**Equalities Monitoring Questionnaire**

**For each of the questions 1 – 7 please tick the category that describes you best (select one).**

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| **1.With which gender to you most closely identify?** |
| Man |  |  |  |
| Woman |  |  |  |
| Other |  |  |  |
| Prefer not to say |  |  |  |
|  |  |  |  |
| **2. How old are you?** |
| 16 – 24 years |  |  |  |
| 25 – 44 years |  |  |  |
| 45 – 65 years |  |  |  |
| 65+ years |  |  |  |
| Prefer not to say |  |  |  |

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| --- |
| **3. What is your sexual orientation?** |
| Heterosexual / Straight |  |  |  |
| Gay / Lesbian |  |  |  |
| Bisexual |  |  |  |
| Other |  |  |  |
| Prefer not to say |  |  |  |

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| **4. Which of the following describes your ethnicity?** |
| White Scottish / White British |  |  |  |
| Irish |  |  |  |
| Gypsy / Traveller |  |  |  |
| Polish |  |  |  |
| White Other – please specify |  |  |  |
| Asian / Asian Scottish / Asian British |  |  |  |
| Chinese / Chinese Scottish / Chinese British |  |  |  |
| African / African Scottish / African British  |  |  |  |
| Caribbean / Caribbean Scottish / Caribbean British |  |  |  |
| Black / Black Scottish / Black British |  |  |  |
| Arab / Arab Scottish / Arab British |  |  |  |
| Mixed or Multiple Ethnic Groups – please specify |  |  |  |
| Other – please specify |  |  |  |
| Prefer not to say |  |  |  |

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| **5. How well do you speak Gaelic?** |
| I am a fluent Gaelic speaker |  |  |  |
| I am learning to speak Gaelic |  |  |  |
| I do not speak |  |  |  |
| Prefer not to say |  |  |  |

**6. Do you consider yourself to have a disability?**

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| You are disabled under the Equility Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. |
| ''Substantial' is more than minor or trivial, eg it takes much longer than it usually would be complete a daily task like getting dressed. |
| ''Long-term' means 12 monhts or more eg a breathing condition that develops as a result of a lung infection |
| Yes ( I have a disability) |  |
| No |  |

|  |
| --- |
| **7. Disability**If you answered ‘Yes’ to question 6 please select as many options from the below as you feel are relevant: |
| Non-disabled |  |  |
| Visual impairment |  |  |
| Hearing impairment / Deaf |  |  |
| Physical disabilities |  |  |
| Cognitive or learning disabilities |  |  |
| Mental health condition |  |  |
| Other long term / chronic condition  |  |  |
| Other – please specify |  |  |
| Prefer not to say |  |  |