

Diversity Monitoring Questions

We are asking these questions because we want to make sure that we have asked lots of different people for their views. You do not have to answer these questions if you do not want to.

# What year were you born?

\_ \_ \_ \_

* Prefer not to say

# 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 (include any problems related to old age)?

# Yes, limited a little

* Yes, limited a lot

# No

# Prefer not to say

# If you answered ‘yes’ to question 2, please indicate your disability:

* Vision (e.g. due to blindness or partial sight)
* Hearing (e.g. due to deafness or partial hearing)
* Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects
* Learning or concentrating or remembering
* Mental Health
* Stamina or breathing difficulty
* Social or behavioural issues (e.g. due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger’s Syndrome)
* Other impairment
* Prefer not to say

# What is your ethnic group?

Choose one section from A to E, and then tick the appropriate box to indicate your ethnic group.

## White

* Welsh / English / Scottish / Northern Irish / British
* Irish
* Gypsy or Irish Traveller
* Any other White background, please write in………………………………………….

## Mixed

* White and Black Caribbean
* White and Black African
* White and Asian
* Any other mixed background, please write in……………………………………….....

## Asian or Asian British

* Indian
* Pakistani
* Bangladeshi
* Chinese
* Any other Asian background, please write in…………………………………………..

## Black or Black British

* Caribbean
* African
* Any other Black background, please write in…………………………………………..

## Other ethnic group

* Arab
* Any other, please write in ……………………………………………………………….
* Prefer not to say

# What is your sex?

* Male
* Female
* Intersex
* Prefer not to say

# Have you gone through any part of a process, or do you intend to (including thoughts or actions) to bring your physical sex appearance, and/or your gender role, more in line with your gender identity? This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery.

* Yes
* No
* Prefer not to say

# What is your legal marital or civil partnership status?

* Divorced
* Formerly in a registered civil partnership which is now dissolved
* In a registered civil partnership
* Married
* Never married and never registered a civil partnership
* Separated, but still in a registered civil partnership
* Separated, but still legally married
* Surviving partner from a registered civil partnership
* Widowed
* Prefer not to say

# What is your religion?

* No religion
* Atheist
* Buddhist
* Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
* Hindu
* Jewish
* Muslim
* Sikh
* Any other religion, please write in……………………………………………………….
* Prefer not to say

# Which of the following options best describes your sexual orientation?

* Heterosexual / straight
* Lesbian
* Gay
* Bisexual
* Other
* Prefer not to say

# 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?

* No
* Yes, 1-19 hours a week
* Yes, 20-49 hours a week
* Yes, 50 or more hours a week
* Prefer not to say

Thank you for completing these diversity monitoring questions. Please return your completed survey by email to [insert] or post to [insert]. Please ensure we receive your survey before the deadline of [insert].