
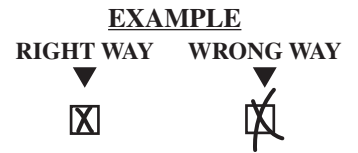


This survey will be used to collect data about attitudes around mental health care in our community. Completing this survey will help identify ways to improve the health and wellbeing of residents of our community. Please read each question carefully and answer each one honestly - there are no right or wrong answers. It is your opinion that counts. Your survey responses will be completely confidential. Please answer all questions to the best of your ability, though you may skip any question you do not feel comfortable answering. Please carefully follow the steps below when completing this survey:

- Use only a blue or black ink pen that does not blot the paper
- Make solid marks inside the response 
- Do not make other marks on the survey



**1** We would like to know your opinions about mental illness and people with mental illnesses in general. **Please mark the box that indicates how much you agree or disagree with each statement. Please do not skip any item.**

	Strongly disagree	Somewhat disagree	Neutral or Unsure	Somewhat agree	Strongly agree
	▼	▼	▼	▼	▼
a. I believe a person with mental illness is a danger to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I believe a person with mental illness is unpredictable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I believe a person with mental illness is hard to talk with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I believe a person with mental illness has only themselves to blame for their condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I believe a person with mental illness would improve if given the treatment and support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I believe a person with mental illness feels the way we all do at times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I believe a person with mental illness could pull themselves together if they wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I believe a person with mental illness can eventually recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I believe a person with mental illness can be as successful at work as others without mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Treatment can help people with mental illness lead normal lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. People are generally caring and sympathetic towards people with mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2** **Stigma is when someone views a person or group in a negative way because they have a feature or personal trait that is thought to be a disadvantage.** Have you seen or heard of a person in our community who has a mental illness experiencing stigma because of their mental illness?

Yes

No → *Skip to Question 7*

**3** Has the stigma you have seen people in our community experience because of their mental illness made it difficult for them to...

	Yes	No	Don't know
	▼	▼	▼
a. Recognize symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Seek help or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Find help or a place to get treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Figure out how to pay for treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Figure out how to use insurance for treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Begin treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Get support with treatment progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Complete treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Get services or support after treatment (including recovery support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Get services in a crisis situation (like having feelings about suicide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Use medicine to help mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4** Next, we would like to know where people in our community experience stigma due to their mental illness.

Please indicate whether or not you have seen people in our community **experience stigma because of their mental illness** in each of the following settings.

Yes  
▼ No  
▼

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a. General community or neighborhood setting | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Health care setting                       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Work or school setting                    | <input type="checkbox"/> | <input type="checkbox"/> |

**5** Have you personally seen or heard about people in our community with mental illness experiencing any of the following situations due to their mental illness? (*Mark all that apply*)

- |   |  |
|---|--|
| <input type="checkbox"/> Getting fired from a job                                 | <input type="checkbox"/> Getting excluded from community events  |
| <input type="checkbox"/> Being refused a job (regardless of their qualifications) | <input type="checkbox"/> Being refused service at stores and/or restaurants                                    |
| <input type="checkbox"/> Being denied housing                                     | <input type="checkbox"/> Being denied access to community resources such as pools, gyms and recreation centers |
| <input type="checkbox"/> Facing false criminal charges                            | <input type="checkbox"/> Being shunned from a friend group   |
| <input type="checkbox"/> Being accused of a violent crime                         | <input type="checkbox"/> Being avoided by community members  |
| <input type="checkbox"/> Getting excluded from work events                        |  |

**6** Have you seen or heard about people in our community with mental illness experiencing any **other** negative experience(s) in the community due to their mental illness that are not listed above?

**7** We are interested in knowing what you think can be done in our community to help reduce or eliminate stigma related to mental health and suicide. **Please read the following ideas and indicate how effective you think they would be.**

Not effective  
▼ Somewhat effective  
▼ Very effective  
▼

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| a. Make information about <b>stigma</b> available.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Make information about <b>mental health</b> available.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Increase awareness that <b>treatment for mental illness is effective.</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Increase awareness that <b>recovery from mental illness is possible.</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Increase awareness that <b>using medicine (like antidepressants, Xanax, anti-anxiety medication) to treat mental illness</b> is effective. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**8** Please continue to think about what can be done in our community to help reduce or eliminate stigma related to mental health and suicide. Please read the following ideas and indicate how effective you think they would be.

