

Group 2 -- Providers
Interview One – Written Survey
Code:

Written Survey:

Demographics

Gender: _____

Age range (check one):

- ☐ 18-25
- ☐ 26-35
- ☐ 36-60
- ☐ 60 +

Race/Ethnicity: _____

Sexual Orientation: _____

Religious or spiritual affiliation, if any: _____

Languages other than English spoken at home: _____

Employment (if employed): ☐ Full Time work
☐ Part Time work
☐ Occasional/Temporary work

School (if in school): ☐ Full Time school
☐ Part Time school

☐ Check this box if not currently employed or in school

- Highest Education:
- ☐ Less than High School
 - ☐ High School/GED
 - ☐ Some College
 - ☐ Associates Degree
 - ☐ Bachelors Degree
 - ☐ Masters Degree
 - ☐ Doctoral Degree

<i>Experiences with Mental Health Problems and Treatment (if any)</i>
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Do you have any experience with mental health treatment?

Yes ☐

No ☐

If you checked No, you may skip the reminder of questions on this form

In what ways have you had experience with emotional or mental illness. Check all that apply

- ☐ My own experience of emotional or mental illness
- ☐ My partner or significant other with emotional or mental illness
- ☐ My family member with emotional or mental illness
- ☐ Friend or acquaintance with emotional or mental illness
- ☐ My clients / patients

Which of the four areas of emotional or mental illness do you have experience with? (check all that apply).

- OCD
 - ☐ Self
 - ☐ Significant other
 - ☐ Family member
 - ☐ Friend / acquaintance
 - ☐ Patient / client
- ADD / ADHD
 - ☐ Self
 - ☐ Significant other
 - ☐ Family member
 - ☐ Friend / acquaintance
 - ☐ Patient / client
- Bipolar Disorder
 - ☐ Self
 - ☐ Significant other
 - ☐ Family member
 - ☐ Friend / acquaintance
 - ☐ Patient / client
- Eating Disorder (specify what kind of eating disorder)
 - ☐ Bulimia
 - ☐ Anorexia
 - ☐ Not specified
 - ☐ Self
 - ☐ Significant other
 - ☐ Family member
 - ☐ Friend / acquaintance
 - ☐ Patient / client

Experience

How many years have you worked as a mental health-care provider? _____

If student:

- What is your major? _____
- What year are you in? _____
- How many hours have you worked with clients / patients? _____

End of Written Survey