**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.

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| **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 |

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

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

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

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| 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  |

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| 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 |

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| 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 |

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| 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 |