LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
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LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Quality, Outcomes, & Training Division

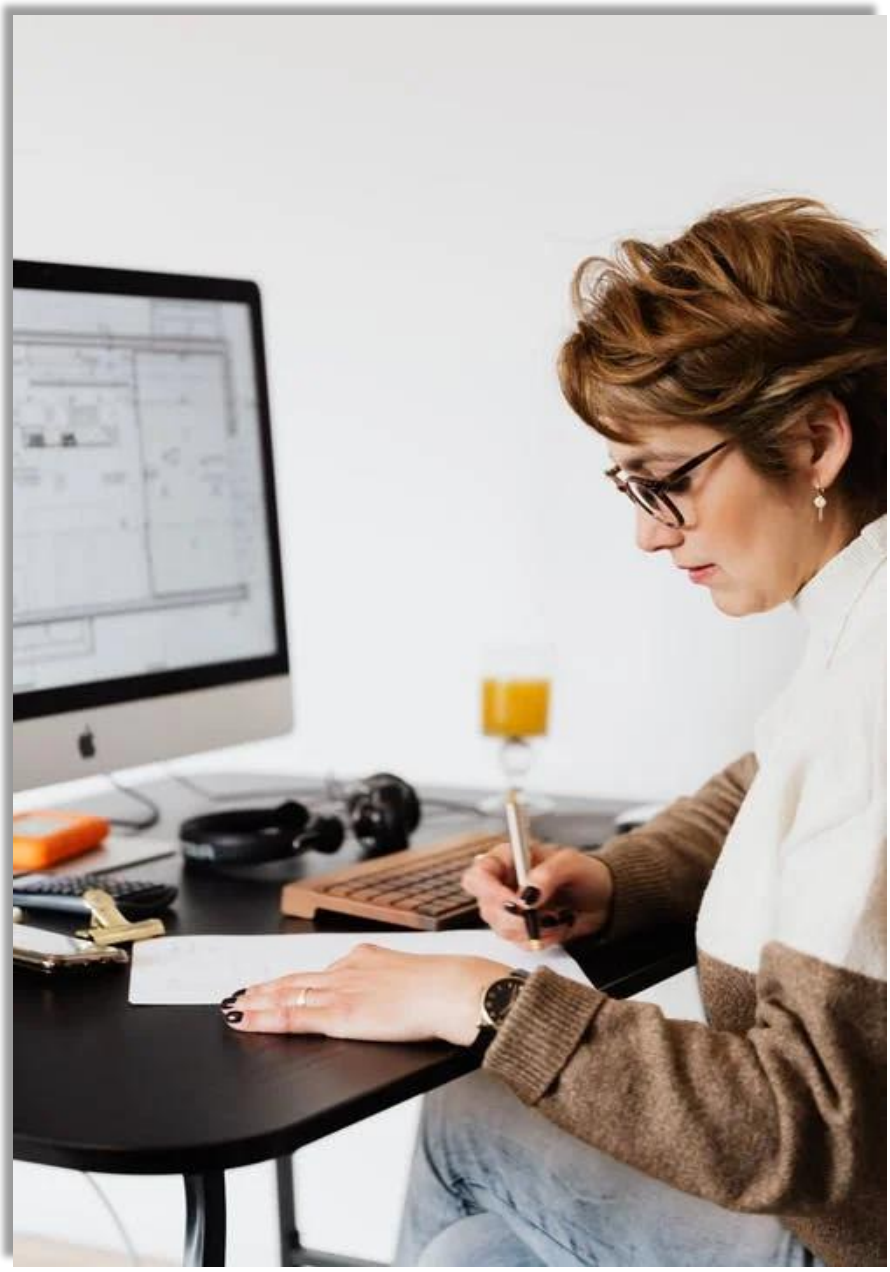
MHSA Prevention Program

Data Collection & Reporting Handbook

January 2024

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This Handbook was created for:

➢ Prevention provider staff who collect data on prevention programming and report on outcomes and demographics;
➢ Staff who enter the data from surveys and upload it to LACDMH;
➢ Program staff and managers overseeing prevention programs.

Chapter 1

Overview of MHSA Prevention Programs

Background of Demographics & Outcomes Data Collection & Reporting

Los Angeles County Department of Mental Health (LACDMH), like all counties in California, is required under state regulations to report to the Mental Health Service Oversight and Accountability Commission (MHSOAC) on outcomes that result from prevention programs operating under the Mental Health Services Act (MHSA). Similar MHSOAC regulations, but with a different set of outcomes, apply to MHSA Early Intervention programs. Complying with these regulations concerning prevention programs requires the participation of every DMH unit and contract agency that provides prevention services. This participation involves collecting information from your program participants. While every prevention program is different, taken together they all are intended to improve the wellness of Angelinos and ensure that key risk factors are reduced and key protective factors are increased.

Based on MHSA regulations, prevention programs must be tracked and reported as follows:

Basic Program Information	• Program name • Target population • Number of people served
Demographics	• Race • Language • Sex • Ethnicity • Age • Disability • Gender Identity* • Sexual Orientation* • Veteran Status*
Outcomes	• An increase in protective factors that may lead to improved mental, emotional, and relational functioning, and/or • The reduction of prolonged suffering that may result from untreated mental illness by measuring a reduction in risk factors or indicators of risk.

* Note that gender identity, sexual orientation, and veteran status are not required of children under 12 years of age.

Protective Factors

Examples of protective factors targeted by DMH programs include, but are not limited to:

- Problem-solving skills
- Social competence
- Self-efficacy
- Coping skills
- Education regarding symptoms and care
- Access to care
- Parental sense of competence
- Conflict resolution skills
- Social support

Risk Factors

Examples of risk factors targeted by DMH programs include, but are not limited to:

- Adverse childhood experiences
- Experience of violence or trauma
- Unmanaged stress
- Parental substance abuse
- Experiences of racism and discrimination
- Prolonged isolation
- Traumatic loss
- Having a family member with a serious mental illness
- Homelessness

Demographics & Outcomes Data Collection

While there are multiple options for collecting prevention outcomes, all programs should be collecting demographics according to the Measures, Outcomes, and Quality Assessment (MOQA).

To facilitate the collection of prevention outcomes, the LACDMH Quality, Outcomes, & Training Division has developed the Brief Universal Prevention Program Survey (BUPPS) questionnaires, which ask individuals to report on general wellness and protective factors. The BUPPS is available in versions for the following participants:

- Children ages 6-11,
- Ages 12+
  - including Youth, TAY, and Adults, as well as Caregivers/Parents (including those whose children under the age of 6 are the target of intervention).

The aforementioned MOQA demographics table is attached to the BUPPS for your convenience.

The results of these surveys can be used by individual programs to improve services and by LACDMH to comply with state regulations concerning PEI outcomes monitoring. You will find .pdf versions of the individual surveys at: https://dmh.lacounty.gov/outcomes/prevention/

Prevention Outcomes Website

The DMH Prevention Outcomes website was created to support providers with outcomes measurement and reporting. It contains information for providers including surveys, a quick guide, important links, and webinar trainings. The Prevention Outcomes website may be accessed at: https://dmh.lacounty.gov/outcomes/prevention/

If you have questions or need help with data collection or data entry of prevention program data, please email: PEIoutcomes@dmh.la.county.gov for the support team.

