

# Equalities in Health

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

Prefer not to answer

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:  
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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 nay 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, undersatnding or concentrating
- Memory
- Mental health
- Mobility (e.g. walking short distances or climbing stairs)
- Socially or behaviourally (e.g. assoicated 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.

