



Yolo Health and Human Services Agency | Mental Health Services Act (MHSA)

PEI Program Demographics Form

Date: _____

Program Name: _____

1.) What is your Age Group?

- | | | |
|--|--|---|
| <input type="checkbox"/> 0 -15 (Children) | <input type="checkbox"/> 26-59 (Adult) | <input type="checkbox"/> Prefer Not to Answer |
| <input type="checkbox"/> 16 -25 (Transition Age Youth) | <input type="checkbox"/> 60+ (Older Adult) | |

2.) What is your Race?

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White | <input type="checkbox"/> More than one race |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Prefer Not to Answer |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other _____ | |

3a.) What is your Ethnicity?

- | | | |
|---|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Non-Hispanic or Non-Latino | <input type="checkbox"/> Prefer Not to Answer |
|---|---|---|

3b.) If you chose Hispanic or Latino for 3a., please specify by selecting from below:

- | | | |
|---|---|--|
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> South American | <input type="checkbox"/> More than one ethnicity |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Prefer Not to Answer |
| <input type="checkbox"/> Mexican/Mexican-American/Chicano | <input type="checkbox"/> Other _____ | |

3c.) If you chose Non-Hispanic/Latino for 3a., please specify by selecting from below:

- | | | |
|---|---|--|
| <input type="checkbox"/> African | <input type="checkbox"/> Filipino | <input type="checkbox"/> More than one ethnicity |
| <input type="checkbox"/> Asian Indian/South Asian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Prefer Not to Answer |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Middle Eastern | |
| <input type="checkbox"/> Eastern European | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> European | <input type="checkbox"/> Other _____ | |

4.) What is your Preferred Language? (Select all that apply)

- | | Spoken Written | |
|--------------------------------------|-----------------------|-----------------------|
| <input type="checkbox"/> English | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> Spanish | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> Russian | <input type="radio"/> | <input type="radio"/> |
| <input type="checkbox"/> Other _____ | <input type="radio"/> | <input type="radio"/> |

5.) What is your Sexual Orientation?

- Gay or Lesbian
- Heterosexual or Straight
- Bisexual
- Questioning/Unsure of Sexual Orientation
- Queer
- Another Sexual Orientation
- Prefer Not to Answer

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6a.) Do you have a disability? A disability is a physical or mental impairment or medical condition lasting at least six months that substantially limits major life activity, which is not the result of severe mental illness.

- Yes No Prefer Not to Answer

6b.) If you chose yes for 6a., please help to categorize your disability. (Select all that apply)

- Communication
 Difficulty Seeing
 Difficulty Hearing or having speech understood
 Other, explain: _____
- Mental not including mental illness
(Includes but not limited to learning disabilities, development disabilities, and dementia.)
- Physical mobility
- Chronic Health Condition (Includes but not limited to chronic pain.)
- Other, Specify: _____

7.) Are you a Veteran or have you ever served in the military?

- Yes No Prefer Not to Answer

8.) What is the sex you were assigned at birth?

- Female Male Prefer Not to Answer

9.) What is your current Gender Identity?

- Female Questioning or unsure of gender identity
 Male Another Gender Identity
 Transgender Prefer Not to Answer
 Genderqueer

10.) Help us to determine your relationship to mental health?

- Mental Health Client/Consumer
 Family member of Mental Health Client
 Not Applicable
 Prefer Not to Answer

Comments:

Thank you for providing the information in this survey!