

**Appendix 7: Equalities Questionnaire:**

**About You**

To improve our services and service delivery to you and consider all your needs we hope you will complete the following questions.

In accordance with the Data Protection Act, any information requested on the following questions is held in the strictest confidence for data analysis purposes only. The information will enable us to determine whether or not our services are equally accessible by everyone.

**A1 Are you ...**

- Male .....  1  
 Female .....  2

**A3 What is your date of birth (dd/mm/yyyy)**

**A2 Is your gender identity the same as you were assigned at birth(i.e. born male and currently living as a man or born female and currently living as a woman)?**

- Yes .....  1  
 No .....  2

**A4 What is your sexual orientation?**

- Bisexual .....  1  
 Gay/Lesbian .....  2  
 Hetrosexual/Straight .....  3  
 Other (please write in) .....  4  
 Prefer not to say .....  5

**A5 Would you describe yourself as... (Please cross all that apply or write in)**

- British .....  1  
 Welsh .....  2  
 English .....  3  
 Irish .....  4  
 Scottish .....  5  
 Other British (please write in) .....  6  
  
 Prefer not to say .....  10

- Non-British** .....  7  
 (Please write in below)

- Refugee** .....  8  
 (Please write in current/last nationality below)

- Asylum Seeker** .....  9  
 (Please write in current/last nationality below)

**A6 What is your ethnic group? (Please cross one box and write in if appropriate)**

**White**

- British (as defined above) .....  1  
 Any other white background  
 (please write in) .....  2

**Mixed**

- White & Black Caribbean .....  3  
 White & Black African .....  4  
 White & Asian .....  5  
 Any other mixed background  
 (please write in) .....  6

**Asian or Asian British**

- Indian .....  7  
 Pakistani .....  8  
 Bangladeshi .....  9  
 Chinese .....  10  
 Any other Asian background  
 (please write in) .....  11

**Black or Black British**

- Caribbean .....  11  
 African .....  12  
 Any other Black background  
 (please write in) .....  13

**Other Ethnic Group**

- Gypsy or Traveller .....  14  
 Arab .....  15  
 Any other, (please write in) .....  16

**Appendix 7: Equalities Questionnaire:**

**A7 What is your religion or (non) belief, even if you are not currently practising?**  
*(Please cross one box or write in)*

- |   |  |                        |                            |
|---|--|------------------------|----------------------------|
| No religion/ belief .....   | <input type="checkbox"/> 1   | Hindu.....             | <input type="checkbox"/> 4 |
| Christian (including Church of England, Catholic,<br>Protestant and all other Christian denominations) .... | <input type="checkbox"/> 2   | Jewish .....           | <input type="checkbox"/> 5 |
| Buddhist.....   | <input type="checkbox"/> 3   | Muslim.....            | <input type="checkbox"/> 6 |
|   |  | Sikh .....             | <input type="checkbox"/> 7 |
|   |  | Prefer not to say..... | <input type="checkbox"/> 8 |
| Any other religion/ belief system (please write in)   | <div style="border: 1px solid black; width: 300px; height: 25px;"></div> |                        |                            |

**(b) Do you consider that you are actively practising your religion or belief?**

- |          |                            |                        |                            |
|----------|----------------------------|------------------------|----------------------------|
| Yes..... | <input type="checkbox"/> 1 | Prefer not to say..... | <input type="checkbox"/> 3 |
| No ..... | <input type="checkbox"/> 2 |                        |                            |

**A8 Can you understand, speak, read or write welsh? (Please cross all that apply)**

- |                              |                            |                        |                            |
|------------------------------|----------------------------|------------------------|----------------------------|
| Understand spoken Welsh..... | <input type="checkbox"/> 1 | Write Welsh.....       | <input type="checkbox"/> 4 |
| Speak Welsh.....             | <input type="checkbox"/> 2 | Learning Welsh .....   | <input type="checkbox"/> 5 |
| Read Welsh .....             | <input type="checkbox"/> 3 | None of these.....     | <input type="checkbox"/> 6 |
|                              |                            | Prefer not to say..... | <input type="checkbox"/> 7 |

**(b) Which languages do you use from day to day? (Please cross all that apply)**

- |                            |                            |  |                            |
|----------------------------|----------------------------|--|----------------------------|
| English .....              | <input type="checkbox"/> 1 | Other (please write in).....   | <input type="checkbox"/> 4 |
| Welsh.....                 | <input type="checkbox"/> 2 | <div style="border: 1px solid black; width: 300px; height: 25px;"></div> |                            |
| British Sign Language..... | <input type="checkbox"/> 3 |  |                            |

**A9 Do you have any long-standing illness, disability or infirmity?**

*By long-standing we mean anything that has troubled you over a period of time or that is likely to affect you over time. This could also be defined Under the Equality Act 2010 as: "Having a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities."*

- |          |                            |                        |                            |
|----------|----------------------------|------------------------|----------------------------|
| Yes..... | <input type="checkbox"/> 1 | Prefer not to say..... | <input type="checkbox"/> 3 |
| No ..... | <input type="checkbox"/> 2 |                        |                            |

**(b) Does this illness or disability limit your normal day-to-day activities in any way?**

- |          |                            |                        |                            |
|----------|----------------------------|------------------------|----------------------------|
| Yes..... | <input type="checkbox"/> 1 | Prefer not to say..... | <input type="checkbox"/> 3 |
| No ..... | <input type="checkbox"/> 2 |                        |                            |