**NHS Cancer Programme**

**Demographic Monitoring Form (v0.17, 2023)**

Patient and public voice (PPV) partner

**Why are we asking for this information?**

It’s important for us to know whether people from all backgrounds and communities have been able to access this PPV Partner recruitment.

The information you provide will help us to check that we are giving the same opportunities to everyone to be involved, and if we find gaps, to help us change our approach to make it more inclusive.

All information given will be kept anonymous in accordance with UK Data Protection legislation.

**You don’t have to answer all of the questions**. Please leave any (or all) of the questions blank if you don’t wish to provide this information

This form has a total of 20 questions; and we estimate that it will take approximately five minutes to fill out.

Please note that this form is also available in **easy read**. If you need any help in answering any of the questions, or would like someone to help you fill out this form, please email R.francoise@nhs.net or call 07713795802.

**Section A – where you live**

1. **Where do you currently live?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | North East & Yorkshire |  |  | North West |  |  | Midlands |
|  |  |  |  |  |  |  |  |
|  | East of England |  |  | London |  |  | South East |
|  |  |  |  |  |  |  |  |
|  | South West |  |  | Don’t know |  |  |  |

1. **How would you describe your local area?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Urban  |  |  | Suburban  |  |  | Rural/countryside  |
|  | (city or town) |  |  | (outskirts of a town) |  |  | (village or hamlet) |

1. **And is this area?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Coastal (near the sea) |  |  | Inland |  |  |   |

**Section B – protected characteristics**

1. **What is your age?** (Please select only one option)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0-5 |  |  | 6-10 |  |  | 11-15 |  |  | 16-20 |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 21-25 |  |  | 26-30 |  |  | 31-35 |  |  | 36-40 |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 41-45 |  |  | 46-50 |  |  | 51-55 |  |  | 56-60 |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 61-65 |  |  | 66-70 |  |  | 71-75 |  |  | 76-80 |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 81-85 |  |  | 86-90 |  |  | 91-95 |  |  | 96-100 |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 101+ |  |  |  |  |  |  |  |  |  |

1. **Do you identify with / belong to a religion or belief system?**

(Please select the option(s) that apply to you. Each category includes any denominations within that religion or belief system)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No religion  |  |  | Agnostic |  |  | Atheist |  |  | Buddhist |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Christian  |  |  | Hindu |  |  | Humanist |  |  | Jewish |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Muslim |  |  | Sikh |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Other (please write in) |  |  |  |  |
|  |  |  |  |

1. **Which of the following options best describes how you think of yourself?**

(please select only one option)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Woman (incl. trans woman) |  |  | Man (incl. trans man) |  |  | Non-binary  |

|  |  |  |
| --- | --- | --- |
|  | In another way (please write in) |  |
|  |

1. **Is your gender identity the same as the gender you were given at birth?**

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

1. **Which of the following best describes your ethnic group or background?**

(please select only one option)

**Asian / Asian British**

|  |  |
| --- | --- |
|  | Bangladeshi |
|  |  |
|  | Chinese |
|  |  |
|  | Indian |
|  |  |
|  | Pakistani |
|  |  |
|  | Any other Asian or Asian British background |
|  |  |
|  | * Please describe here:
 |  |

**Black / African / Caribbean / Black British**

|  |  |
| --- | --- |
|  | African |
|  |  |
|  | Caribbean |
|  |  |
|  | Any other Black / African / Caribbean / Black British background |
|  |  |
|  | * Please describe here:
 |  |

**Mixed / Multiple ethnic**

|  |  |
| --- | --- |
|  | Asian and White |
|  |  |
|  | Black Caribbean and White  |
|  |  |
|  | Black African and White  |
|  |  |
|  | Any other mixed background |
|  |  |
|  | * Please describe here:
 |  |

**White**

|  |  |
| --- | --- |
|  | English / Welsh / Scottish / Northern Irish / British |
|  |  |
|  | Irish |
|  |  |
|  | Gypsy or Irish Traveller |
|  |  |
|  | Roma |
|  |  |
|  | Any other White background |
|  |  |
|  | * Please describe here:
 |  |

**Other Ethnic Group**

|  |  |
| --- | --- |
|  | Arab |
|  |  |
|  | Any other ethnic group |
|  |  |
|  | * Please describe here:
 |  |

1. **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 (including any problems related to old age).**

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

1. **Do you identify with any of the following:**

(please select all of the options that apply)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I have experience of vision issues |  | Yes |  |  | No |  |
| (for example, due to blindness or partial sight) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I am a Deaf person or have experience of hearing issues   |  | Yes |  |  | No |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I have experience of mobility issues, such as difficulty |  | Yes |  |  | No |  |
| walking short distances, climbing stairs, lifting and carrying objects   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I have experience of stamina or breathing difficulties |  | Yes |  |  | No |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I have a learning disability |  | Yes |  |  | No |  |
|   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I am autistic |  | Yes |  |  | No |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I am neurodivergent in a different way |  | Yes |  |  | No |  |
| (for example, ADHD, dyslexia, Tourette syndrome, etc) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I have experience of difficulties with concentrating or |  | Yes |  |  | No |  |
| remembering   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I have experience of mental health issues  |  | Yes |  |  | No |  |
| (for example, anxiety, depression, bipolar disorder etc) |  |  |  |  |  |  |