Chapter 2

Data Collection

General Guidance for Data Collection

This chapter of the Handbook contains guidance on survey administration and tracking.

Timing of Administration

Fixed number of sessions	• Administer "pre" at the start of the first session. • Administer update anytime not to exceed six months after the first session if the program continues more than six months. • Administer "post at the end of the final session.
Open enrollment	• Administer "pre" when a client starts the program. • Administer update anytime not to exceed six months after the client's first session if the program continues more than six months. • Administer "post" when a client ends the program.
Single events or "drop in" sessions	• Administer survey at the end of each session or event.

Pre-post Tracking

Ongoing prevention programs which meet multiple times may be able to track the outcomes of participants over time by administering an outcome measure at the beginning, middle, and end of the prevention program. To facilitate reporting and analysis of this longitudinal data, we encourage the use of a matching code for all such program participants. The matching code will be used to link together "pre" and "post" data for each participant. A matching code can also be helpful in preventing participants' demographics from being double-counted. The following matching code can be easily remembered and does not require any recording on the part of program staff. Be sure participants use the same matching code each time they are given an assessment.

Two digit initials (first and last name) followed by the last four digits of your phone number (or a phone number they can easily remember).

Initial	Initial	Digit	Digit	Digit	Digit

For example, if the last four digits of participant John Doe's phone number were 1234, their matching code would be:

J	D	1	2	3	4

Demographics

The following tables are encouraged for use in collecting and reporting the demographics of those served by prevention and early intervention activities, as well as stigma reduction and suicide prevention. Note that gender identity, sexual orientation, and veteran status are not required to be collected for children under 12 years of age.

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)	
Man	
Woman	
Transgender man/Transmasculine	
Transgender woman/Transfeminine	
Non-Binary (e.g. genderqueer or gender expansive): _____	
Another category (e.g. Two-spirit): _____	
Undecided/unknown at this time	
Not sure what this question means	
Prefer not to answer	

Do you think of yourself as: (You may check more than one box)	
Heterosexual/Straight	
Gay or Lesbian	
Bisexual or pansexual	
Something else (e.g. queer, asexual): _____	
Undecided/unknown at this time	
Not sure what this question means	
Prefer not to answer/prefer no labels	

Are you a veteran? (Check only one box)	
Yes	
No	
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: _____	
Non-Hispanic ethnicities:	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other: _____	
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.

What was your sex designated or listed at birth? (Check only one box)	
Male	
Female	
X	
Another category (e.g. Intersex): _____	
Prefer not to answer	

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Brief Universal Prevention Program Survey

Prevention programs are particularly diverse in scope, frequency, and population, such that many require a unique outcome measure. However, programs that are able to use a generic measure of protective factors can now use the Brief Universal Prevention Program Survey (BUPPS), which was designed to allow for wide application and comparable reporting of outcomes from a variety of prevention programs.

Survey Versions

Version	Subscales	Available Languages	Available Format	Administration Type
Ages 6-11	Core BUPPS Protective Factors	English Spanish Armenian Korean	Hard-copy PDF Fillable PDF MS Forms template	Single Event Pre Update Post
Ages 12+	Core BUPPS Protective Factors WHO Wellbeing Parent-Caregiver Skills			

Notes: Most programs serving ages 12+ will choose to use the Core BUPPS Protective Factors subscale and the WHO Wellbeing subscale. Prevention Programs serving parents will also use the Parenting Skills subscale. Please email us at PEIOutcomes@dmh.lacounty.gov to request additional languages. Please note that you will be required to report data in aggregate, so if surveys are collected via hard-copy PDF or fillable PDF, you will need a process to compile, account for any missing data, sum, and average the data, for example, by entering it into a spreadsheet. If individual level BUPPS data is collected by MS Forms, the data will automatically be recorded into an Excel spreadsheet that providers can access, clean, sum, aggregate, and average.

BUPPS Subscales

Core BUPPS Protective Factors Subscale

- Everyone uses this subscale for every administration: Child, Youth/Adult, Parent/Caregiver; Single event and multi-session programs
- Six items that ask individuals to report on protective factors
- Constructs include social connectedness, hopefulness, coping skills, etc.
- Participant circles the number or facial expression corresponding to how much they agree where 1 = Not at all, 2 = A little, 3 = Somewhat, 4 = Quite a bit, and 5 = A lot
- Subscale scores range from 6 to 30
- Higher scores are indicative of greater protective factors

Brief Universal Prevention Program Survey
Core Protective Factors Subscale

	Not at all (1)	A little (2)	Somewhat (3)	Quite a bit (4)	A lot (5)
I feel hopeful about the future.	1	2	3	4	5
I feel like part of a community.	1	2	3	4	5
I know at least one thing I can do to deal with uncomfortable feelings.	1	2	3	4	5
I know at least one thing I can do to deal with difficult thoughts.	1	2	3	4	5
I know at least one thing I can do to deal with challenging behaviors.	1	2	3	4	5
I know about resources that might be helpful for me or someone I care about.	1	2	3	4	5

WHO Wellbeing Subscale

- This subscale is not required but is encouraged for use with Youth or Adults and Parents/Caregivers
- Multi-session programs only
- Five items that ask individuals to report on general wellness
- Participant circles the number corresponding to how often they have felt each statement in the past two weeks where 0 = At no time, 1 = Some of the time, 2 = Less than half of the time, 3 = More than half of the time, 4 = Most of the time, and 5 = All of the time
- Subscale scores range from 0 to 25
- Higher scores are indicative of wellness; a score below 13 indicates poor well-being and is an indication for further evaluation.

Brief Universal Prevention Program Survey
WHO Wellbeing Subscale

Over the last two weeks…	At no time (0)	Some of the time (1)	Less than half of the time (2)	More than half of the time (3)	Most of the time (4)	All of the time (5)
I have felt cheerful and in good spirits	0	1	2	3	4	5
I have felt calm and relaxed	0	1	2	3	4	5
I have felt active and energetic	0	1	2	3	4	5
I woke up feeling fresh and rested	0	1	2	3	4	5
My daily life has been filled with things that interest me	0	1	2	3	4	5

Parenting Skills

- This subscale is required for Parents/Caregivers only
- This subscale can be used for single events (optional) and multi-session programs
- Four items that ask individuals to report on parenting skills
- Participant circles the number corresponding to how much they agree where 1 = Not at all, 2 = A little, 3 = Somewhat, 4 = Quite a bit, and 5 = A lot
- Subscale scores range from 4 to 20
- Higher scores are indicative of greater parenting skills

Brief Universal Prevention Program Survey
Parent/Caregiver Skills Subscale

	Not at all (1)	A little (2)	Somewhat (3)	Quite a bit (4)	A lot (5)
I take good care of my children even when I have personal problems.	1	2	3	4	5
In my family, we take time to listen to each other.	1	2	3	4	5
I help my children calm down when they are upset.	1	2	3	4	5
I am happy when I am with my children.	1	2	3	4	5

Providers should review each questionnaire to ensure the participant has answered every item. When every item is complete, the provider will add the values of circled answers to get subscale scores. Providers will then enter the subscale scores in the Staff Use box at the bottom of the first page of each BUPPS. See example below. Note that the fillable PDF version of the BUPPS automatically calculates the subscale totals but will not account for missing data, if any.

