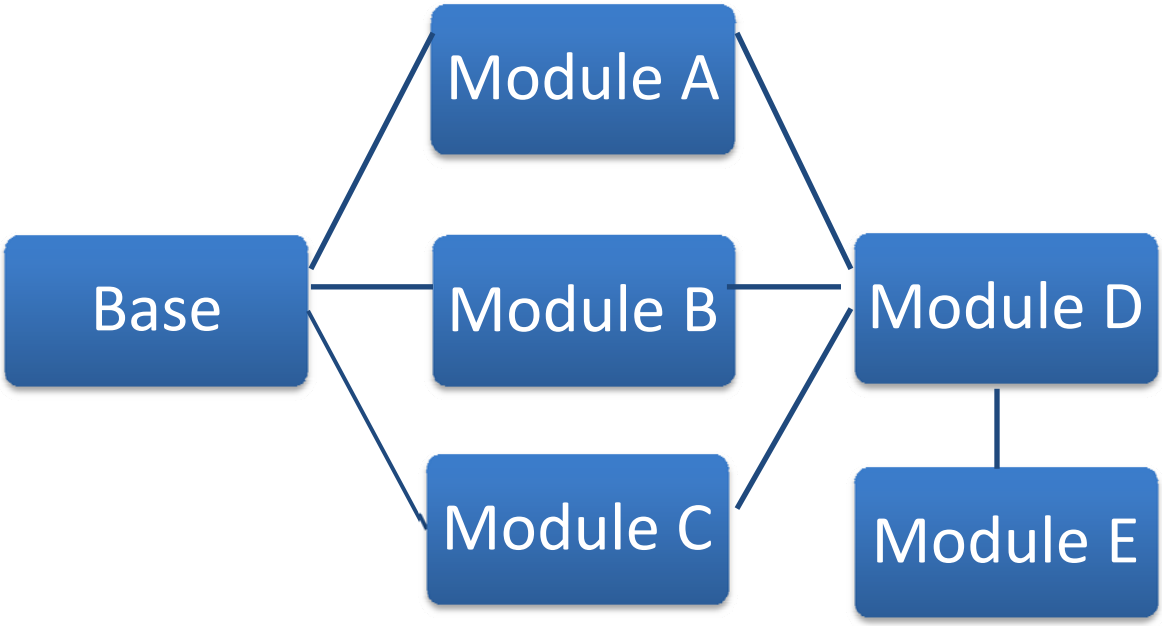
Peer Counselor Survey

4-22-2009



The Washington Institute for Mental Health Research and Training

Peer Counselor Survey
Base

INTRODUCTION: This survey is designed to find out about your experiences since receiving Peer Counselor training. We want to find out about your work and if you have found the training useful. Your name, contact information and survey answers are all confidential and will only be seen by the survey staff at the University of Washington. Results from this survey will be reported in aggregate form and will not identify you in any way. You are free to skip any of the questions, and you can stop the survey anytime you want.

To start, we just have some general questions about the certification process.

Q1. When did you take the Peer Counselor training (for the first time if more than once)?

Month_____, Year_____

Q2. What type of training did you take?

- ☐ *The state-sponsored training provided by WIMHRT*
- ☐ *The state-approved training provided by my RSN or another organization*
- ☐ *Don't know*

Q3. Did you complete the Peer Counselor training?

- ☐ *Yes*
- ☐ *No* →

Q3a. If No, why? _____

_____

Skip to Q8.

Q4. Have you taken the certification exam?

- ☐ *Yes*
- ☐ *No* →

Q4a. If No, please tell us what is preventing you from doing so *(check all that apply)*:

- ☐ *I don't feel prepared to take the exam.*
- ☐ *The exam isn't offered at a convenient time.*
- ☐ *The exam isn't offered at a location I can get to.*
- ☐ *I don't know how to sign up to take the exam.*
- ☐ *I do not wish to become certified at this time.*
- ☐ *Other, please explain*:_____

Skip to Q8.

Q5. Did you pass the certification exam?

☐ *Yes*
☐ *No* →

Q5a. If No, do you plan to retake the exam?

☐ *Yes*
☐ *No (why? _____).*

Skip to Q8.

Q6. Do you have a valid Registered Counselor credential from the Department of Health?

