



DEMOGRAPHIC SURVEY

NAMI Affiliate:

Date:

Support Group:

NAMI Connection

NAMI Family Support Group

All questions are optional. NAMI takes your privacy seriously and always handles your data confidentially and with great care. Your data will **never** be shared outside of NAMI in a way that identifies you.

1. How old are you? _____

2. What is your ZIP code? _____

3. What is your race, ethnicity or origin? Choose as many as you like.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latino or Spanish origin
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer
- I use another term: _____

4. Which most closely describes your gender? Choose as many as you like.

- Agender
- Man
- Nonbinary, gender fluid, or gender non-conforming
- Questioning/unsure
- Transgender
- Woman
- Prefer not to answer
- I use another term: _____

5. What is your sexual orientation? Choose as many as you like.

- Asexual
- Bisexual
- Gay
- Heterosexual/straight
- Lesbian
- Pansexual
- Queer
- Questioning/unsure
- Prefer not to answer
- I use another term: _____

6. Have you served in the U.S. Armed Forces, Reserves or National Guard?

- Never served in the military
- Only on active duty for training in the Reserves or National Guard
- Currently on active duty
- On active duty in the past, but not now (veteran/former military)
- Prefer not to answer

7. Do physical, mental or emotional challenges cause you difficulty with:

- Hearing or severe hearing impairment (such as deafness)
- Seeing or severe vision impairment (such as blindness)
- Remembering, concentrating, or making decisions
- Walking, climbing stairs, using your hands, reaching, lifting, or carrying
- Dressing, bathing, or getting around inside the home
- Going outside the home alone (for example, to shop or go to the doctor's)
- Finding, keeping, or having a job
- None of the above
- Prefer not to answer

8. What challenges, if any, do you face accessing physical and mental health care?

- Child care
- Concerns about what others will think about me
- Financial (lack of insurance, insufficient coverage, or co-pay)
- Transportation
- Work (can't get time off, etc.)
- None of the above
- Prefer not to answer
- Questioning/unsure
- Something else: _____