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| **Safety4Sisters Trustees Monitoring Form** |

**1. What year were you born?**

 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, limited a little

 Yes, limited a lot

 No

 Prefer not to say

**3. If you answered ‘yes’ to question 2, please indicate your disability:**

 Vision (e.g. due to blindness or partial sight)

 Hearing (e.g. due to deafness or partial hearing)

 Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects

 Learning or concentrating or remembering

 Mental Health

 Stamina or breathing difficulty

 Social or behavioural issues (e.g. due to neuro divergent conditions such as Autism, ADHD or Asperger’s Syndrome)

 Other impairment

 Prefer not to say

**4. What is your ethnic group?**

Choose one section from A to E, and then tick the appropriate box to indicate your ethnic group.

a. White

 Welsh / English / Scottish / Northern Irish / British

 Irish

 Gypsy or Irish Traveller

 Any other White background, please write in………………………………………….

b. Mixed

 White and Black Caribbean

 White and Black African

 White and Asian

 Any other mixed background, please write in……………………………………….....

c. Asian or Asian British

 Indian

 Pakistani

 Bangladeshi

 Chinese

 Any other Asian background, please write in…………………………………………..

d. Black or Black British

 Caribbean

 African

 Any other Black background, please write in…………………………………………..

e. Other ethnic group

 Any other, please write in ……………………………………………………………….

 Prefer not to say

**5. What is your gender?**

 Man

 Woman

 Non-binary

 Other, please say …………………………………………………………………………

 Prefer not to say

**6. Is the gender you identify with the same as your sex registered at birth?**

 Yes

 No

 Prefer not to say

**7. What is your legal marital or civil partnership status?**

 Divorced

 Formerly in a registered civil partnership which is now dissolved

 In a registered civil partnership

 Married

 Never married and never registered a civil partnership

 Separated, but still in a registered civil partnership

 Separated, but still legally married

 Surviving partner from a registered civil partnership

 Widowed

 Prefer not to say

**8. What is your religion?**

 No religion

 Atheist

 Buddhist

 Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

 Hindu

 Jewish

 Muslim

 Sikh

 Any other religion, please write in……………………………………………………….

 Prefer not to say

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

 Heterosexual / straight

 Lesbian

 Gay

 Bisexual

 Other, please write in ………………………………………………………

 Prefer not to say

**10. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability, or problems related to old age?**

 No

 Yes, 1-19 hours a week

 Yes, 20-49 hours a week

 Yes, 50 or more hours a week

 Prefer not to say