☐ *Yes*

☐ *No* →

Q6a. If No, please tell us what is preventing you from doing so:

☐ *I don't know how to apply for my Registered Counselor credential*
☐ *The Registered Counselor credential is too expensive*
☐ *I cannot pass the Department of Health background check*
☐ *I just haven't gotten around to it*
☐ *I have applied for my Registered Counselor credential and am waiting for a response from the Department of Health*
☐ *I received my Registered Counselor credential but it is expired*

☐ *Other, please explain:_____*

Skip to Q8.

Q7. Are you currently certified as a Peer Counselor by the Washington State Mental Health Division?

☐ *Yes* →

Q7a. If Yes, what date did you receive certification?

Month _____, Year _____.

☐ *No* →

Q7b. If No, why not?

☐ *I have not submitted all my paperwork to the Mental Health Division*
☐ *I have submitted all necessary information to the Mental Health Division and am waiting for final approval*
☐ *Other, please explain:_____*

Q8. Have you completed Wellness Recovery Action Plan (WRAP) *facilitator* training?

☐ *Yes* → Q8a. If Yes, what date did you complete the training?

Month _____, *Year* _____.

☐ *No*

Now, we have some questions about your employment since the training.

Q9. Which of the following best describes your employment history since your Peer Counselor training:

☐ *I am employed or have been employed as a paid Peer Counselor (Skip to Peer Counselor Employment Module A).*

☐ *I am employed or have been employed but not as a Peer Counselor (Skip to Non Peer Counselor Employment Module B).*

☐ *I have not been employed (Skip to Non-employment Module C).*

Module A
Peer Counselor Employment

Qa1. Are you currently employed as a Peer Counselor?

☐ *Yes* (**Skip to Qa4**)
☐ *No* →

Qa1a. Why did you leave your last Peer Counselor employment?

☐ *I left involuntarily (I was fired or laid off)*
☐ *I left voluntarily (why?_____*
_____ _____
_____).

Qa2. Are you still interested in working as a Peer Counselor at some point?

☐ *Yes*
☐ *No*

Qa3. Since you are not now working as a Peer Counselor, do you feel that you are using the skills you learned at the Peer Counselor training in another capacity?

☐ *Yes* →
☐ *No*

Qa3. If Yes, How are you using these skills?
_____
_____
_____

If you are currently employed as a paid Peer Counselor, please answer the following questions based upon your current job.

If you were previously employed as a Peer Counselor, please answer questions based upon your most recent paid peer counseling position.

Qa4. How long have you worked in your current/former Peer Counselor position?

*Years*_____ *Months*_____

Qa5. What is/was your job title? _____.

Qa6. Please provide a detailed description of your job. In other words, please tell us what you do/did at work.

Qa7. Which of the following best describes the program in which you work(ed)? *(Check all that apply):*

- ☐ *Case management*
- ☐ *Day support*
- ☐ *Inpatient*
- ☐ *Vocational rehabilitation (focused on work)*
- ☐ *Supported education (helping people with school)*
- ☐ *Independent peer support program*
- ☐ *Therapeutic recreation/socialization program*
- ☐ *Drop-in center*
- ☐ *Clubhouse*
- ☐ *PACT program*
- ☐ *Other (Specify*_____*).*

Qa8. What tasks do/did you perform in your work? *(Check all that apply):*

- ☐ *One-on-one support*
- ☐ *Working on a treatment team*
- ☐ *Facilitating support groups* → Qa8a. What type of group(s)?_____ _____
- ☐ *Teaching* → Qa8b. What do/did you teach?_____ _____.
- ☐ *Transportation assistance*
- ☐ *Housing assistance*
- ☐ *Vocational assistance*
- ☐ *Helping people advocate for themselves*
- ☐ *Other (Specify*_____*).*

Qa9. Do/did you work primarily with any of the following special populations?

- ☐ *Parents/families*
- ☐ *Youth*
- ☐ *Older adults*
- ☐ *Forensic*
- ☐ *Chemical dependency*
- ☐ *Physical disabilities*
- ☐ *A cultural or ethnic group (Specify _____)*
- ☐ *Other (Specify _____)*

Qa10. Do you have any additional certifications or special training that are relevant to your work as a Peer Counselor? *(specify)*

- ☐ *Yes* →
- ☐ *No*

Qa10a. If yes, specify certifications or special trainings:

_____

_____

_____

Qa11. On average, how many hours per week do/did you work?

