



Division of Substance Use Programs

National Outcome Measures Data Collection Form

July 2024

Please tell us more about yourself. This information will help us fulfill our grant requirements and let us know who we are serving or not serving in our community. We consider this information private, and it will only be reported as part of an aggregate data report.

What is your age? (Please choose one)

- 0-5
- 6-12
- 13-17
- 18-20
- 21-24
- 25-44
- 45-64
- 65-74
- 75+
- I prefer not to respond

What is your Gender? (Please choose one)

Please note that these categories are federally mandated. A more complete list of gender identities can be found in the next question. We will report all the demographic information collected.

- Female
- Male
- Transgender Female
- Transgender Male
- Gender non-conforming
- Other
- I prefer not to respond

What is your Gender? (Please choose all that apply)

- Agender
- Cisgender
- Femme, girl, or women
- Genderqueer, gender fluid
- Masc, boy, or man
- Non-binary
- Transgender female
- Transgender Male
- Two-spirit
- Questioning
- I prefer not to respond

National Outcome Measures Sample Date Collection Form

What race best describes you? (Please choose one)

- American Indian/Alaska Native
- Asian
- Black or African American
- More Than One Race
- Native Hawaiian/Other Pacific Islander
- White
- Other
- I prefer not to respond

Are you Hispanic/Latino? (Please choose one)

- Yes
- No
- I prefer not to respond