1. **Which of the following options best describes your sexual orientation?** (please select only one option)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Heterosexual/Straight |  |  | Lesbian |  |  | Bisexual / Bi+ |  |  | Gay |

|  |  |  |
| --- | --- | --- |
|  | In another way (please describe) |  |
|  |

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

(please select only one option)

|  |  |
| --- | --- |
|  | Never married and never registered in a civil partnership |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Married |  |  | Separated,  |  |  | Divorced |  |  | Widowed |
|  |  |  |  | but still legally married |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | In a registered  |  |  | Separated,  |  |  | Formerly in  |  |  | Surviving  |
|  | civil partnership |  |  | but still legally in a civil partnership |  |  | a civil partnership which is now legallydissolved |  |  | partner from a registered civil partnership |

1. **Are you a parent/guardian or currently pregnant?**

(please select all of the options that apply)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes, I’m pregnant |  |  | Yes, I have a child/  |  |  | Yes, I have a child/  |
|  |  |  |  | children **under the age of one** |  |  | children **aged** **between 1 and 5** |
|  |  |  |  |  |  |  |  |
|  | Yes, I have a child/ |  |  | Yes, I have a child/ |  |  |  |
|  | children **aged between 6 and 15** |  |  | children **aged 16 and over** |  |  |  |
|  |  |  |  |  |  |  |  |
|  | I’m a bereaved |  |  | No, I’m not a parent /  |  |  |  |
|  | parent |  |  | guardian nor pregnant |  |  |  |

**Section C – health inclusion**

We aim to include a diverse range of people in all areas of our work. This helps us to better understand health inequalities and people’s experiences; and to identify where we could do better. **As with all sections of this form**, **please leave a question blank if you do not wish to answer**.

1. **Do you live alone or with other people?**

(please select only one option)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I live alone |  |  | I live alone, but have someone who comes |
|  |  |  |  | in to support me (also known as supported living) |
|  |  |  |  |  |  |
|  | I live with another  |  |  | I live with another person / other people, and  |
|  | person / other people |  |  | have someone who comes in to support me |

1. **Please indicate if you identify as being a member of any of the following communities?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Boater |  |  | Roma  |  |  | Romany Gypsy |  |  | Showman |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Irish Traveller  |  |  | New Traveller |  |  | Other Traveller |

1. **Do you look after someone? (Also known as being a carer)**

(A carer is someone who looks after a family member, partner, friend or neighbour who needs help because of their illness, frailty, disability, a mental health issue or an addiction. Carers are not paid for doing this role, although they may receive carer benefits).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No, I’m not a carer |  |  | Yes, 9 hours a week  |  |  | Yes, 10 to 19 hours  |
|  |  |  |  | or less |  |  | a week |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes, 20-34 hours  |  |  | Yes, 35 to 49 hours |  |  | Yes, 50 or more hours  |
|  | a week |  |  | a week |  |  | a week |

1. **Would you describe yourself as intersex?**

(This means someone who is born with body parts that people usually think of as both male and female, or body parts that don’t match peoples’ usual ideas of male or female).

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

1. **What is your employment status?**

(please select any of the options that apply)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Employed (full time) |  |  | Employed (part time)  |  |  | Retired |
|  |  |  |  |  |  |  |  |
|  | Self-employed (full time) |  |  | Self-employed (part time) |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Student (full time) |  |  | Student (part time) |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Unemployed / not in  |  |  | Unemployed / not in  |  |  |  |
|  | paid employment |  |  | paid employment |  |  |  |
|  | (eligible for benefits) |  |  | (**not** eligible for benefits) |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Volunteer (full time) |  |  | Volunteer (part time) |  |  |  |  |

1. **Which of the following best describes your current financial situation?**

(please select only one option)

|  |  |
| --- | --- |
|  | I have **more than enough** money for basic necessities and a **lot** spare |
|  | that I can save or spend on extras or leisure |
|  |  |
|  | I have **more than enough** money for basic necessities and a **little** spare  |
|  | that I can save or spend on extras or leisure |
|  |  |
|  | I have **just enough** money for basic necessities and little else |
|  |  |
|  | I **don’t have enough** money for basic necessities; and sometimes or  |
|  | often run out of money |

1. **Please select any of the following which apply to your personal experience:**(please select either ‘yes’ or ‘no’ for each category)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I have experience of being homeless |  | Yes |  |  | No |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I have experience of living in institutional / |  | Yes |  |  | No |  |
| residential care  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I am or have been a refugee / immigrant / asylum seeker  |  | Yes |  |  | No |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I have experience of the criminal justice system |  | Yes |  |  | No |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I have experience of serving in either the UK’s  |  | Yes |  |  | No |  |
| Regular or Reserve UK Armed Forces |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I am someone living with HIV  |  | Yes |  |  | No |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I have experience of being a sex worker |  | Yes |  |  | No |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I have experience of drug or alcohol addiction |  | Yes |  |  | No |  |
|    |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I have experience of being a victim of modern slavery |  | Yes |  |  | No |  |
|    |  |  |  |  |  |  |

**Thank you very much for taking the time to fill out this form.**