**Questionnaire for Capturing Demographic Data from Virtual Services**

**This script should be utilized after assistance has been rendered to a survivor. Responses to the below questions should be recorded on the Individual/Family Encounter Log and/or the Adult or Child/Youth Assessment and Referral Tool.**

Thank you for talking with me today! I hope you found this conversation helpful.

In order to better serve our community, would you be willing to answer a few questions that would help us identify the reach of the [INSERT PROGRAM BRANDING] program? We will not be collecting any personally identifiable information, only some basic demographic information from you.

**If no consent is given:**

Thank you so much for your time today. Should you need any further assistance, please feel free to contact us again!

**If consent is given:**

Thank you for consenting to answer these questions, it should only take a few minutes.

1. Have you had contact with the [INSERT PROGRAM BRANDING] program previously?
	1. How many times?
2. What county do you reside in?
3. What is your gender?
	1. Male
	2. Female
	3. Transgender
	4. Did not wish to answer
4. What is your age? (Select group that the age falls under.)
	1. Preschool (0–5 years)
	2. Child (6–11 years)
	3. Adolescent (12–17 years)
	4. Adult (18–39 years)
	5. Adult (40–64 years)
	6. Adult (65 years or older)
5. Are there any children under age 18 in your household?
6. What is your race/ethnicity? Select all that apply.
	1. American Indian/Alaska Native
	2. Asian
	3. Black or African American
	4. Native Hawaiian/Pacific Islander
	5. White
	6. Hispanic

Thank you so much for your time today. Should you need any further assistance, please feel free to contact us again!