

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. The information is collected anonymously and cannot be used to identify you personally.

Q1. How old are you?

| | | | | | | | | |
|---------|---------|---------|---------|---------|---------|---------|-------------|-------------------|
| 16 – 17 | 18 - 24 | 25 – 34 | 35 – 44 | 45 - 54 | 55 – 64 | 65 – 74 | 75 or older | Prefer not to say |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Q2. What is your gender?

| | | | |
|------|--------|-------|-------------------|
| Male | Female | Other | Prefer not to say |
| 1 | 2 | 3 | 4 |

Q3. Does your gender identity match your sex as registered at birth?

| | | |
|-----|----|-------------------|
| Yes | No | Prefer not to say |
| 1 | 2 | 3 |

Q4. Are you currently pregnant or have you been pregnant in the last year?

| | | | |
|-----|----|-------------------|----------------|
| Yes | No | Prefer not to say | Not applicable |
| 1 | 2 | 3 | 4 |

Q5. Are you currently...?

| | |
|---|---|
| Single (never married or in a civil partnership) | 1 |
| Cohabiting | 2 |
| Married | 3 |
| In a civil partnership | 4 |
| Separated (but still legally married or in a civil partnership) | 5 |
| Divorced or civil partnership dissolved | 6 |
| Widowed or a surviving partner from a civil partnership | 7 |
| Prefer not to say | 8 |

Q6. Do you have a disability, long-term illness, or health condition?

| | | |
|-----|----|-------------------|
| Yes | No | Prefer not to say |
| 1 | 2 | 3 |

Q7. Do you have any caring responsibilities? (Please tick all that apply)

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

Q8. Which race, or ethnicity best describes you? (Please select one box only)

| | |
|---|---|
| Asian / British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other) | 1 |
| White (British, Irish, European, or other) | 2 |
| Black / British Black (African, Caribbean, or other) | 3 |
| Mixed race (Black & white, Asian & white, or other) | 4 |
| Gypsy or traveller | 5 |
| Rather not say | 6 |
| Other | 7 |

Q9. Which of the following terms best describes your sexual orientation?

| | | | |
|--------------------------|---|-------------------|---|
| Heterosexual or straight | 1 | Asexual | 5 |
| Gay man | 2 | Prefer not to say | 6 |
| Gay woman or lesbian | 3 | Other | 7 |
| Bisexual | 4 | | |

Q10. What do you consider your religion to be? (Please select only one)

| | | | |
|--------------|---|-------------------|---|
| No religion | 1 | Muslim | 6 |
| Christianity | 2 | Sikh | 7 |
| Buddhist | 3 | Prefer not to say | 8 |
| Hindu | 4 | Other religion | 9 |
| Jewish | 5 | | |

Thank you for completing this survey

If you would like to be kept informed about this survey you may supply your contact details for North of England Commissioning Support (NECS) on behalf of [WHO?] to contact you. Please be assured that your contact information will be held by NECS on behalf of [WHO?] in a format that means that they will not be able to link your details with your response.

If you choose to provide your information, NECS on behalf of [WHO?] may contact you to:

- Provide you with an electronic copy of the feedback report
- Invite you to attend a feedback event where the consultation results will be shared
- Keep you informed of the final outcome

I give permission for NHS Improvement to contact me:

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

If you have given us permission to contact you, please provide your details below:

| | |
|----------------|--|
| Name: | |
| Address 1: | |
| Address 2: | |
| City / Town: | |
| Email address: | |
| Phone number: | |

You have the right to withdraw any previously given consent at any time. To do this please email SUNCCG.sccg@nhs.net or call 0191 5128458

Personal and confidential information

We can only use any information that may identify individuals (known as personal information) in accordance with the Data Protection [legislation](#) and other laws such as the Health and Social Care Act 2012.

(www.legislation.gov.uk/ukpga/1998/29/contents and www.legislation.gov.uk/ukpga/2012/7/contents/enacted)

We also have a Common Law Duty of Confidentiality to protect your information. This means that where a legal basis for using your personal or confidential information does not exist, we will not do so. For further details, visit: <http://www.sunderlandccg.nhs.uk/fair-processing-notice/>