

Help us to support you

Your Clinical Commissioning Group is committed to ensuring that the services we commission are accessible. By completing this form you will help us measure how effectively we reach all sections of the community we serve.

Answer as much or as little as you want. Whatever information you give, we will not be able to identify you as an individual, so your identity is safe. Information you provide simply goes towards providing an overall profile of the 'type' of people that use our services so we can ensure that we are meeting the needs of all our community/ patients/ service users.

Thank you for your time – you are supporting service improvement!

Please enter the first part of your Postcode (ie: the first 3 or 4 characters)	Are you... <input type="checkbox"/> Male <input type="checkbox"/> Female
	What is your age? years
Disability: Do you have any of the following? <div> <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Learning Difficulty <input type="checkbox"/> Hearing Impairment / Deaf <input type="checkbox"/> Mental Health/Mental distress <input type="checkbox"/> Long term illness that affects your daily activity <input type="checkbox"/> Other (please specify) </div>	
Do you consider yourself to be 'disabled'? ...please read the following statement... If you have ticked any of the boxes above, or you have cancer, diabetes or if you are HIV positive, this would be classed as 'disability' under the legislation. Do you consider yourself to be 'disabled'? <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
Which of these options best describes your ethnic background? Please select one box for each (the options are listed alphabetically)	
Ethnicity – do you identify as... Asian: <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other Asian background (please specify if you wish) Black: <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black background (please specify if you wish) Chinese: <input type="checkbox"/> Chinese <input type="checkbox"/> Other Chinese background (please specify if you wish)	

Mixed Ethnic Background:

- ☐ Asian & White ☐ Black African & White ☐ Black Caribbean & White
☐ Other Mixed background (please specify if you wish)

White:

- ☐ British ☐ English ☐ Irish ☐ Scottish
☐ Welsh ☐ Polish ☐ Latvian ☐ Gypsy / Traveller
☐ Other White background (please specify if you wish)

Thank you. The following questions are a little more personal and you can choose to stop here if you wish, however it would be really helpful if you would consent to complete them
PLEASE NOTE: we have no way of identifying you individually, so answers are anonymous

Which of these options best describes your situation?

- ☐ Full time work ☐ Part time work
☐ Self Employed ☐ Government Scheme
☐ Full time education ☐ Unemployed but available for work
☐ Fully retired ☐ Unable to work due to illness/disability
☐ Looking after the home/family ☐ Other (please specify)

Do you have a religion or belief?

- ☐ Yes ☐ No

If yes, please select...

- ☐ Buddhist ☐ Christian ☐ Hindu
☐ Jewish ☐ Muslim ☐ Sikh
☐ Other (please specify if you wish)

How would you describe your sexual orientation?

- ☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual

Do you currently live in the gender you were given at birth?

- ☐ Yes ☐ No

Thank you for your time and contribution!