_____ *Hours*

If less than 40 hours per week →

Qa11a. Do/did you have the option of working full-time?

- ☐ *Yes*
- ☐ *No*

Qa11b. What is/was your biggest barrier to working full-time? (Check only one):

- ☐ *Mental health reasons*
- ☐ *Physical health reasons*
- ☐ *Lack of health benefits*
- ☐ *Low wages*
- ☐ *Administrators/managers*
- ☐ *Potential loss of SSI/SSDI benefits*
- ☐ *Not enough demand for services*
- ☐ *Funding (no $ available)*
- ☐ *I am just not interested in working full time*
- ☐ *Other* _____

Qa12. How much are/were you paid? This is to give us a general idea of the current pay range for Peer Counselors in the State of Washington.

___ *Hourly at the rate of $_____ per hour*

___ *Salary at the rate of $_____ per Month*

___ *Salary at the rate of $_____ per year*

Qa13. Do/did you receive benefits from your employer?

☐ *Yes*
☐ *No (*Skip to Qa15*).*

Qa14. Which of the following benefits do/did you receive from your employer? *(Check all that apply):*

☐ *Medical Insurance*
☐ *Dental Insurance*
☐ *Retirement*
☐ *Disability Insurance*
☐ *Paid Vacations*
☐ *Paid Sick Leave*

☐ *Other (*Specify _____)

Qa15. Do/did feel you have opportunities for advancement/promotion at the place you work(ed)?

☐ *Yes*
☐ *No*

Qa16. In your current/former work place, do you/did you have any training opportunities to further your knowledge and skills as a Peer Counselor?

☐ *Yes* →
☐ *No*

Qa16a. If yes, what training have you received?
_____

Qa17. Are/were there other paid Peer Counselors on staff at the place where you work(ed)?

- ☐ *Yes* → Qa17a. If yes, how many? _____
- ☐ *No*

Now I have a few questions about how you feel about your job.

Qa18. I am/was satisfied with my work:

- ☐ *Always*
- ☐ *Mostly*
- ☐ *Somewhat*
- ☐ *Not at all*

Qa19. The <u>greatest</u> reward from my work is/was *(check one):*

- ☐ *The money*
- ☐ *Helping others*
- ☐ *Having something to do*
- ☐ *Helping my own recovery*

- ☐ *Other* (Specify_____).

Qa20. Do/did you feel respected in the workplace by mental health clinicians?

- ☐ *Frequently*
- ☐ *Sometimes*
- ☐ *Rarely*
- ☐ *Never*

→ Q20a. Why not? _____

_____

Qa21. Do/did you have conflicts with the mental health clinicians in your work place?

- ☐ *Frequently*
- ☐ *Sometimes*
- ☐ *Rarely*

→ Qa21a. Why? _____

_____

☐ *Never*

Qa22. Do/did you feel supported in your work place?

☐ *Frequently*
☐ *Sometimes*
☐ *Rarely*
☐ *Never*

→ Qa22a. Why not? _____

_____

Qa23. Are there regular meetings in your area specifically to bring together consumers who are employed in order to support one another?

☐ *Yes* →

Qa23a. If Yes, have you ever attended these?
☐ *Yes (continue to Q23b)*
☐ *No (skip to Q24)*

Qa23b. If Yes, were they helpful?
☐ *Yes*
☐ *No*

☐ *No*

☐ *Don't Know*

→ Qa23c. If No or Don't Know, would you be interested in attending such a group if one existed?
☐ *Yes*
☐ *No*

Qa24. Do/did you feel you utilize(d) your personal experiences with mental illness and recovery in the course of your daily work responsibilities?

☐ *Frequently*
☐ *Sometimes*
☐ *Rarely*
☐ *Never*

→ Qa24a. Why not? _____

_____

Qa25. Being a Peer Counselor is what you expected it to be:

☐ *Strongly agree*
☐ *Agree*
☐ *Disagree*
☐ *Strongly Disagree*

→ Qa25a. Why not? _____

_____

Qa26. Do you feel that the state-approved Peer Counselor certification training prepared you adequately for your role as a Peer Counselor?

- ☐ *Strongly agree*
- ☐ *Agree*
- ☐ *Disagree*
- ☐ *Strongly Disagree*

→ Qa26a. Why not? _____

_____

Qa27. Now that you have been working in the field as a Peer Counselor, are there areas you feel you need more training?

