

INDIVIDUAL MONITORING FORM

We would be very grateful if you would take the time to complete this following monitoring form, to help us gauge our reach. All data will be kept confidential.

Activity Name:	<input type="text"/>
Unique Activity Code:	<input type="text"/>

Gender:

Male

Female

Other _____

Age:

17 and under

18-25

26-65

65+

Ethnicity:

White Scottish or White British

White Other

Asian, Asian Scottish or Asian British

African, African Scottish or African British

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Mixed or Multiple Ethnic Groups

Other _____

Employment Status:

- Self-employed
- Unemployed
- Employed
- Retired
- Student

If employed, what field(s) do you work in?

- Mental Health
- Other Health & Social Care
- Education
- Youth Sector
- Housing
- Sports & Leisure
- Police & Criminal Justice
- Prisons
- Other, please describe _____

In which area of Scotland do you live?

- Ayrshire & Arran
- Borders
- Dumfries & Galloway
- Fife
- Forth Valley
- Grampian
- Greater Glasgow & Clyde
- Highland
- Lanarkshire
- Lothian
- Orkney
- Shetland
- Tayside
- Western Isles
- Outwith Scotland, please state where _____



Previous engagement with See Me

	Yes	No	Don't Know
Have you previously engaged with See Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Experience of Mental Health

	Yes	No	Prefer not to say
Have you ever had a mental health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you care for someone who has a mental health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stigma and Discrimination

	Yes	No	Prefer not to say
I have experienced discrimination because of my mental health problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have witnessed discrimination towards people with mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have experienced discrimination because someone I know / care for has a mental health problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>