# Equality Monitoring Information

Nov 2024, V1.0

## Introduction

This document outlines what equality monitoring information we have agreed to collect in the Leeds Health and Care Partnership.

You can find other useful tools and links to related documents on our Leeds Health and Care Partnership Website here: <https://www.healthandcareleeds.org/have-your-say/get-involved/involvement-support/>

## Equality Monitoring Form

It is important to us that all communities across Leeds have their say in shaping local services.

Equality monitoring collects data about people, it is important for us to collect and make sense of this information to make sure we provide the right services and the impact of services on different communities. This information helps us understand which communities’ views are being heard and which are not.

Your information will be protected and stored securely in line with data protection rules and no personal information will be shared. If you would like to know how we use this information, please visit our privacy notice**:** <https://www.westyorkshire.icb.nhs.uk/privacy-notice>

Please answer the questions below. Some of the questions may feel personal and you do not have to answer them but telling us more about yourself will help us improve our services in Leeds.

## What is your postcode?

**Example LS23, LS7**:

Prefer not to say.

## What is your gender? (Please tick one option)

Male

Female

Non-Binary

Prefer not to say.

I describe my gender in another way.

**(Please tell us):**

## What is your age?

Under 16

16 - 25

26 - 35

36 - 45

46 - 55

56 - 65

66 - 75

76 – 85

86 or over

Prefer not to say.

## What is your religion?

(Please tick one option)

No religion

Buddhist

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

Hindu

Jewish

Muslim

Sikh

Prefer not to say.

Other religion **(please tell us):**

## What is your ethnic group?

(Please tick one option)

Prefer not to say.

### Asian or Asian British

Bangladeshi

British Indian

Chinese

Pakistani

Any other Asian background **(Please tell us):**

### Black, Black British, Caribbean, or African:

African

Caribbean

Any other Black background: **(****Please tell us):**

### Mixed or multiple ethnic groups

White and Asian

White and Black African

White and Black Caribbean

Other Mixed background **(please tell us):**

### White

English, Welsh, Scottish, Northern Irish, or British

Irish

Gypsy or Irish Traveller

Roma

Other White background **(please tell us):**

### Other ethnic groups

Arab

Any other ethnic background **(please tell us)**

## Do you have a disability?

Yes

No

Prefer not to say.

## Do you have any long-term conditions, impairments, or illness?

(Please tick all that apply or go to next question if not relevant)

Prefer not to say.

**Physical or mobility impairment:** (such as using a wheelchair, difficulty walking or using your hands)

**Hearing impairment:** (such as being D / deaf or hard of hearing)

**Sight impairment:** (such as being blind or partially sighted)

**Mental health condition:** (such as having depression, schizophrenia, bipolar disorder)

**Learning, understanding, concentrating or memory:** (such as Down’s Syndrome, stroke, or head injury)

**Learning disability**

**Neurodivergent condition:** (such as autism, ADHD, dyslexia)

**Long term condition:** (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy**)**

Other:(please write in):

## Are you a carer? (Do you provide unpaid care or support for someone who is older, disabled or has a long-term condition)

Yes

No

Prefer not to say

## What is your sexual orientation?

Asexual

Bisexual

Gay

Heterosexual / Straight

Lesbian

Pansexual

Prefer not to say.

I prefer to use another term **(please tell us):**

## Does your gender identity match the one you were given at birth?

(This refers to people who identify as ‘Transgender’, which is a term used to describe people whose gender identity is not the same as the sex registered at birth.)

Yes

No

Prefer not to say.

## The cost of living can affect our mental and physical health. How would you describe your current financial situation?

(Please tick one option)

**Very comfortable** (I have more than enough money for food and bills and a lot left over)

**Quite comfortable** (I have enough money for food and bills, and some left over)

**Just getting by** (I have just enough money for food and bills and a nothing left over)

**Really struggling** (I don’t have enough money for food and bills and sometimes run out of money)

I don’t know.

Prefer not to say

(We ask this question to help us understand the impact of income on experiences of services or health)

## Are you pregnant or have you given birth in the last six months?

Yes

No

Prefer not to say.

## Do you care for a child / children under the age of 19? If so, what ages are they?

(Please tick any that apply)

No

0 to 4

5 to 9

10 to 14

15 to 19

Prefer not to say.

## What is your relationship status?

(Please choose one option)

Divorced

Live with partner

Married or Civil Partnership

Single

Widowed

Prefer not to say.

Other:(please write in):

## What is your employment status (please tick any that apply)?

Student – Further education (Sixth Form, College)

Student – Higher Education (University)

Employed - Full time.

Employed - Part time.

In receipt of state benefits (e.g., Personal Independence Payment, Universal Credit)

Not in employment

Apprenticeship or training

Retired

Prefer not to say.

Other:(please write in):

**Thank you for taking the time to complete this form.**

**Please return this form to:**

Your address