- ☐ *Yes* →
- ☐ *No*

Qa27a. If yes, what? _____

Qa28. I expect to remain a Peer Counselor (check one):

- ☐ *For the rest of my career*
- ☐ *For at least the next 3 years*
- ☐ *Only for the next year or so*
- ☐ *Until something else comes along*
- ☐ *I am no longer interested in working as a Peer Counselor*

- ☐ *Other* _____

Finally, we would like to ask you some questions about your interest in future resources.

Qa29. There has been some discussion about offering an online resource that would help connect certified Peer Counselors with potential employers in their area. Would you like to be contacted if this resource is developed?

- ☐ *Yes*
- ☐ *No*

Qa30. Would you be interested in receiving additional training or continuing education in topics relevant to Peer Counselors?

☐ *Yes* →
☐ *No*

Qa30a. If yes, what sort of training would be valuable? _____
_____

Qa31. Do you have any other comments you would like to make about your experience with the Peer Counselor program in Washington State?

Qa32. Have you done volunteer work since your Peer Counselor training?

☐ *Yes* (Please proceed to the Volunteer Module D)
☐ *No* (Please proceed to the Volunteer Module E)

Module B
Non-Peer Counselor Employment

Qb1. Are you currently employed?

☐ *Yes*
☐ *No* →

Qb1a. Why did you leave your last employment?

☐ *I left involuntarily (I was fired or laid off)*
☐ *I left voluntarily (why?_____*
_____ _____
_____).

Qb2. Are you still interested in working as a Peer Counselor at some point?

☐ *Yes*
☐ *No*

Qb3. Since you are not now working as a Peer Counselor, do you feel that you are using the skills you learned at the Peer Counselor training in another capacity?

☐ *Yes* →
☐ *No*

Qb3a. If Yes, How are you using these skills?
_____
_____
_____

If you are currently employed, please answer the following questions based on your current job.

If you were previously employed but are not now employed, please answer questions based upon your most recent paid position.

Qb4. How long have you worked in your current/former position?

*Years*_____ *Months*_____

Qb5. What is/was your job title? _____.

Qb6. Please provide a detailed description of your job. In other words, please tell us what you do/did at work.

Qb7. In your job check any of the following that describes the program in which you work or worked?*:*

- ☐ *Case management*
- ☐ *Day support*
- ☐ *Inpatient*
- ☐ *Vocational rehabilitation (focused on work)*
- ☐ *Supported education (helping people with school)*
- ☐ *Independent peer support program*
- ☐ *Therapeutic recreation/socialization program*
- ☐ *Drop-in center*
- ☐ *Clubhouse*
- ☐ *PACT program*
- ☐ *NONE OF THE ABOVE*

Qb8. What tasks do/did you perform in your work? *(Check all that apply):*

- ☐ *One-on-one support*
- ☐ *Working on a treatment team*
- ☐ *Facilitating support groups* → Qb8a. What type of group(s)?_____ _____
- ☐ *Teaching* → Qb8a. What do/did you teach?_____ _____.
- ☐ *Transportation assistance*
- ☐ *Housing assistance*
- ☐ *Vocational assistance*
- ☐ *Helping people advocate for themselves*
- ☐ *NONE OF THE ABOVE*

Qb9. Do/did you work primarily with any of the following special populations?

- ☐ *Parents/families*
- ☐ *Youth*
- ☐ *Older adults*
- ☐ *Forensic*
- ☐ *Chemical dependency*
- ☐ *Physical disabilities*
- ☐ *A cultural or ethnic group (Specify _____)*
- ☐ *NONE OF THE ABOVE*

Qa10. Do you have any additional certifications or special training that are relevant to your work as a Peer Counselor? *(specify)*

- ☐ *Yes* →
- ☐ *No*

Qa10a. If yes, specify certifications or special trainings:

_____

_____

_____

Qb11. On average, how many hours per week do/did you work?

_____ *Hours*

If less than 40 hours per week →

Qb11a. Do/did you have the option of working full-time?

- ☐ *Yes*
- ☐ *No*

Qb11b. What is/was your biggest barrier to working full-time? (Check only one):

- ☐ *Mental health reasons*
- ☐ *Physical health reasons*
- ☐ *Lack of health benefits*
- ☐ *Low wages*
- ☐ *Administrators/managers*
- ☐ *Potential loss of SSI/SSDI benefits*
- ☐ *Not enough demand for services*
- ☐ *Funding (no $ available)*
- ☐ *I am just not interested in working full time*
- ☐ *Other _____*

Qb12. How much are/were you paid? This is to give us a general idea of the current pay range for Peer Counselors in the State of Washington.

