this program</u> I am MORE likely to believe:</b>						
...people with mental health conditions are different compared to everyone else in the general population.						
...people with mental health conditions are to blame for their problems.						
...people with mental health conditions can eventually recover.						
...people with mental health conditions can contribute to society.						
...people with mental health conditions should be felt sorry for or pitied.						
...people with mental health conditions are dangerous to others.						
...anyone can have a mental health condition.						

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
<b>Please tell us how much you agree with the following statements:</b>					
The presenters demonstrated knowledge of the subject matter.					
The presenters were respectful of my culture (i.e., race, ethnicity, gender, religion, etc.).					
The program was relevant to me and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion, etc.).					

\*<https://www.nami.org/Learn-More/Mental-Health-Conditions>

**Demographic Information**

If you prefer not to answer any of the questions, please mark "decline to answer" or leave the question blank.

What is your race? (Check only one box)	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
Other: _____	
More than one race	
Decline to answer	

What language do you most often speak at home? (Check only one box)	
Arabic	
Armenian	
Cambodian	
Cantonese	
English	
Farsi	
Hmong	
Korean	
Mandarin	
Other Chinese	
Russian	
Spanish	
Tagalog	
Vietnamese	
American Sign Language	
Other: _____	
Decline to answer	

What is your current gender identity? (You may check more than one box)	
Male	
Female	
Transgender	
Genderqueer/Non-Binary	
Questioning or unsure of gender identity	
Another gender identity: _____	
Decline to answer	

What sex were you assigned at birth? (Check only one box)	
Male	
Female	
Decline to answer	

What is your sexual orientation? (Check only one box)	
Gay or Lesbian	
Heterosexual or Straight	
Bisexual	
Questioning or unsure of sexual orientation	
Queer	
Another sexual orientation: _____	
Decline to answer	

What is your ethnicity? (Check only one box. If you are multi-ethnic, please check "more than one ethnicity")	
Hispanic or Latino ethnicities:	
Caribbean	
Central American	
Mexican/Mexican-American/Chicano	
Puerto Rican	
South American	
Other Hispanic or Latino ethnicity: _____	
Non-Hispanic ethnicities:	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other Non-Hispanic ethnicity: _____	
More than one ethnicity	
Decline to answer	

What is your age? (Check only one box)	
Age 15 and under	
Between 16 and 25	
Between 26 and 59	
Older than 60	
Decline to answer	

Do you have a disability?*	
Yes	
No	
Decline to answer	

If Yes, what type of disability do you have? (You may check more than one box)	
A mental disability	
A physical/mobility disability	
A chronic health condition, such as chronic pain	
Difficulty seeing	
Difficulty hearing	
Another communication disability: _____	
Another type of disability: _____	
Decline to answer	

\* For this questionnaire, disability is defined as a mental or physical impairment lasting more than 6 months and limiting major life activity but is not the result of a severe mental illness.

Are you a veteran? (Check only one box)	
Yes	
No	
Decline to answer	