**Mind in London: demographic monitoring form**

We would like to know more about you in order to ensure that we are involving a wide range of people throughout the organisation. The information you give on this form will help us to monitor and plan our activities. The form will remain entirely confidential – your name will not be associated with it in any way. Many thanks for your help.

|  |  |
| --- | --- |
| **How old are you?** | |
|  | 11 - 13 |
|  | 14 - 17 |
|  | 18 - 24 |
|  | 25 - 34 |
|  | 35 - 44 |
|  | 45 - 54 |
|  | 55 - 64 |
|  | 65 - 74 |
|  | 75 - 84 |
|  | 85 |
|  | Prefer not to say |

|  |  |
| --- | --- |
| What is your gender? | |
|  | Male |
|  | Female |
|  | Another…………………………………………………. (please specify) |
|  | Prefer not to say |

|  |  |
| --- | --- |
| Have you ever identified as transgender, now or in the past? | |
|  | Yes |
|  | No |
|  | Prefer not to say |

|  |  |
| --- | --- |
| How would you describe your sexuality? | |
|  | Bisexual |
|  | Gay |
|  | Heterosexual/ Straight |
|  | Lesbian |
|  | Another…………………………………………………. (please specify) |
|  | Prefer not to say |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What is your faith? | | | | | |
|  | No faith | | | | |
|  | Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | | | | |
|  | Buddhist | | | | |
|  | Hindu | | | | |
|  | Jewish | | | | |
|  | Muslim | | | | |
|  | Sikh | | | | |
|  | Another…………………………………………………… (please specify) | | | | |
|  | Prefer not to say | | | | |
| How would you describe your ethnicity? | | | | |
| Asian or Asian British | | Bangladeshi  Chinese  Indian  Pakistani  Another Asian background | Mixed | White & Asian  White & Black African  White & Black Caribbean  Another mixed background |
| White | White British  White Irish  Eastern European  Another white background |
| Black or Black British | | African  Caribbean  Another Black background |
| Other ethnic group | | Arab  Gypsy or Traveller  Another background……………………………….. (please specify) | | |
| Prefer not to say | | | | |

|  |  |
| --- | --- |
| Where do you live? | |
|  | London (inc. Greater London) |
|  | South East |
|  | South West |
|  | East of England |
|  | East Midlands |
|  | West Midlands |
|  | Wales |
|  | Yorkshire and the Humber |
|  | North East |
|  | North West |
|  | Scotland |
|  | Northern Ireland |
|  | Prefer not to say |

|  |  |
| --- | --- |
| Would you say you have a long-term health condition or disability? | |
|  | Physical disability (including sensory impairment) |
|  | Learning disability (including developmental disorders) |
|  | Another experience of disability  …………………………………………………. (please specify) |
|  | Prefer not to say |

|  |  |
| --- | --- |
| Which of these categories best represents your experience of mental health problems?  (Please select all that apply) | |
|  | I have personal experience of mental health problems |
|  | I use / have used mental health services |
|  | I use / have used the services of a local Mind |
|  | I am a family member of somebody who has experienced mental health problems |
|  | I am a friend to someone who has experienced mental health |
|  | I care or look after someone who has mental health problems |
|  | I work in the mental health sector (e.g. nurse, social worker, psychiatrist,) |
|  | None of the above |
|  | Prefer not to say |