___ *Hourly at the rate of $_____ per hour*

___ *Salary at the rate of $_____ per Month*

___ *Salary at the rate of $_____ per year*

Qb13. Do/did you receive benefits from your employer?

☐ *Yes*
☐ *No (*Skip to Qb15*).*

Qb14. Which of the following benefits do/did you receive from your employer? *(Check all that apply):*

☐ *Medical Insurance*
☐ *Dental Insurance*
☐ *Retirement*
☐ *Disability Insurance*
☐ *Paid Vacations*
☐ *Paid Sick Leave*

☐ *Other (*Specify _____)

Qb15. Do/did feel you have opportunities for advancement/promotion at the place you work(ed)?

☐ *Yes*
☐ *No*

Qb16. In your current/former work place, do you/did you have any training opportunities to further your knowledge and skills?

☐ *Yes* → Qb16a. If yes, what training have you received? _____
☐ *No*

Qb17. Are/were there paid Peer Counselors on staff at the place where you work(ed)?

- ☐ *Yes* → Qb17a. If yes, how many? _____
- ☐ *No*

Now I have a few questions about how you feel about your job.

Qb18. I am/was satisfied with my work:

- ☐ *Always*
- ☐ *Mostly*
- ☐ *Somewhat*
- ☐ *Not at all*

Qb19. The <u>greatest</u> reward from my work is/was *(check one):*

- ☐ *The money*
- ☐ *Helping others*
- ☐ *Having something to do*
- ☐ *Helping my own recovery*

- ☐ *Other* (Specify_____).

Qb20. Do/did you feel respected in the workplace by your co-workers?

- ☐ *Frequently*
- ☐ *Sometimes*
- ☐ *Rarely*
- ☐ *Never*

→ Qb20a. Why not? _____

_____

Qb21. Do/did you have conflicts with other co-workers in your work place?

- ☐ *Frequently*
- ☐ *Sometimes*
- ☐ *Rarely*

→ Qb21a. Why? _____

_____

☐ *Never*

Qb22. Do/did you feel supported in your work place?

☐ *Frequently*
☐ *Sometimes*
☐ *Rarely*
☐ *Never*

Qb22a. Why not? _____

_____

Qb23. Are there regular meetings in your area specifically to bring together consumers who are employed in order to support one another?

☐ *Yes*

Qb23a. If Yes, have you ever attended these?
☐ *Yes*
☐ *No (skip to Qb24)*

Qb23b. If Yes, were they helpful?
☐ *Yes*
☐ *No*

☐ *No*

☐ *Don't Know*

Qb23c. If No or Don't Know, would you be interested in attending such a group if one existed?
☐ *Yes*
☐ *No*

Qb24. Do/did you feel you utilize(d) your personal experiences with mental illness and recovery in the course of your daily work responsibilities?

☐ *Frequently*
☐ *Sometimes*
☐ *Rarely*
☐ *Never*

Qb24a. Why or why not? _____

_____

Qb25. Using peer counselor skills is what you expected it to be:

☐ *Strongly agree*

Qb25a. Why not? _____

_____

☐ *Agree*
☐ *Disagree*
☐ *Strongly Disagree*

Qb26. The Peer Counselor certification training prepared you adequately for your role in the workforce:

☐ *Strongly agree*
☐ *Agree*
☐ *Disagree*
☐ *Strongly Disagree*

Qb26a. Why not? _____

_____

Qb27. Now that you have been working in the field, are there areas you feel you need more training?

☐ *Yes*
☐ *No*

Qb27a. If yes, what? _____

Qb28. If you had a choice, would you like to be a Peer Counselor (check one):

☐ *For the rest of my career*
☐ *For at least the next 3 years*
☐ *Only for the next year or so*
☐ *Until something else comes along*
☐ *I am no longer interested in working as a Peer Counselor*

☐ *Other* _____

Finally, we would like to ask you some questions about your interest in future resources.

Qb29. There has been some discussion about offering an online resource that would help connect certified Peer Counselors with potential employers in their area. Would you like to be contacted if this resource is developed?

