What Health and Social Care Trust do you live in:

|  |  |  |  |
| --- | --- | --- | --- |
| Belfast |  | Northern |  |
| Western |  | Southern |  |
| South-Eastern | |  | |

What Council area do you live in:

|  |  |  |  |
| --- | --- | --- | --- |
| Antrim &Newtownabbey |  | Ards & North Down |  |
| Armagh, Banbridge & Craigavon |  | Belfast |  |
| Causeway Coast & Glens |  | Derry & Strabane |  |
| Fermanagh & Omagh |  | Lisburn & Castlereagh |  |
| Mid & East Antrim |  | Mid Ulster |  |
| Newry, Mourne & Down |  | | |

What is your postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What age are you:

|  |  |  |  |
| --- | --- | --- | --- |
| 0-9 |  | 10-13 |  |
| 14-17 |  | 17-24 |  |
| 25-34 |  | 35-44 |  |
| 45-54 |  | 55-64 |  |
| 65-74 |  | 75-84 |  |
| 85 + |  | | |

Are you:

|  |  |
| --- | --- |
| Male (including trans) |  |
| Female (including trans) |  |
| Other (Non-Binary, Gender Neutral etc. Please Specify) |  |

Do you currently or have you ever considered yourself as trans:

|  |  |
| --- | --- |
| Yes |  |
| No |  |

Do you identify as the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Lesbian |  | Gay Woman |  |
| Gay Man |  | Bisexual |  |
| Man who has Sex with Men (MSM) |  | Heterosexual |  |
| Unsure/Other (Please Specify) |  | | |

Do you consider yourself to have a disability?

In accordance with the Disability Discrimination Act 1995, a disability is defined as a physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities.

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes, please indicate which type of impairment applies to you.

|  |  |  |
| --- | --- | --- |
| Physical Impairment, such as difficulty using arms or mobility requiring the use of a wheelchair or crutches | |  |
| Sensory Impairment, such as blind/visual impairment or deaf/hearing impairment | |  |
| Mental health condition, such as depression or schizophrenia | |  |
| Learning disability, such as Down’s Syndrome, Dyslexia or Cognitive Impairment such as Autism | |  |
| Long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy | |  |
| Other (Please Specify) |  | |

In Northern Ireland, many of us are perceived to belong to either of the two main communities. Which best describes you:

|  |  |
| --- | --- |
| I am a member of the Protestant community |  |
| I am a member of the Catholic community |  |
| I am a member of neither community |  |

Do you consider yourself as belonging to any of the following faith or non-faith groups:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Christian |  | Buddhist |  | Jewish |  |
| Sikh |  | Muslim |  | Atheist |  |
| Hindu |  | None |  | Other: | |

To which ethnic group do you consider yourself to belong to:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bangladeshi |  | Black African |  | Black Caribbean |  |
| Irish Traveller |  | Central European |  | Eastern European |  |
| Indian |  | Pakistani |  | Chinese |  |
| White |  | Mixed Ethnicity |  | Other: | |

What is your current marital status:

|  |  |  |  |
| --- | --- | --- | --- |
| Married |  | Divorced |  |
| Civil Partnered |  | Dissolved Partnership |  |
| Co-Habiting |  | Separated |  |
| Single |  | Widowed |  |
| In a relationship | | |  |

How much responsibility do you have for the care of:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Child | Older Person | Disabled or Ill Person |
| None |  |  |  |
| Shared |  |  |  |
| Sole |  |  |  |