

## 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.**

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### 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

**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?**

**A White**

- Scottish
- Other British
- Irish
- Polish
- Gypsy/Traveller
- Roma
- Showman /Showwoman
- Other white ethnic group, please state: \_\_\_\_\_

**B Mixed or multiple ethnic groups**

- Any mixed or multiple ethnic groups, please state:

\_\_\_\_\_

**C Asian, Scottish Asian, or British Asian**

- Pakistani, Scottish Pakistani or British Pakistani
- Indian, Scottish Indian or British Indian
- Bangladeshi, Scottish Bangladeshi or British Bangladeshi
- Chinese, Scottish Chinese or British Chinese
- Other, please state: \_\_\_\_\_

**D African**

- African, Scottish African or British African
- Other, please state e.g. Nigerian, Somali \_\_\_\_\_

**E Caribbean or Black**

- Please state e.g. Scottish Caribbean, Black Scottish\_\_\_\_\_

**F Other ethnic group**

- Arab, Scottish Arab or British Arab  
 Other, please state e.g. Sikh, Jewish\_\_\_\_\_

- Prefer not to answer

**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?**

- 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

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)
- Stamina, breathing or fatigue
- Vision (for example partial sight or blindness)
- Other please state: \_\_\_\_\_
- None of the above
- Prefer not to answer

**9. 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.**