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Brief Universal Prevention Program Survey

For ages 12+

Thank you for taking the time to complete this voluntary survey. Your responses are valuable in making decisions about the programming we provide. Please complete the questions **below and on the back of this survey.** Please select the response which best represents your opinion. There are no right or wrong answers. All responses are anonymous.

Today's Date: _____ **Your initials:** _____ **Last four digits of phone number:** _____

BUPPS Protective Factors Subscale

Please indicate how much you currently agree with each of the statements:						
		Not at all (1)	A little (2)	Somewhat (3)	Quite a bit (4)	A lot (5)
1.	*I feel hopeful about the future.*	1	2	(3)	4	5
2.	*I feel like part of a community.*	1	2	3	(4)	5
3.	*I know at least one thing I can do to deal with uncomfortable feelings.*	1	(2)	3	4	5
4.	*I know at least one thing I can do to deal with difficult thoughts.*	1	(2)	3	4	5
5.	*I know at least one thing I can do to deal with challenging behaviors.*	1	(2)	3	4	5
6.	*I know about resources that might be helpful for me or someone I care about.*	1	2	(3)	4	5

WHO Wellbeing Subscale (your facilitator will inform you if this is applicable)

Please indicate how you have been feeling over the last two weeks:							
Over the last two weeks…		At no time (0)	Some of the time (1)	Less than half of the time (2)	More than half of the time (3)	Most of the time (4)	All of the time (5)
7.	*I have felt cheerful and in good spirits.*	0	1	2	(3)	4	5
8.	*I have felt calm and relaxed.*	0	1	(2)	3	4	5
9.	*I have felt active and energetic.*	0	1	2	(3)	4	5
10.	*I woke up feeling fresh and rested.*	0	(1)	2	3	4	5
11.	*My daily life has been filled with things that interest me.*	0	1	(2)	3	4	5

Parenting Subscale (your facilitator will inform you if this is applicable)

Please indicate how much you currently agree with each of the statements:						
		Not at all (1)	A little (2)	Somewhat (3)	Quite a bit (4)	A lot (5)
12.	*I take good care of my children even when I have personal problems.*	1	2	3	4	5
13.	*In my family, we take time to listen to each other.*	1	2	3	4	5
14.	*I help my children calm down when they are upset.*	1	2	3	4	5
15.	*I am happy when I am with my children.*	1	2	3	4	5

Please complete page 2 on reverse →

For DMH Staff/Contractor Use:

Provider / Agency / Facilitator: Name of Program:	☐ Single Event ☐ Pre ☐ Update ☐ Post	Number of sessions: Matching Code:	BUPPS Protective Factors Score (1-6): 16 WHO Wellbeing Score (7-11): 11 Parenting Score (12-15):

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Chapter 3

Data Entry & Reporting

General Guidance for Data Entry & Reporting

This chapter of the Handbook will provide instructions for reporting on data collected from prevention program participants.

Reports are cumulative and due as follows:

Data Collection Period		**Due Date**
Quarter 1	July 1 through September 30	October 31st
Quarter 2	July 1 through December 31	January 31st
Quarter 3	July 1 through March 31	April 30th
Annual Report	July 1 through June 30	July 30th

DMH Prevention Programs Outcomes & Demographics Submission Form

The Prevention Program Outcomes and Demographics Submission Form was designed to collect aggregate data from prevention programs on a quarterly basis. The most current reporting form can be accessed from our website at: https://dmh.lacounty.gov/outcomes/prevention

It is important to note that the report cannot be edited after submission. Best practice would be to have all the elements of your report ready before starting the data entry. For example, you may wish to type your answers into a word processing document and then paste them into the report form (a Microsoft Word document with each question is available upon request). If an erroneous submission is made, please contact us for assistance.

Notes about Outcomes

- Outcomes that show an increase in protective factors or reduction in risk factors will need to be demonstrated. You have a choice of entering BUPPS scores OR describing results of a different outcome measure which has been approved by the PEI Outcomes Unit staff. If you are using a different outcome measure other than the BUPPS, you will be asked to name the measure AND describe how the outcomes collected demonstrate that protective factors have increased or risk factors have decreased at this point in the prevention program.
- Each quarter's results should contain cumulative outcomes through the fiscal year….
- If a participant started the program in a previous fiscal year, do not include their baseline AKA: "pre" results. However, do include any results obtained during the current fiscal year as either an update or discharge

AKA: "post". In other words, only the scores of pre-program surveys should be aggregated together, only the scores of update surveys (neither baseline nor discharge) should be aggregated together, and only the scores of post-program surveys should be aggregated together. You are not required to collect update surveys, but if you are administering a survey to a participant who has been in the program and will continue in the program, you should consider that an update, as it is neither a pre nor a post.

- Choice of entering single and/or multiple (pre/post) administration BUPPS scores…

Notes about Demographics

- The total number of respondents needs to be reported for each category (as listed in the Aggregate Demographics Optional Worksheet).
- The total number of respondents should equal the sum of respondents who chose each of the choices in each required demographics category (as listed in the Aggregate Demographics Optional Worksheet), with the exception of categories where more than one response is permitted.
- Do include responses to single event surveys and baseline or "pre" surveys.
- Do not include responses to update surveys or post surveys, provided the respondent completed the demographics survey when they did their baseline.
- Keep in mind that those under the age of 12 will not be asked all of the demographics questions, hence some demographics categories will have fewer respondents.

To help you prepare, every element of the reporting form is shown in grey below, with additional instructions or clarification shown in orange.

For which reporting period are you submitting outcomes and demographics?
Select the period of your report.
Select your answer
Quarter 1 (July 2023 – September 2023)
Quarter 2 (October 2023 – December 2023)
Quarter 3 (January 2024 – March 2024)
Annual Report (July 2024 – June 2024)

This selection branches to this:

Annual Report Narrative

If the number of surveys collected differs from the number of individuals served, please briefly explain why.
If you were unable to collect survey responses for all of the participants served, please briefly explain why. If the number of individuals served equal the number of surveys collected, please indicate ***N/A****.*

Please explain the purpose and reason for your prevention program.
Describe the target population, participants' risk of mental illness, the problem and need, negative outcomes as a consequence of untreated mental illness, how the program is likely to bring about reduction of negative outcomes, how the program's effectiveness has been demonstrated for the intended population, how the program meets standards of cultural competence, etc.

Please provide a few statements about changes in average aggregate outcomes among your population served.

In other words, which protective factors increased, and by how much? Or, which risk factors decreased, and by how much? For example, you might say something like: "The protective factor of hopefulness as measured by question #1 on the BUPPS 12+ increased from an average of 2.2 to an average of 3.1 indicating an increase in hopefulness."

Name of provider/organization

Please enter the name of the program.

Name of provider/organization representative

Please enter the name of the person completing this survey.

Email address of provider/organization completing this survey

Please enter the email address of the person completing this survey.

Phone Number of provider/organization completing this survey

Please enter the phone number of the person completing this survey.

Legal Entity Number

Please indicate "N/A" if you do not have a Legal Entity Number.

Prevention Program Name

Only report for one program per submission.

Select your answer

This includes an extensive drop-down list of known programs and an "Other" option where an unlisted program can be named. Note that you can only select one program at a time and will need to return to this form to submit additional reports if you use more than one program.

Please provide a **brief** description of the program selected above.

