We will only use the information you give to look at the groups of people we have included. We don't want to know who you are so don't write your name anywhere on this form.





Why do we want information about you?

The NHS is your health service and it should give you the care you need without treating you less favourably because of disability, age, religion and belief, sex, sexual orientation, gender reassignment, race, or how much money you have.

Filling out this form helps us show we are involving people in a way that is fair for everyone. For example, if no disabled people have filled out the form, we'll do more to find out why and make sure disabled people are given a fair opportunity to get involved.

We will only use the information you give to look at the types of people we have included. We don't want to know who you are so don't write your name anywhere on this form.

1. What is your sex?									
		Male		Female	Other Prefer not to answer				
2. Do you consider yourself to be trans, or have a trans history?									
		Yes		No	Prefer not to answer				
3. Please select your age group:									
	Under 16 16-24 years 25-34 years 35-44 years 45-54 years 55-64 years 65-74 years 75+ years					_			
					Prefer not to answer				

We will only use the information you give to look at the groups of people we have included. We don't want to know who you are so don't write your name anywhere on this form.

4. What religion, religious denomination or belief do you identify yourself as?

None	Jewish	
Atheist	Muslim	
Buddhist	Other Christian	
Church of Scotland	Roman Catholic	
Hindu	Sikh	

Another religion or belief, please state:

Prefer not to answer \Box

5. What is your ethnic group?

Prefer not to answer

A White

- □ Gypsy/Traveller
- □ Irish
- □ Other British
- □ Polish
- □ Scottish
- □ Other white ethnic group, please state: _____

B Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please state:

C Asian, Asian Scottish, or Asian British

- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- □ Chinese, Chinese Scottish or Chinese British
- □ Indian, Indian Scottish or Indian British
- D Pakistani, Pakistani Scottish or Pakistani British
- Other, please state: _____

D African

- □ African, African Scottish or African British
- Other, please state: _____

		Е	Caribbean or Black							
				Black, Bla	ack Sco	ottish or	Black	h or Caribbea British	n British	1
		F	Othe	her ethnic group						
				Arab, Ara Other, ple				ritish		
6.	Do y	ou ne	eed an interpreter or other communication support?							
		Yes			No		I	Prefer not to a	nswer	
7.	Whic your		he fol	lowing o	otions	best de	scrib	es how you th	nink of	
		Heter	Bisexual (attracted to same and opposite sex) leterosexual / Straight (attracted to opposite sex only) Gay or Lesbian (Attracted to same sex only)							
		Ourie	1					Prefer not to a	answer	
8.	. Do you have a physical or mental health condition or illness lasting, or expected to last 12 months or more?									
		Yes			No	C		Don't know		
								Prefer not to a	answer	
	-	If yes, does your condition or illness reduce your ability to carry out day- to-day activities?								
			not at a a little a lot							

Prefer not to answer \Box

Does this condition or illness affect you in any of the following areas?

- A long term illness (such as diabetes, cancer, HIV, heart disease or epilepsy)
- Dexterity (for example lifting or carrying objects, using a keyboard)
- □ Hearing (for example deafness or partial hearing)
- Learning, understanding or concentrating
- □ Memory
- □ Mental health
- □ Mobility (for example walking short distances or climbing stairs)
- Socially or behaviourally (for example associated with autism,
- attention deficit disorder or Asperger's syndrome)
- □ Stamina, breathing or fatigue
- □ Vision (for example partial sight or blindness)
- Other please state: ______
- $\Box \qquad \text{None of the above}$

Prefer not to answer \Box

9. Please provide your postcode: _____

Prefer not to answer \Box

Thank you for completing this form. All responses will be kept confidential. Remember not to write your name anywhere on this form to keep your identity anonymous.