- ☐ *Yes*
- ☐ *No*

Qb30. Would you be interested in receiving additional training or continuing education in topics relevant to Peer Counselors?

- ☐ *Yes* → Qb30a. If yes, what sort of training would be valuable? _____
  _____
- ☐ *No*

Qb31. Do you have any other comments you would like to make about your experience with the Peer Counselor program in Washington State?

Qb32 . Have you done volunteer work since your Peer Counselor training?

- ☐ *Yes* (Please proceed to the Volunteer Module D)
- ☐ *No* (Please proceed to the Volunteer Module E)

Module C
Non-Employment

Qc1. Can you share why you haven't worked since completing the Peer Counselor training?

- ☐ *Did not want to work.*
- ☐ *Wanted to work but could not find a job.*
- ☐ *Wanted to work but have poor physical health and was not able to work.*
- ☐ *Wanted to work but have mental health problems and was not able to work.*
- ☐ *Wanted to work but risked losing SSI/SSDI benefits.*

- ☐ *Other reason(s)*_____.

Qc2. Are you still interested in working as a Peer Counselor at some point?

- ☐ *Yes*
- ☐ *No*

Qc3. Since you are not now working as a Peer Counselor, do you feel that you are using the skills you learned at the Peer Counselor training in another capacity?

- ☐ *Yes* →
- ☐ *No*

Qa3. If Yes, How are you using these skills?

_____

_____

_____

Qc4. Are there regular meetings in your area specifically to bring together consumers who are employed or want to be employed in order to support one another?

☐ *Yes* →

Qc4a. If Yes, have you ever attended these?

☐ *Yes (continue to Q31b)*
☐ *No (skip to Q31)*

Qc4b. If Yes, were they helpful?

☐ *Yes (skip to Q32)*
☐ *No (skip to Q32)*

☐ *No* →
☐ *Don't Know* →

Qc4c. If No or Don't Know, would you be interested in attending such a group if one existed?

☐ *Yes*
☐ *No*

Qc5. Do/did you feel you utilize your personal experiences with mental illness and recovery in the course of your daily living?

☐ *Frequently*
☐ *Sometimes*
☐ *Rarely*
☐ *Never*

→

Qc5. Why or why not? _____

_____

Qc6. Becoming a Peer Counselor is what you expected it to be:

☐ *Strongly agree*
☐ *Agree*
☐ *Disagree*
☐ *Strongly Disagree*

→

Qc6a. Why or why not?

_____

Qc7. The Peer Counselor certification training prepared you adequately for your role in obtaining employment:

- ☐ *Strongly agree*
- ☐ *Agree*
- ☐ *Disagree*
- ☐ *Strongly Disagree*

→ Qc7a. Why or why not? _____

Qc8. Are there areas you feel you need more training?

- ☐ *Yes* → Qc8a. If yes, what? _____
- ☐ *No*

Qc9. If you had a choice, would you like to be a Peer Counselor (check one):

- ☐ *For the rest of my career*
- ☐ *For at least the next 3 years*
- ☐ *Only for the next year or so*
- ☐ *Until something else comes along*
- ☐ *I am no longer interested in working as a Peer Counselor*

- ☐ *Other* _____

Finally, we would like to ask you some questions about your interest in future resources.

Qc10. There has been some discussion about offering an online resource that would help connect certified Peer Counselors with potential employers in their area. Would you like to be contacted if this resource is developed?

- ☐ *Yes*
- ☐ *No*

Qc11. Would you be interested in receiving additional training or continuing education in topics relevant to Peer Counselors?

- ☐ *Yes* → Qc11a. If yes, what sort of training would be valuable? _____
  _____
- ☐ *No*

Qc12. Do you have any other comments you would like to make about your experience with the Peer Support program in Washington State?

Qc13. Have you done volunteer work since your Peer Counselor training?

- ☐ *Yes* (Please proceed to the Volunteer Module D)
- ☐ *No* (Please proceed to the Volunteer Module E)

Module D
Volunteering

Qd1. Are you currently doing volunteer work?

☐ *Yes*
☐ *No* → Qd1a. Why did you stop volunteering?

_____ _____
_____

If you are currently volunteering, please answer the following questions based on your current volunteer position.

If you previously did volunteering but are not now, please answer questions based upon your <u>most recent</u> volunteer position.

Qd2. On average, how many hours <u>per month</u> do/did you work as a volunteer?

