Equality, Diversity & Inclusion Monitoring Form

1.What is your current age in years?

16-20

21-25

26-30

31-35

36-40

41-45

46-50

51-60

61-70

71-75

Over 75

Prefer not to answer

Which gender do you identify with?

Male

Female

Non-binary

Prefer not to say

Other

3.Do you consider yourself disabled to the extent that you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities?

Yes

No

Prefer not to say

4.Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last at least 12 months?

Yes, limited a lot

Yes, limited a little

No

Prefer not to say

5.Which of the following options most closely describes your ethnic origin? Ethnicity is not about nationality, place of birth or citizenship but about the group you perceive to belong.

Indian

Pakistani

Bangladeshi

Chinese

African

Caribbean

White & Black Caribbean

White & Black African

White & Asian

Other mixed ethnic

White

English

Welsh

Scottish

Irish

White European

Gypsy or Irish Traveller

Other

Prefer not to say

6.What is your religion or belief?

No religion or belief

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Other

Prefer not to say

7.What is your sexual orientation?

Heterosexual

Gay

Lesbian

Bisexual

Undecided

Prefer not to say

Other

8.Do you have primary care responsibilities for any of the below?

Child/children under 18

Disabled child/children

Disable adult (18+)

Older person

Prefer not to say

None

9.Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability or problems related to old age (do not count anything you do as part of your paid employment)?

No

Yes, 1-19 hours a week

Yes, 20-29 hours a week

Yes 50+ hours a week

Prefer not to say