





**Photovoice Viewer Evaluation
Office of Diversity and Equity
Behavioral Health and Recovery Services**



Thank you for viewing the Photovoice exhibit. As you walk through the exhibit, we invite you to explore each project and to think about the role you play in the story that each artist is sharing. After viewing the photovoice exhibit, please take a few moments to fill out this evaluation form. Your feedback will help us understand better ways to serve the community.

Are you a mental health or substance abuse service provider?	Yes	No
Are you a mental health or substance abuse client/consumer or family member?	Yes	No
Are you San Mateo County BHRS staff?	Yes	No
Do you live, work, or attend school in San Mateo County?	Yes	No

1. How much do you agree or disagree with these statements (circle one number for each):

									
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree				
<i>I learned something new as a result of viewing these Photovoices.</i>	9	8	7	6	5	4	3	2	1
<i>I learned something that I did not previously know about behavioral health (mental health and/or substance abuse) as a result of viewing these Photovoices.</i>	9	8	7	6	5	4	3	2	1
<i>I learned how I could be supportive of someone with behavioral health challenges after viewing these Photovoices.</i>	9	8	7	6	5	4	3	2	1
<i>I plan to act in ways that are more supportive of people with behavioral health challenges after viewing these Photovoices.</i>	9	8	7	6	5	4	3	2	1
<i>I learned ways to stop or prevent discrimination or stigma against people with behavioral health challenges after viewing these Photovoices.</i>	9	8	7	6	5	4	3	2	1

2. How do these Photovoices relate to your community or the people you serve?

3. After viewing these Photovoices, I will _____

 **Please TURN OVER and complete BOTH SIDES of this survey** 

PARTICIPANT DEMOGRAPHICS SURVEY

San Mateo County is committed to serving diverse communities. Your answers to these questions will help us understand who we serve and still need to reach. All of this information is **VOLUNTARY** and **CONFIDENTIAL**.

1. **Age:** 0-15 years 16-25 years 26-59 years 60+ years Decline to state
2. **Primary language spoken: (select ONE)**
 English Spanish Mandarin Cantonese Tagalog Russian Samoan Tongan
 Another language: _____
3. **Race/Ethnicity: (select all that apply)**
 American Indian, Alaska Native or Indigenous Asian Black or African-American
 Native Hawaiian or Pacific Islander White or Caucasian
- | | | | |
|---|--|-----------------------------------|---|
| <input type="checkbox"/> Asian Indian/South Asian | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Chamorro | <input type="checkbox"/> African |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Central American | <input type="checkbox"/> Fijian | <input type="checkbox"/> Eastern European |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Mexican/Chicano | <input type="checkbox"/> Samoan | <input type="checkbox"/> European |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Tongan | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> South American | | |
| <input type="checkbox"/> Korean | | | |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Another race/ethnicity: _____ | | <input type="checkbox"/> Decline to state |
4. **Sex assigned at birth: (select ONE)** Male Female Decline to state
5. **Have you been diagnosed with an intersex condition?** Yes No Decline to state
6. **Gender identity: (select all that apply)**
 Male/Man/Cisgender Man Questioning or unsure of gender identity
 Female/Woman/Cisgender Woman Genderqueer/Gender Non-conforming/
 Female-to-Male (FTM)/Transgender Male/ Neither exclusively male or female
Trans Man/Trans-masculine/Man Indigenous gender identity: _____
 Male-to-Female (MTF)/Transgender Woman/
Trans Woman/Trans-feminine/Woman Another gender identity: _____
 Decline to state
7. **Sexual orientation: (select all that apply)**
 Gay, Lesbian or Homosexual Queer Questioning or unsure of sexual orientation
 Straight or Heterosexual Pansexual Indigenous sexual orientation: _____
 Bisexual Asexual Another sexual orientation: _____ Decline to state
8. **Do you have a disability or learning difficulty, not including or as a result of mental health conditions? (select all that apply)**
 Difficulty seeing Dementia Physical/mobility disability I do not have a disability
 Difficulty hearing or having Developmental Chronic health condition Another disability: _____
speech understood disability Learning disability Decline to state
9. **Do you represent any of the following groups? (select all that apply)**
 Behavioral health consumer/client Law enforcement Another group: _____
 Family member of a consumer/client Homeless
 Provider of behavioral health services Student
 Provider of health and social services Community member Decline to state
10. **Are you a Veteran?** Yes No Decline to state
11. **What city do you live in, work or represent in San Mateo County?** _____



Thank you for completing this survey!

Revised 11/28/2017

