

Appendix 3: Equality and diversity monitoring form



Demographic monitoring questions

We won't give up until everyone experiencing a mental health problem gets support and respect, regardless of their background. We want to know a bit more about you, to make sure we understand the needs of all the communities we work with. The information you provide will be entirely anonymous. Thanks for your help.

Name:.....

Today's date:.....

Local Mind:.....

Date of birth:.....

What is your gender?	
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Another..... (please specify)

Have you ever identified as transgender, now or in the past?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

How would you describe your sexuality?	
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Gay
<input type="checkbox"/>	Heterosexual/ Straight
<input type="checkbox"/>	Lesbian
<input type="checkbox"/>	Another..... (please specify)

What is your living situation? Please tick one box only	
<input type="checkbox"/>	Alone
<input type="checkbox"/>	Living with spouse/partner
<input type="checkbox"/>	Living with children
<input type="checkbox"/>	Other

Marital Status	
<input type="checkbox"/>	Married or civil partnership
<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Separated
<input type="checkbox"/>	Never married
<input type="checkbox"/>	Other.....(please specify)



How would you describe your ethnicity?			
Asian or Asian British	<input type="checkbox"/> Bangladeshi	Mixed	<input type="checkbox"/> White & Asian
	<input type="checkbox"/> Chinese		<input type="checkbox"/> White & Black African
	<input type="checkbox"/> Indian		<input type="checkbox"/> White & Black Caribbean
	<input type="checkbox"/> Pakistani		<input type="checkbox"/> Another mixed background
	<input type="checkbox"/> Another Asian background		
Black or Black British	<input type="checkbox"/> African	White	<input type="checkbox"/> White British
	<input type="checkbox"/> Caribbean		<input type="checkbox"/> White Irish
	<input type="checkbox"/> Another Black background		<input type="checkbox"/> Eastern European
			<input type="checkbox"/> Another white background
Other ethnic group	<input type="checkbox"/> Arab <input type="checkbox"/> Gypsy or Traveller <input type="checkbox"/> Another background..... (please specify)		

Are you employed? Please tick one box only	
<input type="checkbox"/>	Yes – full time
<input type="checkbox"/>	Yes – part time
<input type="checkbox"/>	Retired
<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Home maker
<input type="checkbox"/>	Other.....(please specify)

Are you a carer? (A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.) (Please tick one box only)	
<input type="checkbox"/>	Yes. If yes, on average, how many hours a week are you engaged in caregiving?
<input type="checkbox"/>	No

Would you say you have a long-term health condition or disability?	
<input type="checkbox"/>	Physical disability (including sensory impairment)
<input type="checkbox"/>	Learning disability (including developmental disorders)
<input type="checkbox"/>	Another experience of disability (please specify)

Which of these categories best represents your experience of mental health problems? (Please select all that apply)	
<input type="checkbox"/>	I have personal experience of mental health problems
<input type="checkbox"/>	I use / have used mental health services
<input type="checkbox"/>	I use / have used the services of a local Mind
<input type="checkbox"/>	I am a family member of somebody who has experienced mental health problems
<input type="checkbox"/>	I am a friend to someone who has experienced mental health
<input type="checkbox"/>	I care or look after someone who has mental health problems
<input type="checkbox"/>	I work in the mental health sector (e.g. nurse, social worker, psychiatrist,)
<input type="checkbox"/>	None of the above