

Age: Are You...			
<input type="checkbox"/> Under 16	<input type="checkbox"/> 25-34	<input type="checkbox"/> 55-64	<input type="checkbox"/> 85-94
<input type="checkbox"/> 16-17	<input type="checkbox"/> 35-44	<input type="checkbox"/> 65-74	<input type="checkbox"/> 95+
<input type="checkbox"/> 18-24	<input type="checkbox"/> 45-54	<input type="checkbox"/> 75-84	<input type="checkbox"/> Prefer not to say
Disability			
Are you disabled ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Please tick a box or boxes below which best describes your disability			
<input type="checkbox"/>	Hearing / Vision (e.g. deaf, partially deaf or hard of hearing; blind or partial sight.)		
<input type="checkbox"/>	Physical / Mobility (e.g. wheelchair user, arthritis, multiple sclerosis etc)		
<input type="checkbox"/>	Mental health (lasting more than a year. e.g. severe depression, schizophrenia etc)		
<input type="checkbox"/>	Learning disability (e.g. dyslexia, dyspraxia etc)		
<input type="checkbox"/>	Long-term illness or health condition , e.g. Cancer, HIV, Diabetes, Chronic Heart disease, Rheumatoid Arthritis, Chronic Asthma		
<input type="checkbox"/>	Other:		
<input type="checkbox"/>	Prefer not to say		
If you wish to specify your disability, please do so here:			
Ethnicity			
What is your ethnic background ? Please pick one section below and tick one box.			
White or White British			
<input type="checkbox"/> British	<input type="checkbox"/> Scottish	<input type="checkbox"/> Northern Irish	<input type="checkbox"/> Gypsy, Roma or Irish Traveller
<input type="checkbox"/> English	<input type="checkbox"/> Welsh	<input type="checkbox"/> Irish	<input type="checkbox"/> Other European
<input type="checkbox"/> Other White (please specify if you wish):			
Black or Black British			
<input type="checkbox"/> Black British	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Sierra Leonean	<input type="checkbox"/> Other African
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Somali	
<input type="checkbox"/> Other Black (please specify if you wish):			
Asian or Asian British			
<input type="checkbox"/> Asian British	<input type="checkbox"/> Bengali	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Filipino
<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Any other Asian (please specify if you wish):			

Mixed Background			
<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Black African	<input type="checkbox"/> White and Asian	
<input type="checkbox"/> Other mixed background (please specify if you wish):			
Other Ethnic background			
<input type="checkbox"/> Arab	<input type="checkbox"/> Latin American (please specify if you wish):		
	<input type="checkbox"/> Any other ethnic background (please specify if you wish):		
<input type="checkbox"/> Prefer not to say			
Preferred language (only to be asked where relevant)			
<input type="checkbox"/> English	<input type="checkbox"/> Other (please specify if you wish):		
Religion or belief			
<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> No religion
<input type="checkbox"/> Sikh	<input type="checkbox"/> Muslim	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Other religion or belief (please specify if you wish):			
Sex			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say	
Gender Re-Assignment and Gender Identity			
<input type="checkbox"/> Is your Gender Identity the same as the sex you were assigned at birth? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Prefer not to say	
<input type="checkbox"/> Other Gender Identity (Please specify if you wish)			
Pregnancy or Maternity			
Are you currently pregnant and / or on maternity leave?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
Sexual Orientation			
<input type="checkbox"/> Heterosexual/straight	<input type="checkbox"/> Gay man	<input type="checkbox"/> Other (please specify if you wish)	
<input type="checkbox"/> Lesbian/Gay woman	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Prefer not to say	