

Unique ID#:

ADULT SURVEY

PROGRAM ENTRY

INFORMATION AND INSTRUCTIONS

1. This is a survey for people who have not taken part in this program before. If you have been to this program before, please tell a program staff person.
2. If you would like to do this survey in another language, please tell a program staff person.
3. DO NOT write your name anywhere on this survey.
4. Please read each question carefully and follow the instructions provided with each question to choose the best answer for you.
5. Your answers will not be shared with anyone. Your answers will all be combined with those of other people to create numerical summary reports.
6. Thank you for doing this survey!

STAFF NOTE: Questions 1 to 3 are not asked at Entry. Enter 'E'.

4. Here are a few statements about families. Read each statement carefully, and decide how well it describes your own family. You should answer according to how you see your family. Try not to spend too much time thinking about each statement, but respond as quickly and as honestly as you can. If you have difficulty, answer with your first reaction.

- | | |
|-------------------|---|
| Strongly Agree | The statement describes your family very accurately. |
| Agree | The statement describes your family for the most part. |
| Disagree | The statement does not describe your family for the most part. |
| Strongly Disagree | The statement does not describe your family at all. |

Please check one box next to each statement.

	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
a. In times of crisis we can turn to each other for support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Individuals are accepted for what they are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. We can express feelings to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. We feel accepted for what we are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. We are able to make decisions about how to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. We confide in each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Overall, how satisfied are you with your life as a whole these days? *Please select one number only and check the box under it - 0 is Not At All Satisfied, 10 is Completely Satisfied.*

- | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Zero | One | Two | Three | Four | Five | Six | Seven | Eight | Nine | Ten |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions ask about how you have been feeling during the past 30 days. For each question, please check the box that best describes how often you had this feeling.

6. During the past 30 days, about how often did you feel...

Please check one box on each row.

	All of the time (4)	Most of the time (3)	Some of the time (2)	A little of the time (1)	None of the time (0)
a. nervous?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. hopeless?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. restless or fidgety?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. so depressed that nothing could cheer you up?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. that everything was an effort?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. worthless?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. In the past 30 days, for how many days were you totally unable to work or carry out your usual activities because of emotional problems?

NUMBER OF DAYS: _____

8. Are you **currently** receiving treatment or counseling for help with emotional problems?

No

Yes

9. Here are some other statements. Please read the sentence and decide how true it is of you in general.

Please check one box on each row.

	Never (1)	Almost Never (1)	Sometimes (2)	Fairly Often (3)	Very Often (4)
a. It is easy for me to stick to my aims and accomplish my goals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am confident that I could deal efficiently with unexpected events. . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can solve most problems if I try hard enough.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I stay calm when facing difficulties because I can handle them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. When I have a problem, I can find several ways to solve it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How often do you get the social and emotional support that you need? *Please check only one box.*

- ₁ Never
- ₂ Rarely
- ₃ Sometimes
- ₄ Usually
- ₅ Always

Your answers to the next questions will help us report counts of all people served by our program.

11. How old were you on your last birthday? *Please check only one box.*

- ₁ Between 16 and 25
- ₂ Between 26 and 59
- ₃ 60 or older
- ₀ Decline to answer

12. Here is a list of places of origin or ancestries. *Please check the boxes next to all that apply to you.*

- | | |
|--|---|
| <input type="checkbox"/> ₁ Caribbean | <input type="checkbox"/> ₁₀ Chinese |
| <input type="checkbox"/> ₂ Central American | <input type="checkbox"/> ₁₁ Filipino |
| <input type="checkbox"/> ₃ Mexican/Mexican-
American/Chicano | <input type="checkbox"/> ₁₂ Japanese |
| <input type="checkbox"/> ₄ Puerto Rican | <input type="checkbox"/> ₁₃ Korean |
| <input type="checkbox"/> ₅ South American | <input type="checkbox"/> ₁₄ Vietnamese |
| <input type="checkbox"/> ₆ Other Hispanic or Latino ethnicity | <input type="checkbox"/> ₁₅ Eastern European |
| <input type="checkbox"/> ₇ African | <input type="checkbox"/> ₁₆ European |
| <input type="checkbox"/> ₈ Asian Indian/South Asian | <input type="checkbox"/> ₁₇ Middle Eastern |
| <input type="checkbox"/> ₉ Cambodian | <input type="checkbox"/> ₁₈ Other |
| | <input type="checkbox"/> ₀ Decline to answer |

13. What is your race? *Please check the boxes next to all that apply to you.*

- American Indian or Alaska Native,
 Asian,
 Black or African American,
 Native Hawaiian or other Pacific Islander,
 White (Caucasian)
 Decline to answer

14. What is the main language that you use at home? *Please check only one box*

- | | |
|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Farsi |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Korean, |
| <input type="checkbox"/> Chinese (including Cantonese and Mandarin), | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Decline to answer |

15. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Please check only one box.

- No
 Yes
 Decline to answer

16. Do any of the following describe you? *Please check all that apply.*

- I have a chronic medical condition, like diabetes, heart disease, or chronic pain
 I am blind or have serious difficulty seeing, even when wearing glasses
 I am deaf or have serious difficulty hearing, or having my speech understood
 I have serious difficulty walking or climbing stairs
 Because of a physical, mental, or emotional condition, I have serious difficulty concentrating, remembering, or making decisions
 None of the above
 Decline to answer

17. What sex were you assigned at birth? *Please check only one box.*

- ₁ Male
- ₂ Female
- ₀ Decline to answer

18. How do you describe yourself? *Please check all that apply.*

- ₁ Male
- ₁ Female
- ₁ Transgender
- ₁ Genderqueer/Do not identify as male, female or transgender
- ₁ Another identity
- ₁ Questioning or unsure of my gender identity
- ₁ Decline to answer

19. Do you consider yourself to be... *Please check only one box.*

- ₁ Heterosexual or straight,
- ₂ Gay or Lesbian,
- ₃ Bisexual,
- ₄ Questioning or unsure, or
- ₅ None of the above or other?
- ₀ Decline to answer

Thank you for doing this survey!