**Please tell us a little about yourself.**

We do NOT want to know your name and we do NOT want to know the name of the program, agency or peer support worker with whom you connect. However, some basic information about you will help us better understand who is receiving peer support and this will help us make our peer support programs as helpful to people as possible.

1. In what city/community do you live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In what city/community do you receive services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How do you connect with the peer support worker you have been in touch with most recently? Please check off only one answer.

  One-to-one

  In a group setting

  BOTH one-to-one or in a group setting

1. Where do you receive services from the peer work you have most recently been in touch with (please check all that apply):
* Hospital program
* Hospital inpatient unit
* Community-based organization
* Peer-led organization (consumer survivor initiative)
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Please check all types of services provided by that that organization:
* Substance use/addiction treatment
* Mental health
* Employment
* Housing
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Over the course of your lifetime, how long have you received support from peer support workers in mental health and addictions services? Please tell us in months and years.

 1 month or less  Over 6 months – 1 year

 Over 1 month – 3 months  Over 1 year – 3 years

 Over 3 months – 6 months  More than 3 years

1. Please indicate the age group you fall within:

 16 - 25 years old  46-55 years old

 26-35 years old  56-65 years old

 36 - 45 years old  65+ years old

1. Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THANK YOU!**