Not effective  
▼ Somewhat effective  
▼ Very effective  
▼

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| a. <b>Highlight real stories</b> of people in our community that show mental health treatment is effective and recovery is possible.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Use <b>stories in local newspapers, radio, and TV</b> to increase awareness about mental health and suicide.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Use <b>pre-movie ads at movie theaters</b> to increase awareness about mental health, suicide, and stigma.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Use <b>ads on streaming services (like Spotify®, YouTube®, Pandora®)</b> to increase awareness about mental health, suicide, and stigma.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Use <b>“inserts” in bulletins for religious services</b> to increase awareness about mental health, suicide, and stigma.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Use <b>“flyers” at libraries, pharmacies, or other local businesses</b> to increase awareness about mental health, suicide, and stigma.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Place <b>information at restaurants (like on drink coasters, placemats, carryout boxes)</b> to increase awareness about mental health, suicide, and stigma. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9	Please continue to think about what can be done in our community to help reduce or eliminate stigma related to mental health and suicide. <b>Please read the following ideas and indicate how effective you think they would be in reducing stigma.</b>	Not effective	Somewhat effective	Very effective
		▼	▼	▼
	a. Teaching middle and high school students about stigma in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Training <b>health care providers</b> to improve the way they provide care for people who have mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Training <b>mental health providers</b> to improve the way they provide care for people who have mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Training <b>social workers</b> to improve the way they provide care for people who have mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Training <b>school staff</b> to improve the way they interact with people who have mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Training <b>law enforcement officers</b> to improve the way they interact with people who have mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Training <b>people working in the court system</b> to improve the way they interact with people who have mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10	We are interested in your opinions about treatment choices for people with mental illnesses. Please mark the box that indicates how much you agree or disagree with the statement. Please answer all items to the best of your ability.	Strongly disagree	Somewhat disagree	Neutral or Unsure	Somewhat agree	Strongly agree
		▼	▼	▼	▼	▼
	a. There are effective medications for mental illnesses that allow people to return to normal and live productive lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. There is little that can be done to control the symptoms of mental illnesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. There are no effective treatments for mental illnesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 Please list any other ideas to help reduce or eliminate stigma related to mental health and suicide in our community.

**We would like to know who people in our community would contact if they needed to talk to someone about suicide.**

12	Suppose you, a close family member or friend was experiencing <b>thoughts or feelings</b> about suicide. Would you contact any of the following if you wanted to talk about suicide...	Your thoughts or feelings about suicide		Your close family member or friend's thoughts or feelings about suicide	
		Yes	No	Yes	No
		▼	▼	▼	▼
	a. A family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. A friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. A classmate or coworker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. A work or school leader (like a boss, supervisor, principal, guidance counselor, teacher, professor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Someone at your doctor's office (like a doctor, nurse, medical assistant, receptionist, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Someone at the hospital (like an ER doctor, nurse, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. A religious leader (like a pastor, priest, rabbi, imam, minister, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Someone at a mental health center (like a counselor, psychologist, social worker, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i. Someone with law enforcement (like a police officer, sheriff, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j. A suicide crisis hotline worker <b>by phone</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	k. A suicide crisis hotline worker <b>by text</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13** Please describe who if any, other people or places you would contact if you wanted to talk about **your thoughts or feelings** about suicide.

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**14** Please describe who if any, other people or places you would contact if you wanted to talk about **your close family member or friend's** thoughts or feelings about suicide.

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**15** Below are some words that some may use to describe people who take their own lives (die by suicide). Please indicate the extent to which you agree or disagree that these terms describe people who take their own lives. **In general, people who die by suicide are...**

	Strongly disagree ▼	Somewhat disagree ▼	Neutral or Unsure ▼	Somewhat agree ▼	Strongly agree ▼
a. Strong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shallow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Immoral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Brave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. An embarrassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Irresponsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Stupid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Noble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Disconnected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Cowardly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Vengeful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Dedicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Lost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**These final questions are about your background. They will help us understand how the opinions of different groups of people are similar or different. Your individual responses will never be identified.**

**16** How many persons age 18 or older live in your household?

**17** What is your gender?  
 Female       Transgender  
 Male       Other

**18** What is your age?

**19** Are you of Hispanic, Latino/a, or Spanish origin?  
 Yes       No

**20** What is your race? (*Mark all that apply*)  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other

**21** What is your highest completed level of education?  
 High school degree or diploma or less  
 Technical, trade, or vocational degree after high school  
 Some college (no degree) or a two-year associate degree  
 Four-year bachelor's degree (e.g., BA, BS, AB)  
 Postgraduate or professional work (even if no degree was earned) (i.e., master's, doctorate, medical, or law degree)

**22** How many people in our community do you personally know who have received treatment (like counseling or medicine) for a mental health issue?  
 None       Two or more  
 One       Don't know

**23** Have you personally received treatment (like counseling or medicine) for a mental health issue?  
 Yes       No

**Thank you for completing the survey. Please return your survey to Gallup in the postage paid envelope addressed to: PIRE PO Box 9014, Lynbrook, NY 11563**