Please describe the population served, frequency, duration, and format of the prevention program and whether it is delivered in-person, by phone, or virtually. You will have the opportunity to tell us more about your specific program later.

This can be verbiage from the program developers.

Please describe any challenges or barriers to data collection your agency experienced during this reporting period.

Cumulative number of individuals served as of the end of this reporting period.

Please indicate the cumulative number of individuals served as of the end of this reporting period. If you serve families, please estimate the number of individuals per family to derive the number of individuals served.

Indicate the number of unduplicated individuals served, keeping in mind that reports are cumulative for the fiscal year.

Is your program delivered in a single event, or over multiple sessions?
Single events are services or presentations that participants attend only one time. If the service is delivered over more than one session, please select multiple sessions.

- [ ] Single event
  This selection branches to the following question.
- [ ] Multiple sessions
  This selection branches to the next series of questions.
  Note: If both options are selected, you will be prompted for both series of questions.

Cumulative number of single event surveys collected as of the end of this reporting period.

Cumulative number of **"pre"** or baseline surveys collected as of the end of this reporting period.
Enter the number of surveys administered prior to the program starting or at the beginning of the program. If you did not start any programs this reporting period and therefore did not collect any "pre" surveys, indicate "0".

Cumulative number of **update** surveys collected as of the end of this reporting period.
Enter the number of update surveys administered. If you did not collect any update surveys, indicate "0".

Cumulative number of **"post"** surveys collected as of the end of this reporting period.
Enter the number of surveys administered at the end of the program. If you did not finish any programs this reporting period and therefore did not collect any "post" surveys, indicate "0".

Did you track any participants' outcomes over time by administering a "pre" survey as well as an "update" or "post" survey?
If you have such longitudinal data, please contact us at PEIOutcomes@dmh.lacounty.gov to arrange transfer of data. Please do not send data without contacting us first.

- ○ Yes
- ○ No

If respondents completed both a "pre" survey and an update or "post" survey, these disaggregated, outcomes need to be reported.

Did you collect outcomes with the BUPPS (Brief Universal Prevention Program Survey)?

- ○ Yes
- ○ No

What outcome metrics are you using to determine whether protective factors increased or risk factors decreased during the prevention program?
Please tell us the name and version of the outcome measure you are using if applicable.

Describe how the outcomes collected demonstrate that protective factors have increased or risk factors have decreased at this point in the prevention program.
If this is a quarterly report, provide a summary of any findings.

BUPPS Aggregate Scores

You indicated that you administered the BUPPS to your participants. In this section, you will be asked for the number of average aggregate score of different BUPPS subscales. For guidance on calculating these averages, please consult the Prevention Outcomes Handbook.

BUPPS **Single Event**: average aggregate score of **BUPPS Protective Factors subscale**
Please provide the average score of all of your single event BUPPS Protective Factors subscales.

BUPPS **Baseline/"pre"**: average aggregate score of **BUPPS Protective Factors subscale**
Please provide the average score for the BUPPS Protective Factors subscales for all of your surveys administered prior to the program starting.

BUPPS **Baseline/"pre"**: average aggregate score of **WHO Wellbeing subscale**
Please provide the average score for the WHO Wellbeing subscales for all of your surveys administered prior to the program starting.

BUPPS **Baseline/"pre"**: average aggregate score of **Parenting subscale**
Please provide the average score for the Parenting subscales for all of your surveys administered prior to the program starting.

BUPPS **Update**: average aggregate score of BUPPS **Protective Factors subscale**
Please provide the average score for the BUPPS Protective Factors subscales for all of your update surveys administered.

BUPPS **Update**: average aggregate score of **WHO Wellbeing subscale**
Please provide the average score for the WHO Wellbeing subscales for all of your update surveys administered.

BUPPS **Update**: average aggregate score of **Parenting subscale**
Please provide the average score for the Parenting subscales for all of your update surveys administered.

BUPPS **End/"post"**: average aggregate score of BUPPS **Protective Factors subscale**
Please provide the average score for the BUPPS Protective Factors subscales for all of your surveys administered at the end of the program.

BUPPS **End/"post"**: average aggregate score of **WHO Wellbeing subscale**
Please provide the average score for the WHO Wellbeing subscales for all of your surveys administered at the end of the program.

BUPPS **End/"post"**: average aggregate score of **Parenting subscale**

Please provide the average score for the Parenting subscales for all of your surveys administered at the end of the program.

Demographics – What is your sex designated or listed at birth?

-The total number of respondents for this section should equal the total number of single event and/or baseline survey respondents.
-Please verify that the responses sum to the total number of unduplicated individuals served as of the end of this reporting period.
-Do not include responses to "update" surveys or "post" surveys.

Number of **Male** responses (Sex Assigned at Birth)

Number of **Female** responses (Sex Assigned at Birth)

Number of **X** responses

Number of **Another Category** responses

Number of **Prefer not to answer/Missing/Unknown** responses (Sex Assigned at Birth)

Total Number of Respondents (Sex Assigned at Birth)

Demographics – What is your current gender identity?

-This question is not required for youth under 12 years of age.
-Respondents can select more than one option.
-Do not include responses to "update" surveys or "post" surveys.

Number of **Male** responses (Current Gender Identity)

Number of **Female** responses (Current Gender Identity)

Number of **Transgender Man/Transmasculine** responses

Number of **Transgender Woman/Transfeminine** responses

Number of **Non-Binary** responses

Number of **Another Category** responses

Number of **Undecided/Unknown at this time** responses

Number of **Not sure what this question means** responses

Number of **Prefer not to answer/Missing/Unknown** responses (Current Gender Identity)

Total Number of Respondents (Current Gender Identity)

Demographics – What is your age?

-The total number of respondents for this section should equal the total number of single event and/or baseline survey respondents.
-Please verify that the responses sum to the total number of unduplicated individuals served as of the end of this reporting period.
-Do not include responses to "update" surveys or "post" surveys.

Number of **Age 15 and under** responses

Number of **Between 16 and 25** responses

Number of **Between 26 and 59** responses

Number of **Older than 60** responses

Number of **Decline to answer/Missing/Unknown** responses (Age)

Total Number of Respondents (Age)

Demographics – What is your ethnicity?

-The total number of respondents for this section should equal the total number of single event and/or baseline survey respondents.
-Please verify that the responses sum to the total number of unduplicated individuals served as of the end of this reporting period.
-Do not include responses to "update" surveys or "post" surveys.

Number of **Caribbean (Hispanic/Latino)** responses

Number of **Central American (Hispanic/Latino)** responses

Number of **Mexican/Mexican-American/Chicano (Hispanic/Latino)** responses

Number of **Puerto Rican (Hispanic/Latino)** responses

Number of **South American (Hispanic/Latino)** responses

Number of **Other (Hispanic/Latino)** responses

Number of **African** responses

Number of **Asian Indian/South Asian** responses

Number of **Cambodian** responses

Number of **Chinese** responses

Number of **Eastern European** responses

Number of **European** responses

Number of **Filipino** responses

Number of **Japanese** responses

Number of **Korean** responses

Number of **Middle Eastern** responses

Number of **Vietnamese** responses

Number of **Other** responses (Ethnicity)

Number of **More than one ethnicity** responses

Number of **Decline to answer/Missing/Unknown** responses (Ethnicity)

Total Number of Respondents (Ethnicity)

Demographics – What is your race?

