



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

MHSA Program Demographics Form

1.) What is your Age Group?

- 0 -15 (Children), 16 -25 (Transition Age Youth), 26-59 (Adult), 60+ (Older Adult), Prefer Not to Answer

2.) What is your race/ethnicity? (Select all that apply.)

- African/African American/Black, American Indian or Alaska Native, Pacific Islander, Asian, Other (Specify), White, Non Hispanic/Latino, Prefer Not to Answer

3a.) What language should we write to you in?

- English, Other, Spanish, Russian

3b.) What language do you want us to speak to you in?

- English, Other, Spanish, Russian

\* 4.) What is your Sexual Orientation?

- Gay or Lesbian, Heterosexual or Straight, Questioning/Unsure of Sexual Orientation, Bisexual, Queer, Another Sexual Orientation, Prefer Not to Answer, N/A: I am a minor who is exempt from answering this question.

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FOR ADMINISTRATIVE USE ONLY:

Date: Program Name:

\*Denotes this question not applicable for children under 12 and minors under 18 when applicable.



**5a.) 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

**5b.) If you chose yes for 5a., 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:** \_\_\_\_\_

**\*6.) Are you a Veteran or have you ever served in the military?**

- Yes  No  Prefer Not to Answer  
 N/A: I am a minor who is exempt from answering this question.

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

- Female  Male  Prefer Not to Answer

**\*8.) What is your current Gender Identity?**

- Female  Questioning or unsure of gender identity  N/A: I am a minor who is exempt from answering this question.  
 Male  Another Gender Identity  
 Transgender  Prefer Not to Answer  
 Genderqueer

**9.) 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

**10.) Where do you reside?**

- Brooks  Knights Landing  Yolo  
 Clarksburg  Madison  Other in county  
 Davis  Sacramento (Board and Care) (Specify) \_\_\_\_\_  
 Dunnigan  West Sacramento  Out of County  
 Esparto  Winters  Homeless  
 Guinda  Woodland

**Thank you for providing the information in this survey!**