

About you

It would help us to understand your answers better if we knew a little bit about you. These questions are completely optional, but we hope you will complete them.

1. How old are you?

- | | |
|-------------------------------|---|
| <input type="radio"/> 16 - 17 | <input type="radio"/> 55 – 64 |
| <input type="radio"/> 18 - 24 | <input type="radio"/> 65 – 74 |
| <input type="radio"/> 25 – 34 | <input type="radio"/> 75 or older |
| <input type="radio"/> 35 – 44 | <input type="radio"/> Prefer not to say |
| <input type="radio"/> 45 - 54 | |

2. What is your gender?

- Male
- Female
- Other
- Prefer not to say

3. Does your gender identity match your sex as registered at birth?

- Yes
- No
- Prefer not to say

4. Are you currently pregnant or have you been pregnant in the last year?

- Yes
- No
- Prefer not to say
- Not applicable

5. Are you currently...?

- | | |
|--|---|
| <input type="radio"/> Single (never married or in a civil partnership) | <input type="radio"/> Separated (but still legally married or in a civil partnership) |
| <input type="radio"/> Cohabiting | <input type="radio"/> Divorced or civil partnership dissolved |
| <input type="radio"/> Married | <input type="radio"/> Widowed or a surviving partner from a civil partnership |
| <input type="radio"/> In a civil partnership | <input type="radio"/> Prefer not to say |

6. Do you have a disability, long-term illness or health condition?

- Yes
- No
- Prefer not to say

7. Do you have any caring responsibilities? (Please tick all that apply)

- None
- Primary carer of a child or children (under 2 years)
- Primary carer of a child or children (between 2 and 18 years)
- Primary carer of a disabled child or children
- Primary carer or assistant for a disabled adult (18 years and over)
- Primary carer or assistant for an older person or people (65 years and over)
- Secondary carer (another person carries out main caring role)
- Prefer not to say

8. Which race or ethnicity best describes you? (Please select one box only)

- | | |
|---|--|
| <input type="radio"/> Asian/British Asian: Bangladeshi | <input type="radio"/> Black/British Black: African |
| <input type="radio"/> Asian/British Asian: Chinese | <input type="radio"/> Black/British Black: Caribbean |
| <input type="radio"/> Asian/British Asian: Indian | <input type="radio"/> Mixed Race: Black & White |
| <input type="radio"/> Asian/British Asian: Pakistani | <input type="radio"/> Mixed race: Asian & White |
| <input type="radio"/> White: British | <input type="radio"/> Gypsy or traveller |
| <input type="radio"/> White: Irish | <input type="radio"/> Rather not say |
| <input type="radio"/> White: European | |
| <input type="radio"/> Another race or ethnicity (please state in box below) | |

9. Which of the following terms best describes your sexual orientation?

- | | |
|--|--------------------------------------|
| <input type="radio"/> Heterosexual or straight | <input type="radio"/> Bisexual |
| <input type="radio"/> Gay man | <input type="radio"/> Asexual |
| <input type="radio"/> Gay woman or lesbian | <input type="radio"/> Prefer not say |
| <input type="radio"/> Other (please specify) | |

10. What do you consider your religion to be? (Please select only one)

- | | |
|---|---|
| <input type="radio"/> No religion | <input type="radio"/> Jewish |
| <input type="radio"/> Christianity | <input type="radio"/> Muslim |
| <input type="radio"/> Buddhist | <input type="radio"/> Sikh |
| <input type="radio"/> Hindu | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Other religion (please specify) | |