-The total number of respondents for this section should equal the total number of single event and/or baseline survey respondents.
-Please verify that the responses sum to the total number of unduplicated individuals served as of the end of this reporting period.
-Do not include responses to "update" surveys or "post" surveys.

Number of **American Indian or Alaska Native** responses

Number of **Asian** responses

Number of **Black or African American** responses

Number of **Native Hawaiian or other Pacific Islander** responses

Number of **White** responses

Number of **Other** responses (Race)

Number of **More than one race** responses

Number of **Decline to answer/Missing/Unknown** responses (Race)

Total Number of Respondents (Race)

Demographics – What language do you most often speak at home?

-The total number of respondents for this section should equal the total number of single event and/or baseline survey respondents.
-Please verify that the responses sum to the total number of unduplicated individuals served as of the end of this reporting period.
-Do not include responses to "update" surveys or "post" surveys.

Number of **Arabic** responses

Number of **Armenian** responses

Number of **Cambodian** responses

Number of **Cantonese** responses

Number of **English** responses

Number of **Farsi** responses

Number of **Hmong** responses

Number of **Korean** responses

Number of **Mandarin** responses

Number of **Other Chinese** responses

Number of **Russian** responses

Number of **Spanish** responses

Number of **Tagalog** responses

Number of **Vietnamese** responses

Number of **American Sign Language** responses

Number of **Other** responses (Language)

Number of **Decline to answer/Missing/Unknown** responses (Language)

Total Number of Respondents (Language)

Demographics – Do you think of yourself as?

-This question is not required for youth under 12 years of age.
-Respondents can select more than one option.
-Do not include responses to "update" surveys or "post" surveys.

Number of **Heterosexual or Straight** responses

Number of **Gay or Lesbian** responses

Number of **Bisexual or Pansexual** responses

Number of **Something else** responses

Number of **Undecided/Unknown at this time** responses

Number of **Not sure what this question means** responses

Number of **Prefer not to answer/Prefer no labels/Missing/Unknown** responses (Sexual Orientation)

Total Number of Respondents (Sexual Orientation)

Demographics – Do you have a disability?

-The total number of respondents for this section should equal the total number of single event and/or baseline survey respondents.
-Please verify that the responses sum to the total number of unduplicated individuals served as of the end of this reporting period.

-Do not include responses to "update" surveys or "post" surveys.

Number of **Yes Disability** responses

Number of **No Disability** responses

Number of **Decline to answer/Missing/Unknown** responses (Disability)

Total Number of Respondents (Disability)

Demographics - Disability Type

-Respondents can select more than one option.
-Do not include responses to "update" surveys or "post" surveys.

Number of **A mental disability** responses

Number of **A physical/mobility disability** responses

Number of **A chronic health condition, such as chronic pain** responses

Number of **Difficulty seeing** responses

Number of **Difficulty hearing** responses

Number of **Another communication disability** responses

Number of **Another type of disability** responses

Number of **Decline to answer/Missing/Unknown** responses (Disability Type)

Demographics – Are you a veteran?

-This question is not required for youth under 12 years of age.
-Do not include responses to "update" surveys or "post" surveys.

Number of **Yes** responses

Number of **No** responses

Number of **Decline to answer/Missing/Unknown** responses (Veteran Status)

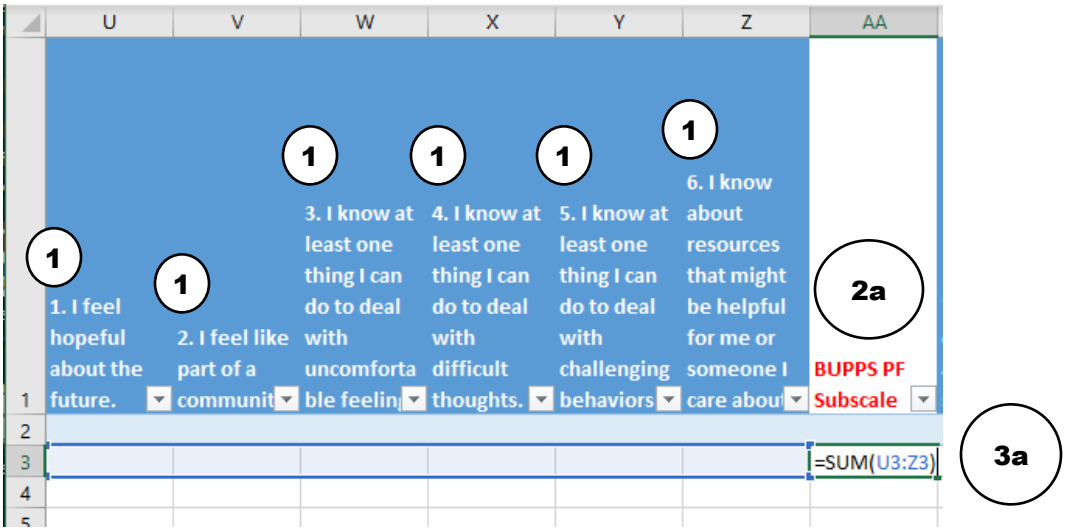
Total Number of Respondents (Veteran Status)

