

<p>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?</p>	<p><input type="checkbox"/> Yes a little</p> <p><input type="checkbox"/> Yes a lot</p> <p><input type="checkbox"/> No (do not answer the next question)</p> <p><input type="checkbox"/> Prefer not to say (do not answer the next question)</p>
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If you answered 'yes', please state the type of impairment. If you have more than one please tick all that apply. If none apply, please mark 'other' and write an answer in.

<p><input type="checkbox"/> Physical Impairment</p> <p><input type="checkbox"/> Sensory Impairment</p> <p><input type="checkbox"/> Learning Disability/Difficulty</p> <p><input type="checkbox"/> Other (please state)</p>	<p><input type="checkbox"/> Long-standing Illness</p> <p><input type="checkbox"/> Mental Health Condition</p> <p><input type="checkbox"/> Developmental Condition</p>
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How would you describe your ethnic origin?

<p>White</p> <p><input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Any other White back-ground (please give details)</p> <p>Asian or Asian British</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background (please give details).....</p>	<p>Black or Black British</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black background (please give details)</p> <p>Mixed</p> <p><input type="checkbox"/> Asian & White</p> <p><input type="checkbox"/> Black African & White</p> <p><input type="checkbox"/> Black Caribbean & White</p> <p><input type="checkbox"/> Any other mixed background (please give details)</p>	<p>Other Ethnic Group</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group (please give details)</p> <p><input type="checkbox"/> Prefer not to say</p>
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Which of the following best describes your sexual orientation?

<p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> Lesbian/ Gay woman</p> <p><input type="checkbox"/> Homosexual/Gay man</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Other (please state)</p> <p><input type="checkbox"/> Prefer not to say</p>
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What is your religion or belief?		
<input type="checkbox"/> I have no particular religion <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jain <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim	<input type="checkbox"/> Pagan <input type="checkbox"/> Sikh <input type="checkbox"/> Agnostic <input type="checkbox"/> Atheist <input type="checkbox"/> Other (please state)	<input type="checkbox"/> Other philosophical belief (please state) <input type="checkbox"/> Prefer not to say
Are you a carer? A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
If yes, do you care for a.....?		<input type="checkbox"/> Parent <input type="checkbox"/> Child with special needs <input type="checkbox"/> Other family member <input type="checkbox"/> Partner / spouse <input type="checkbox"/> Friend <input type="checkbox"/> Other (please give details)

Thank you for completing this form – it will help us improve our services for everyone.