

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. Is your current gender different to your gender at birth?

- 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

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
- Pakistani, Pakistani Scottish or Pakistani British
- Other, please state: _____

D African

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

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.

E Caribbean or Black

- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, please state: _____

F Other ethnic group

- Arab, Arab Scottish or Arab British
- Other, please state: _____

6. Do you need an interpreter or other communication support?

- Yes No Prefer not to answer

7. Which of the following options best describes how you think of yourself?

- Bisexual (attracted to same and opposite sex)
 - Heterosexual / Straight (attracted to opposite sex only)
 - Gay or Lesbian (Attracted to same sex only)
 - Other
- Prefer not to answer

8. Do you have a physical or mental health condition or illness lasting, or expected to last 12 months or more?

9.

- Yes No Don't know Prefer not to answer

If yes, does your condition or illness reduce your ability to carry out day-to-day activities?

- No, not at all
 - Yes, a little
 - Yes, a lot
- 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.**

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: _____
- None of the above

Prefer not to answer

10. Please provide your postcode: _____

Prefer not to answer

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.