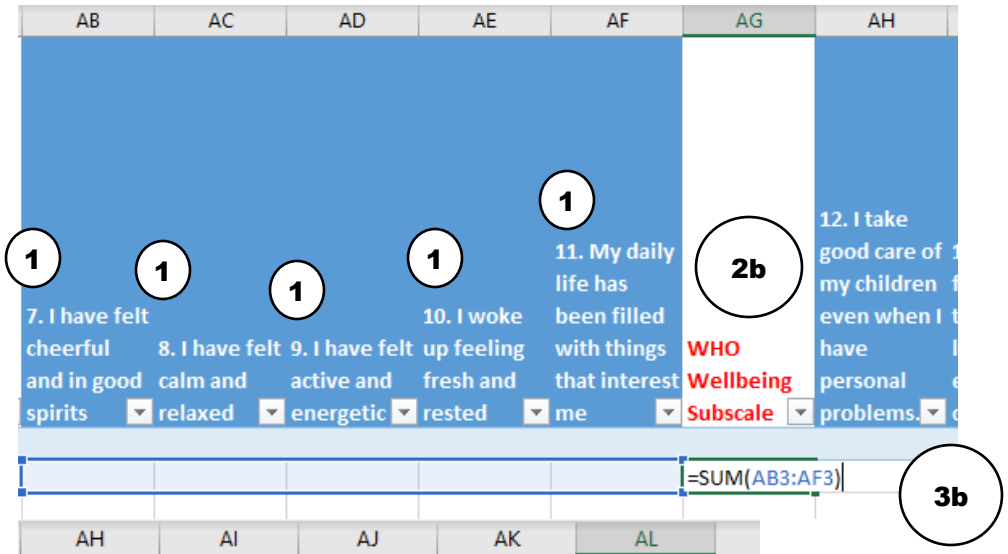
Reporting and Scoring the BUPPS

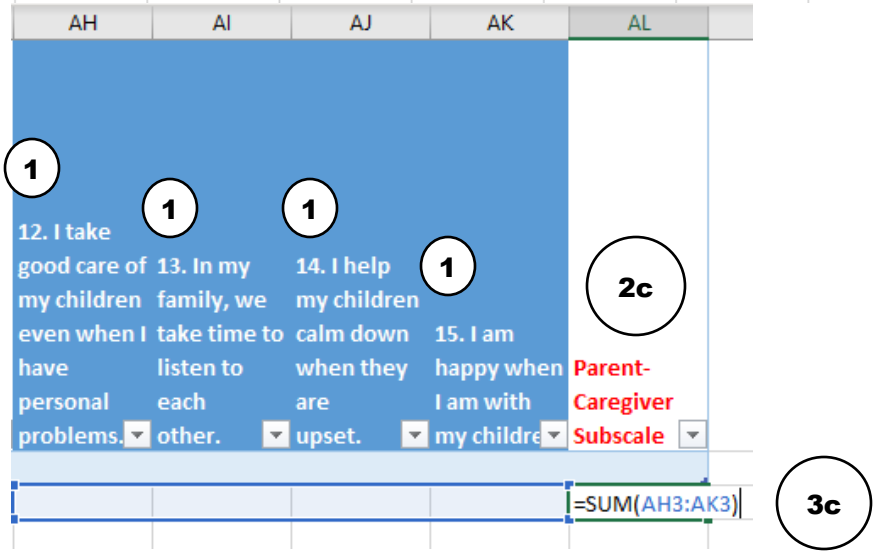
As mentioned, the BUPPS is available as a printable PDF, an electronic fillable PDF, or an MS Forms survey. Other measures may be used, whether paper or electronic. The survey responses will need to be tabulated in order to convert individual data into aggregate data. If using MS Forms to collect survey responses from participants, it will not be necessary to compile the data manually. However, see the section below on average aggregates for guidance on calculating the average aggregates in the MS Forms-produced Excel table.

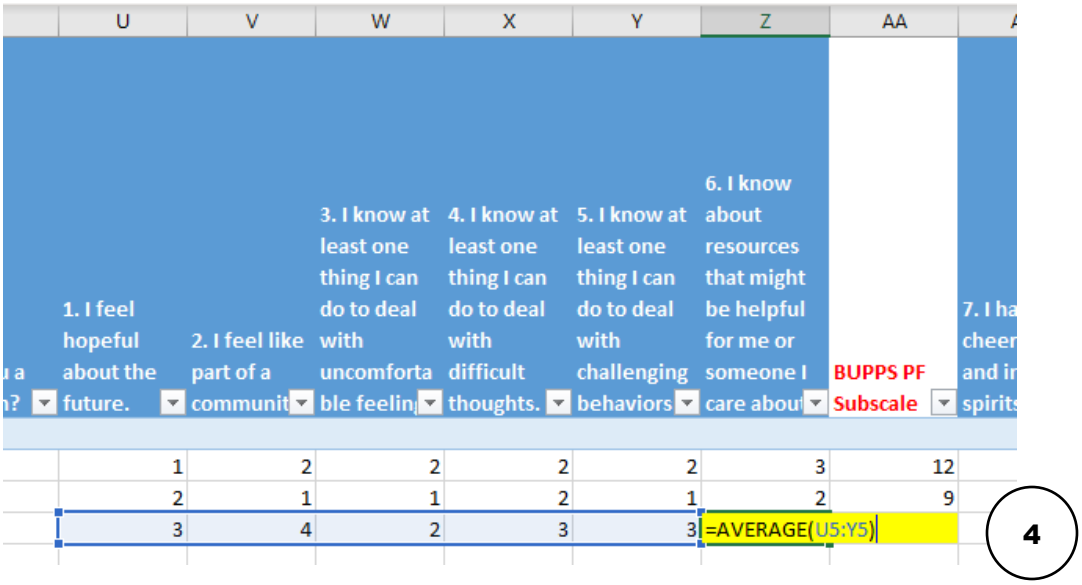
As noted in the optional scoring sheet, to calculate average aggregate scores, sum the scores of each subscale for all surveys of the same administration type, then divide by the number of surveys for which you have subscale scores.

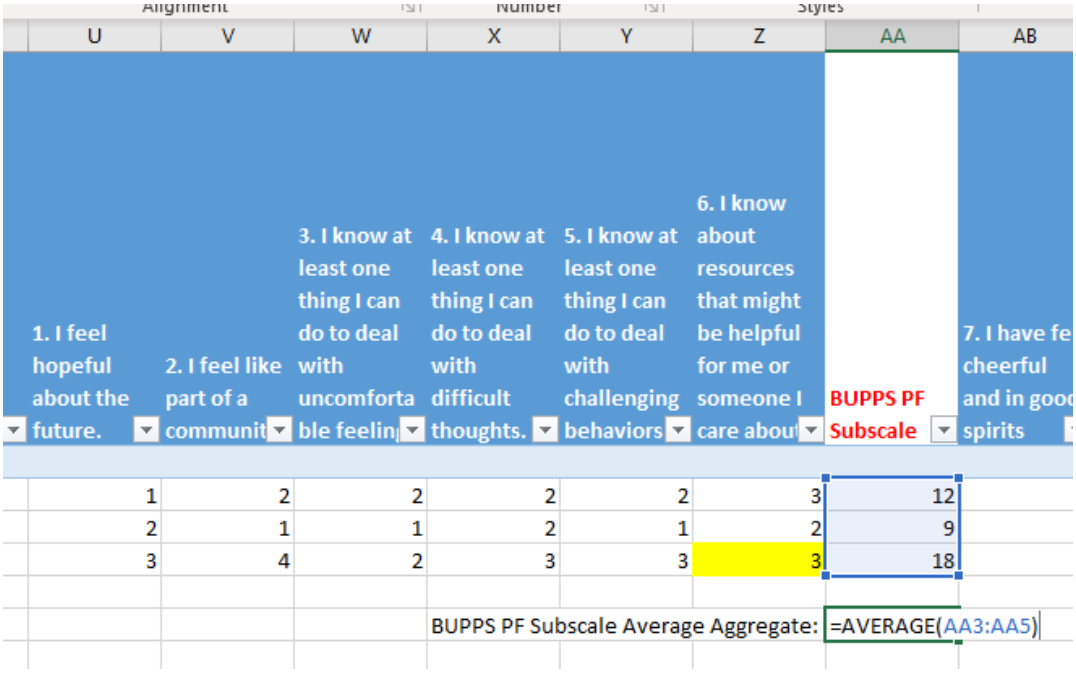
- If using an Excel file, for example produced by MS Forms:
  1. Number the items for your reference
  2. Create three (if using all three subscales) columns: one for each total subscale score
     a. BUPPS Protective Factors Subscale
     b. Who Wellbeing Subscale
     c. Parent-Caregiver Subscale
  3. Add across the items for each subscale
     a. The BUPPS Protective Factors Subscale will be the sum of the first six items on the BUPPS
     b. The Who Wellbeing Subscale will be the sum of the next five items
     c. The Parent-Caregiver Subscale will be the sum of the next four items
  4. If a single item in a subscale is missing, substitute the missing number with the average for the subscale (add the responses in the subscale, then divide by the number of responses)
     Note: If more than one item is missing, do not use the subscale
  5. Calculate the average aggregate by summing the subscale values and dividing by the number of surveys included in the sum. Repeat for each subscale.




