

Equality Monitoring Questions

1. How old are you?

- 0-15
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- Prefer not to say

2. 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
- No
- Prefer not to say

Please state the type of health problem or disability that applies to you?
(People may experience more than one type of disability or health problem, in which case you may indicate more than one. If none of the categories applies, please mark 'Other' and specify the type of health problem or disability.)

Sensory impairment, (such as being blind / having a visual impairment or being deaf / having a hearing impairment)	
Physical impairment, (such as using a wheelchair to get around and / or difficulty using your arms)	
Learning disability, (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	
Mental health condition, (such as depression or schizophrenia)	
Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	
Prefer to self-describe (please specify):	
Prefer not to say	

3. Which best describes your gender?

- Male
- Female
- Prefer not to say
- Prefer to self-describe (please specify):

4. Is your gender identity the same as the sex you were assigned at birth?

- Yes
No
Prefer not to say

5. Which of the following describes your sex?

- Man
Woman
Intersex
Prefer not to say
Prefer to self-describe (please specify):

6. Are you legally married or in a civil partnership?

- Yes
No
Prefer not to say

7. Which best describes your current marital, civil partnership or cohabitation status?

- Single (never married or never registered a civil partnership)
Married
In a registered civil partnership
Separated, but still legally married
Separated, but still in a registered civil partnership
Divorced
Formerly in a registered civil partnership which is now dissolved
Widowed
Surviving partner from a registered civil partnership
Cohabiting with a partner
Prefer not to say

8. Are you currently pregnant or did you give birth in the last twelve months?

The Equality Act (2010) protects individuals who are currently pregnant and up to 26 weeks of their maternity. The Act provides further protection for individuals beyond the 26 week period (such as breastfeeding mothers).

- Yes
No
Prefer not to say

9. How would you describe your ethnic group?

White:

- British
- Irish
- Traveller of Irish heritage
- Gypsy / Roma
- Any other White background

Mixed:

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

Asian / Asian British:

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black / Black British:

- Somali
- Other African
- Caribbean
- Any other Black background

Other ethnic group:

- Chinese
- Vietnamese
- Any other background
- Prefer not to say

10. What is your religion or belief?

- No religion or belief
- Agnostic
- Muslim
- Christian
- Jewish
- Buddhist
- Sikh
- Hindu
- Humanist
- Prefer not to say
- Prefer to self-describe (please specify):

11. Which of the following describes your sexual orientation?

- Gay man
- Gay woman/lesbian
- Bisexual (attracted to men and women)
- Heterosexual/straight
- Prefer not to say
- Prefer to self-describe (please specify):

12. Do you have caring or parenting responsibilities? (for example, childcare or dependent adults)

- Yes
- No
- Prefer not to say