_____ Hours

Qd3. Please describe the work you do as a volunteer.

Qd4. Why do you choose to work as a volunteer? *(check all that apply)*

☐ *I prefer volunteering because it offers more flexibility.*
☐ *I am only working as a volunteer or until I can find stable paid employment.*
☐ *I have a regular job and choose to work as a volunteer in my spare time.*
☐ *I have a passion for the work and find it rewarding.*

☐ *Other(explain)* _____

Qd5. I am satisfied with my volunteer work:

- ☐ *Always*
- ☐ *Mostly*
- ☐ *Somewhat*
- ☐ *Not at all*

Qd6. The <u>greatest</u> reward from my volunteer work is (check one):

- ☐ *Helping others*
- ☐ *Having something to do*
- ☐ *Helping my own recovery*

- ☐ *Other* (Specify_____).

Qd7. As a volunteer, have you had any training opportunities to further your knowledge and skills as a peer counselor?

- ☐ *Yes* → Qd7a. If yes, what training have you received? _____
- ☐ *No*

Qd8. Do you feel you utilize your personal experiences with mental illness and recovery in the course of your volunteer work?

- ☐ *Frequently*
- ☐ *Sometimes*
- ☐ *Rarely*
- ☐ *Never*

→ Qd7a. If not, why? _____

_____

Qd9. Do you provide peer support services where you volunteer?

- ☐ *Frequently*
- ☐ *Sometimes*
- ☐ *Rarely*
- ☐ *Never*

→ Qd9a. If not, why? _____

_____

Qd10. Do you feel supported where you volunteer?

- ☐ *Frequently*
- ☐ *Sometimes*
- ☐ *Rarely*
- ☐ *Never*

→ Qd10a. If not, why? _____

_____

Qd11. Do you have any other comments you would like to make about your experience as a volunteer in Washington State?

Please Proceed to Module E

Module E
Demographics

Finally, we have some questions about you. Please be assured that the responses you give to these questions will only be used when comparing the responses of all the people we interview, not to identify you specifically. Your individual responses will be kept strictly confidential.

Qe1. What county do you live in? _____

Qe2. Are you a consumer, family member of a consumer, or both?

- ☐ Consumer
- ☐ Family member
- ☐ Both a consumer and a family member of a consumer

Qe3. Are you:

- ☐ Female
- ☐ Male

Qe4. What is the race or ethnic group you most consider yourself belonging to?

- ☐ Native American or Alaskan Native
- ☐ Asian or Oriental
- ☐ African American or Black
- ☐ Hispanic or Latino
- ☐ White, non-Hispanic
- ☐ Pacific Islander
- ☐ Other [What race/ethnicity do you most consider yourself?_____]

Qe5. What was the highest grade that you completed?

_____grade

Qe6. Which of the following age category do you belong?

- ☐ Under 20
- ☐ 20 to 29
- ☐ 30 to 39
- ☐ 40 to 49
- ☐ 50 and older

Qe7. Are you aware of the *Healthcare for Workers with Disabilities* (Medicaid Buy-In) program?

- ☐ Yes →
- ☐ No

Qe7a. If Yes, are you participating in the program now?

- ☐ *Yes*
- ☐ *No (SKIP to Qe8)*

Qe7b. If Yes, are you participating in the program as a way to maintain Medicaid benefits while working?

- ☐ *Yes*
- ☐ *No*

To end, we have a few questions about your thoughts about mental illness in general. For the following question answer whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree:

	Strongly agree	Somewhat agree	Somewha disagree	Strongly Disagree
Qe8. All people with serious mental illness are capable of leading meaningful and productive lives.	1	2	3	4
Qe9. Most people with a serious mental illness will remain in the mental health system for the rest of their lives.	1	2	3	4
Qe10. Most people with a serious mental illness will be able to greatly increase their involvement in the community.	1	2	3	4
Qe11. Most people with a serious mental illness will be able to function well in the community.	1	2	3	4

Qe12. The idea of full recovery from a mental illness like schizophrenia is a myth.	1	2	3	4
Qe13. Most people with a serious mental illness will need to be hospitalized again in the future.	1	2	3	4
Qe14. Most people with a serious mental illness will remain pretty much as they are now.	1	2	3	4
Qe15. Most people with a serious mental illness can sustain work that enables them to be economically self-sufficient.	1	2	3	4

Thank You!!