AB
AC
AD
AE
AF
AG
AH
1
1
1
1
1
7. I have felt cheerful and in good spirits
8. I have felt calm and relaxed
9. I have felt active and energetic
10. I woke up feeling fresh and rested
11. My daily life has been filled with things that interest me
WHO Wellbeing Subscale
12. I take good care of my children even when I have personal problems.
2b
=SUM(AB3:AF3)
3b


AH
AI
AJ
AK
AL
1
1
1
1
12. I take good care of my children even when I have personal problems.
13. In my family, we take time to listen to each other.
14. I help my children calm down when they are upset.
15. I am happy when I am with my childre
Parent-Caregiver Subscale
2c
=SUM(AH3:AK3)
3c


U
V
W
X
Y
Z
AA
1. I feel hopeful about the future.
2. I feel like part of a communit
3. I know at least one thing I can do to deal with uncomforta ble feelin
4. I know at least one thing I can do to deal with difficult thoughts.
5. I know at least one thing I can do to deal with challenging behaviors
6. I know about resources that might be helpful for me or someone I care abou
BUPPS PF Subscale
7. I ha cheer and ir spirits
1 2 2 2 2 3 12
2 1 1 2 1 2 9
3 4 2 3 3 =AVERAGE(U5:Y5)
4



	U	V	W	X	Y	Z	AA	AB
1	1. I feel hopeful about the future.	2. I feel like part of a communit	3. I know at least one thing I can do to deal with uncomforta ble feelin	4. I know at least one thing I can do to deal with difficult thoughts.	5. I know at least one thing I can do to deal with challenging behaviors	6. I know about resources that might be helpful for me or someone I care abou	BUPPS PF Subscale	7. I have fe cheerful and in gooc spirits
2	1	2	2	2	2	3	12	
3	2	1	1	2	1	2	9	
4	3	4	2	3	3	3	18	
5				BUPPS PF Subscale Average Aggregate:			=AVERAGE(AA3:AA5)	

Chapter 4

Optional Tools

This chapter of the Handbook contains optional tools that may help prevention programs collect outcomes, including:

- Tips for survey administration,
- A sample script to guide you through a data collection session,
- An optional log to document details of the session such as the type of survey, the number of participants in each session who completed surveys and who did not complete them,
- The Brief Universal Prevention Program Survey for ages 12+ and 6-11, and
- An optional BUPPS scoring sheet with sections to record aggregate average scores for each subscale and pre-update-post scores for participants in multiple session programs.

TIPS FOR SURVEY ADMINISTRATION

PAPER SURVEY ADMINISTRATION

- Check that you have the supplies you need:
  - Depending on the type of Group (Child; Youth/Adult), ensure you have enough copies of the correct version of the survey (Child; Youth & Adult)
  - Pens
  - A Frequently Asked Questions sheet
  - A Survey Administration Script
  - A Survey Administration Log
- Place a checkmark in the appropriate box Instructions Box (Single Events; Start of Ongoing Programming; Update; End of Ongoing Programming)
- Complete Section 1 of the Survey Administration Log
- If you have time constraints, ready a clock or watch to use for timing
- Read the Survey Administration Script
- Ask participants to answer as best they can; remind them their answers are confidential
- Do not offer interpretation of individual items
- Thank participants; collect and place completed questionnaires in manila envelope (please do not have them passed in, which could risk disclosing how someone answered a question)
- Complete Section 2 of Survey Administration Log, including number of surveys completed and number of participants
- Record any notes about the session on the Survey Administration Log
- If this is a multi-session event, complete Section 3 of the Survey Administration Log by recording the matching codes of any pre, update, or post surveys
- Deliver surveys and Survey Administration Log to Data Entry Clerk

ELECTRONIC SURVEY ADMINISTRATION

- Reach out to the Prevention Outcomes team if you would like assistance with developing or administering an electronic survey
- To share an MS Forms survey:
  - Choose who you want to respond to your survey
  - In the Share pane under Send and collect responses, select the drop-down list to see options for whom you want to collect responses from
  - Anyone with the link can respond
    - Send a link to your survey form
    - Display a QR code to your survey form
    - Invite others via email
- To share a fillable PDF
  - Send form by email

SAMPLE SURVEY ADMINISTRATION SCRIPT

Note to Surveyors: Please go through the script prior to administration so you are familiar with the guidance to give participants. *Do not read the part in brackets. We recommend that participants use black pens to complete the survey.*

[Introduction:] If I can have everyone's attention… today we are completing a short survey, as part of an initiative by the Department of Mental Health, to monitor and improve prevention programs in our community.

[Survey content:] The survey asks questions about your feelings and your knowledge. Before you begin the survey, I need to give you some important information about the survey and what we're asking you to do.

[Voluntary activities:] We hope you will do the survey, but you can choose not to do this survey if you do not want to. Your answers help us to ensure that people are being served adequately, so we hope you will answer.

[Confidentiality:] The survey does not ask for your name so please give your honest responses. DO NOT place your name on the survey.

[Survey:] I have a few important instructions for you before you start:

- Please answer honestly and please do not talk with anyone else while everyone is doing the survey. There are no right or wrong answers here.
- Some of the questions may sound similar. Please be sure to read them carefully.
- If you need to change an answer clearly draw a line through the incorrect answer and then select and fill in the correct answer.

[Questions:] Please read the instructions and raise your hand if you have any questions.

Please begin.

Note to Surveyors: please follow these guidelines to avoid influencing the responses

- *do not define terms that are included in the question*
- *do not explain questions; you can read the question*
- *do not suggest an answer*
- *do not give your opinions*
- *do not agree or disagree*
- *do not show approval or disapproval of the answer or of the respondent's experience*

[If applicable, 1-minute mark:] There is about 1 minute left to finish, and then I will collect the surveys. Please continue if you are not finished.

As each participant completes their survey, collect the survey, and thank them for their participation.

Optional Prevention Outcomes Survey Administration Log

SECTION 1

Date: _____/ _____/ _____ Start time: _____

Survey Administration: ☐ SINGLE EVENT ☐ PRE ☐ UPDATE ☐ POST

Program Name: _____

Agency: _____

Provider/Facilitator Name: _____

Surveyor's Name: _____

SECTION 2

Outcome Measure/Survey/Questionnaire: _____

If BUPPS, indicate which subscales were used: ☐ BUPPS PF ☐ WHO Wellbeing ☐ Caregiver

Total # of Participants: _____	Total # of Completed Surveys: _____

Please use this space to record any notes about the data collection process, e.g. problems encountered, questions about items, reasons participants did not complete surveys.

SECTION 3

Feel free to use this space to record the matching codes of any multi-session participants in this batch of surveys. You will need to track pre-update-post pairs in addition to reporting aggregate scores.

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DEPARTMENT OF MENTAL HEALTH
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Brief Universal Prevention Program Survey

For ages 12+

Thank you for taking the time to complete this voluntary survey. Your responses are valuable in making decisions about the programming we provide. Please complete the questions **below and on the back of this survey.** Please select the response which best represents your opinion. There are no right or wrong answers. All responses are anonymous.

