

About you

It would help us to understand your answers better if we knew a little bit about you. These questions are **completely optional**, but we hope you will complete them.

1. How old are you?

16 - 17 _1

35 - 44 _4

65 - 74 _7

18 - 24 _2

45 - 54 _5

75 or older _8

25 - 34 _3

55 - 64 _6

Prefer not to say _9

2. What is your gender?

Male

_1

Female

_2

Other

_3

Prefer not to say

_4

3. Does your gender identity match your sex as registered at birth?

Yes

_1

No

_2

Prefer not to say

_3

4. Are you currently pregnant or have you been pregnant in the last year?

Yes

_1

No

_2

Prefer not to say

_3

Not applicable

_4

5. Are you currently...?

Single (never married or in a civil partnership) _1

Separated (but still legally married or in a civil partnership) _5

Cohabiting _2

Divorced or civil partnership dissolved _6

Married _3

Widowed or a surviving partner from a civil partnership _7

In a civil partnership _4

Prefer not to say _8

6. Do you have a disability, long-term illness or health condition?

Yes

_1

Go to Q7

No

_2

Go to Q8

Prefer not to say

_3

Go to Q8

7. Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)

A long standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	<input type="checkbox"/>	1
A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)	<input type="checkbox"/>	2
A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	<input type="checkbox"/>	3
A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)	<input type="checkbox"/>	4
A specific learning difficulty (e.g. dyslexia, dyspraxia or AD(H)D)	<input type="checkbox"/>	5
Blind or have a visual impairment uncorrected by glasses	<input type="checkbox"/>	6
D/deaf or have a hearing impairment	<input type="checkbox"/>	7
An impairment, health condition or learning difference that is not listed above	<input type="checkbox"/>	8
Prefer not to say	<input type="checkbox"/>	9

8. Do you have any caring responsibilities? (Please tick all that apply)

None	<input type="checkbox"/>	1
Primary carer of a child or children (under 2 years)	<input type="checkbox"/>	2
Primary carer of a child or children (between 2 and 18 years)	<input type="checkbox"/>	3
Primary carer of a disabled child or children	<input type="checkbox"/>	4
Primary carer or assistant for a disabled adult (18 years and over)	<input type="checkbox"/>	5
Primary carer or assistant for an older person or people (65 years and over)	<input type="checkbox"/>	6
Secondary carer (another person carries out main caring role)	<input type="checkbox"/>	7
Prefer not to say	<input type="checkbox"/>	8

	Yes	No	Prefer not to say
9. Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, e.g.: Territorial Army)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever served in the UK Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you a member of a current or former serviceman or woman's immediate family / household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What is the first half of your postcode? (For example – SR1 or NE38)

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13. Which race or ethnicity best describes you? (Please select one box only)

<p>Asian/British Asian: Bangladeshi <input type="checkbox"/> ₁</p> <p>Asian/British Asian: Chinese <input type="checkbox"/> ₂</p> <p>Asian/British Asian: Indian <input type="checkbox"/> ₃</p> <p>Asian/British Asian: Pakistani <input type="checkbox"/> ₄</p>	<p>Mixed Race: Black & White <input type="checkbox"/> ₁₀</p> <p>Mixed race: Asian & White <input type="checkbox"/> ₁₁</p>
	<p>Gypsy or traveller <input type="checkbox"/> ₁₂</p>
<p>White: British <input type="checkbox"/> ₅</p> <p>White: Irish <input type="checkbox"/> ₆</p> <p>White: European <input type="checkbox"/> ₇</p>	<p>Rather not say <input type="checkbox"/> ₁₃</p>
<p>Black/British Black: African <input type="checkbox"/> ₈</p> <p>Black/British Black: Caribbean <input type="checkbox"/> ₉</p>	<p>Another race or ethnicity <input type="checkbox"/> ₁₄</p> <p>Please write in below:</p>

14. Which of the following terms best describes your sexual orientation?

- | | | |
|--|--|--|
| Heterosexual or straight <input type="checkbox"/> ₁ | Bisexual <input type="checkbox"/> ₄ | Prefer not say <input type="checkbox"/> ₆ |
| Gay man <input type="checkbox"/> ₂ | Asexual <input type="checkbox"/> ₅ | Other <input type="checkbox"/> ₇ |
| Gay woman or lesbian <input type="checkbox"/> ₃ | | |

15. What do you consider your religion to be? (Please select only one)

- | | | |
|--|--|---|
| No religion <input type="checkbox"/> ₁ | Hindu <input type="checkbox"/> ₄ | Sikh <input type="checkbox"/> ₇ |
| Christianity <input type="checkbox"/> ₂ | Jewish <input type="checkbox"/> ₅ | Prefer not to say <input type="checkbox"/> ₈ |
| Buddhist <input type="checkbox"/> ₃ | Muslim <input type="checkbox"/> ₆ | Other religion <input type="checkbox"/> ₉ |

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