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.

We will only use the information you give in this section to look at the types of people we have included. We do not need to know who you are so don’t write your name anywhere on this form.

1. Is your current gender different to your gender at birth?
   - [ ] Yes
   - [ ] No
   - [ ] Prefer not to answer

2. What religion, religious denomination or belief do you identify yourself as?
   - None
   - Atheist
   - Buddhist
   - Church of Scotland
   - Hindu
   - [ ] Jewish
   - [ ] Muslim
   - Other Christian
   - Roman Catholic
   - Sikh
   - [ ] Another religion or belief, please state: ___________________________

3. What is your ethnic group?
   - A White
     - [ ] Gypsy/Traveller
     - [ ] Irish
     - [ ] Other British
     - Other white ethnic group, please state: ___________________________
     - [ ] Polish
     - [ ] Scottish
   - 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 Africa
     - [ ] African, African Scottish or African British
     - Other, please state: ___________________________
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: ____________________________________________

4. Do you need an interpreter or other communication support?
☐ Yes       ☐ No       ☐ Prefer not to answer

5. Which of the following options best describes how you think of yourself?
☐ Bisexual (attracted to same and opposite sex)
☐ Hetrosexual / Straight (attracted to the opposite sex only)
☐ Gay or Lesbian (attracted to the same sex only)
☐ Other ___________________________ ☐ Prefer not to answer

6. Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?
☐ Yes       ☐ No

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

7. 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 (e.g. lifting or carrying objects, using a keyboard)
☐ Hearing (e.g. deafness or partial hearing)
☐ Learning, understanding or concentrating
☐ Memory
☐ Mental health
☐ Mobility (e.g. walking short distances or climbing stairs)
☐ Socially or behaviourally (e.g. associated with autism, attention deficit disorder or Aspergers syndrome)
☐ Stamina, breathing or fatigue
☐ Vision (e.g. partial sight or blindness)
☐ None of the above
☐ Other, please state: ____________________________________________ ☐ Prefer not to answer

All responses will be kept confidential.