Today's Date: _____ **Your initials:** _____ **Last four digits of phone number:** _____

BUPPS Protective Factors Subscale

Please indicate how much you currently agree with each of the statements:						
		Not at all (1)	A little (2)	Somewhat (3)	Quite a bit (4)	A lot (5)
1.	*I feel hopeful about the future.*	○	○	○	○	○
2.	*I feel like part of a community.*	○	○	○	○	○
3.	*I know at least one thing I can do to deal with uncomfortable feelings.*	○	○	○	○	○
4.	*I know at least one thing I can do to deal with difficult thoughts.*	○	○	○	○	○
5.	*I know at least one thing I can do to deal with challenging behaviors.*	○	○	○	○	○
6.	*I know about resources that might be helpful for me or someone I care about.*	○	○	○	○	○

WHO Wellbeing Subscale (your facilitator will inform you if this is applicable)

Please indicate how you have been feeling over the last two weeks:							
Over the last two weeks...		At no time (0)	Some of the time (1)	Less than half of the time (2)	More than half of the time (3)	Most of the time (4)	All of the time (5)
7.	*I have felt cheerful and in good spirits.*	○	○	○	○	○	○
8.	*I have felt calm and relaxed.*	○	○	○	○	○	○
9.	*I have felt active and energetic.*	○	○	○	○	○	○
10.	*I woke up feeling fresh and rested.*	○	○	○	○	○	○
11.	*My daily life has been filled with things that interest me.*	○	○	○	○	○	○

Parenting Subscale (your facilitator will inform you if this is applicable)

Please indicate how much you currently agree with each of the statements:						
		Not at all (1)	A little (2)	Somewhat (3)	Quite a bit (4)	A lot (5)
12.	*I take good care of my children even when I have personal problems.*	○	○	○	○	○
13.	*In my family, we take time to listen to each other.*	○	○	○	○	○
14.	*I help my children calm down when they are upset.*	○	○	○	○	○
15.	*I am happy when I am with my children.*	○	○	○	○	○

Please complete page 2 on reverse →

For DMH Staff/Contractor Use:

Provider / Agency / Facilitator:	☐ Single Event ☐ Pre ☐ Update ☐ Post	**Number of sessions:**	**BUPPS Protective Factors Score (1-6):** 0
Name of Program:		**Matching Code:**	**WHO Wellbeing Score (7-11):** 0 **Parenting Score (12-15):** 0

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)	
Man	
Woman	
Transgender man/Transmasculine	
Transgender woman/Transfeminine	
Non-Binary (e.g. genderqueer or gender expansive): _____	
Another category (e.g. Two-spirit): _____	
Undecided/unknown at this time	
Not sure what this question means	
Prefer not to answer	

Do you think of yourself as: (You may check more than one box)	
Heterosexual/Straight	
Gay or Lesbian	
Bisexual or pansexual	
Something else (e.g. queer, asexual): _____	
Undecided/unknown at this time	
Not sure what this question means	
Prefer not to answer/prefer no labels	

Are you a veteran? (Check only one box)	
Yes	
No	
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: _____	
Non-Hispanic ethnicities:	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other: _____	
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.

What was your sex designated or listed at birth? (Check only one box)	
Male	
Female	
X	
Another category (e.g. Intersex): _____	
Prefer not to answer	

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Brief Universal Prevention Program Survey
Ages 6-11

Thank you for taking the time to complete this voluntary survey. Your responses are valuable in making decisions about the programming we provide. Please complete the questions **below and on the back of this survey.** Please select the response which best represents your opinion. There are no right or wrong answers. All responses are anonymous.

Today's Date: _____ **Your initials:** _____ **Last four digits of phone number:** _____

Indicate how much you agree with each of the statements below. If answering for someone else, please indicate how much you think they would agree.						
		Not at all (1)	A little (2)	Somewhat (3)	Quite a bit (4)	A lot (5)
1.	*I feel hopeful about the future.*	○	○	○	○	○
2.	*I feel like I belong.*	○	○	○	○	○
3.	*I know how to deal with my feelings.*	○	○	○	○	○
4.	*I know how to deal with my thoughts.*	○	○	○	○	○
5.	*I know how to behave.*	○	○	○	○	○
6.	*I know how to get help for myself or someone I care about.*	○	○	○	○	○

Please complete page 2 on reverse ⟶

For DMH Staff/Contractor Use:

Provider / Agency / Facilitator:	☐ Single Event ☐ Pre ☐ Update ☐ Post	Number of sessions:	BUPPS Protective Factors Score (1-6):
Name of Program:		Matching Code:	0

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 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: _____	
Non-Hispanic Ethnicities:	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other: _____	
More than one ethnicity	
Decline to answer	

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 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	

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 was your sex designated or listed at birth? (Check only one box)	
Male	
Female	
X	
Another category (e.g. Intersex):_____	
Prefer not 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.	

Optional BUPPS Scoring Sheet

Administration & Reporting

Administration Date: _____

Administration Type

Use different scoring sheets for different administration types.

- ☐ Single Event
- ☐ Pre
- ☐ Update
- ☐ Post

Program: _____

Reporting Period

Check once submitted.

- ☐ Q1 (Jul-Sep)
- ☐ Q2 (Jul-Dec)
- ☐ Q3 (Jul-Mar)
- ☐ Annual Report (Jul-Jun)

Aggregate Subscale Scores

A. Sum of all surveys **BUPPS Protective Factors Subscale** (#1-6): _____

B. # of surveys with completed BUPPS Protective Factors Subscale: _____

Divide A by B (this is the average aggregate subscale score): _____

C. If applicable, sum of all surveys **WHO Wellbeing Subscale** (#7-11): _____

D. # of surveys with completed WHO Wellbeing Subscale: _____

Divide C by D (this is the average aggregate subscale score): _____

E. If applicable, sum of all surveys **Parent/Caregiver Subscale** (#12-15): _____

F. # of surveys with completed Parent/Caregiver Subscale: _____

Divide E by F (this is the average aggregate subscale score): _____

Pre-Post Tracking

Pre-Post Tracking: disaggregated subscale totals

When the administration type is Update or "Post", record the scores from all available administrations.

Participant ID#	BUPPS PF Pre	BUPPS PF Update	BUPPS PF Post	WHO Pre	Who Update	Who Post	Parent Pre	Parent Update	Parent Post
JD1234	*20*	*21*	*22*	*15*	*16*	*17*	*10*	*11*	*12*

Optional Worksheet: Aggregate Demographics

Number of Single event/pre surveys Collected: _____ Number of Unduplicated individuals served: _____

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	
Total number of responses	

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	
Total number of responses	

What is your current gender identity? (You may check more than one box)	
Man	
Woman	
Transgender man/Transmasculine	
Transgender woman/Transfeminine	
Non-Binary (e.g. genderqueer or gender expansive): _____	
Another category (e.g. Two-spirit):	
Undecided/unknown at this time	
Not sure what this question means	
Prefer not to answer	

Do you think of yourself as: (You may check more than one box)	
Heterosexual/Straight	
Gay or Lesbian	
Bisexual or pansexual	
Something else (e.g. queer, asexual): _____	
Undecided/unknown at this time	
Not sure what this question means	
Prefer not to answer/prefer no labels	

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

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:_____	
Non-Hispanic ethnicities:	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other:_____	
More than one ethnicity	
Decline to answer	
Total number of responses	

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	
Total number of responses	

Do you have a disability?*	
Yes	
No	
Decline to answer	
Total number of responses	
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	

What was your sex designated or listed at birth? (Check only one box) (Check only one box)	
Male	
Female	
X	
Another category (e.g. Intersex): _____	
Prefer not to answer	
Total number of responses	