

## STROKE PATIENT EXPERIENCE SURVEY

This questionnaire is about the care, therapy and treatment you received for your stroke.

The information you provide will help the NHS and the Stroke Association improve the quality of stroke services and care after stroke.

**Taking part in this survey is voluntary.**

**Published reports will not contain any personal details.**

### Who should complete the questionnaire?

The questions should be answered by **you**, as the person who has had a stroke.

If you need help to complete the questionnaire, the answers should be given from **your point of view**, not the point of view of the person helping.

### Completing the questionnaire

For each question, please tick inside the box that is closest to your views using a black or blue pen.

Don't worry if you make a mistake; cross out the mistake and put a tick in the correct box.

We are asking about **NHS care and treatment** and not any private treatment you may have paid for.

Please **do not write your name or address** anywhere on the questionnaire.

You can choose to complete this questionnaire online, please follow the instructions in the letter.

**By completing and returning the survey, you will be agreeing:**

- That the information you provide, and the information from your NHS Trust, can be used to carry out the survey, and
- That your personal contact information can be held and used by Quality Health.

**The letter sent with this survey includes how your information is used.**

1. In what **role** are you filling in this survey?

- 1  I am a stroke survivor    2  I am a carer or friend or family member of a stroke survivor
- 3  Other (please specify)

If you are filling this survey in on behalf of someone else, please make sure all answers do NOT come from your own point of view, but from the point of view of the person you are helping.

2. Have you had more than one stroke? This could include a TIA or mini stroke.

- 1  No    2  Yes, two    3  Yes, more than two    4  Not sure

3. When did you have your **most recent stroke**?

If you have had more than one stroke, please answer these questions about your **most recent** stroke. If you cannot remember the exact day, please write in the first of the month in which you had the stroke.

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**4. What type of stroke** did you have?

- 1  Stroke caused by a blockage, referred to as an ischaemic stroke
- 2  Stroke caused by a bleed, referred to as an haemorrhagic stroke
- 3  Not sure

**5. Thinking about your overall health, comfort and ability to take part in daily activities, how much does your stroke affect your daily life?**

**(Tick one option)**

- 1  A lot    2  Quite a lot    3  A little    4  Not at all    5  Don't know

The following questions are about the time you were on the acute stroke unit, **immediately after your stroke.**

**6. Please think about the time you spent on the acute stroke unit. What treatment or therapy were you offered and did it help your recovery?**

<b>a. Please tick one box on each line.</b>	<b>Yes, and this helped</b>	<b>Yes, but it did not help me</b>	<b>No, but I would have liked this</b>	<b>No, because I had no need for this</b>	<b>No, because I declined this</b>	<b>Not sure</b>
Movement and mobility (Physiotherapy).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Talking, communicating, cognition and swallowing (Speech and Language therapy).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Independence with personal care and practical tasks (Occupational therapy).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

<b>b. Please tick one box on each line.</b>	<b>Yes, and this helped</b>	<b>Yes, but it did not help me</b>	<b>No, but I would have liked this</b>	<b>No, because I had no need for this</b>	<b>No, because I declined this</b>	<b>Not sure</b>
Food and drink (dietetics).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Hearing changes (audiology).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Sight and vision changes (orthoptics).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

<b>c. Please tick one box on each line.</b>	<b>Yes, and this helped</b>	<b>Yes, but it did not help me</b>	<b>No, but I would have liked this</b>	<b>No, because I had no need for this</b>	<b>No, because I declined this</b>	<b>Not sure</b>
Emotions, moods, personality and motivation (psychology, psychiatry and counselling).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
A personalised care record. This might be known as a patient passport or patient care record.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**7. Thinking about your stay on the acute stroke unit, please state how much you agree with the following statements:**

<b>a. Please tick one box on each line.</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Not sure</b>
My stroke was explained in a way that I could understand.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The staff helped me to understand about stroke recovery.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I had support to come to terms with the effects of my stroke.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

b. Please tick one box on each line.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure
The staff treated me with dignity and respect.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The staff understood how my stroke would affect my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
There was support to express my needs and wants e.g. using the toilet, meal and drink options.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

c. Please tick one box on each line.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure
I was involved in planning my therapy and care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
My family / carers had the information they needed about my stroke and hospital stay.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I was told where I could get further support if I needed it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

The following questions will ask you about when you were being **discharged and leaving the acute stroke unit**.

8. On leaving the acute stroke unit, were you given an explanation about your **medication**? Did you understand what it was for and how to take it?

(Tick one option)

- 1  Yes, and I understood clearly      2  Yes, and I understood a little      3  Yes, but I could not understand it      4  No, it was not explained

9. Thinking about **leaving the acute stroke unit**, please state how much you agree with the following statements:

Please tick one box on each line.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure
I was involved with decisions about leaving hospital.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I understood what would happen next after leaving hospital.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
My family and carers were told what would happen when I left hospital.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I was told who to contact if I had concerns or questions after leaving hospital.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

10. Is there **anything else** you would like to tell us about your stay on the **acute unit or discharge**?

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11. When you **left the acute stroke unit**, where were you discharged to?

(Tick one option)

1 <input type="checkbox"/> Home	2 <input type="checkbox"/> To a relative / friend's home	3 <input type="checkbox"/> Residential care
4 <input type="checkbox"/> A rehabilitation unit	5 <input type="checkbox"/> A different ward in the same hospital	6 <input type="checkbox"/> A local / community hospital
7 <input type="checkbox"/> Don't know / can't remember		

The following questions will ask you about your **treatment/therapy after you left the acute stroke unit**. This could have been therapy at home, a rehabilitation unit, or outpatient's appointments at a hospital or clinic.

12. Please think about the time <b>after you left the acute stroke unit</b> . What community therapy or treatment were you offered and did it help your recovery?						
a. Please tick one box on each line.	Yes, and this helped	Yes, but it did not help me	No, but I would have liked this	No, because I had no need for this	No, because I declined this	Not sure
Movement and mobility (Physiotherapy).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Talking, communicating, cognition and swallowing (Speech and Language therapy).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Independence with personal care and practical tasks (Occupational therapy).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

b. Please tick one box on each line.	Yes, and this helped	Yes, but it did not help me	No, but I would have liked this	No, because I had no need for this	No, because I declined this	Not sure
Food and drink (dietetics).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Hearing changes (audiology).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Sight and vision changes (orthoptics).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

c. Please tick one box on each line.	Yes, and this helped	Yes, but it did not help me	No, but I would have liked this	No, because I had no need for this	No, because I declined this	Not sure
Emotions, moods, personality and motivation (psychology, psychiatry and counselling).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Pharmacist (medication).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Contact with a Stroke Association Support Worker (this could have been face to face or over the phone).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**13. Thinking about your community therapy/treatment, please state how much you agree with the following statements:**

a. Please tick one box on each line.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure
Further questions about my stroke were answered in a way that I could understand.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The staff helped me to understand about stroke recovery.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I had support to come to terms with the effects of my stroke.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

b. Please tick one box on each line.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure
The staff treated me with dignity and respect.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The staff understood how my stroke would affect my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
My community therapy and treatment started quickly after I left the stroke ward.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
There was support to express my needs and wants e.g. days and times of therapy to manage fatigue.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6



c. Please tick one box on each line.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure
I was involved in planning my therapy and care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
My family / carers were given information about my therapy and how to help me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I was told where I could get further support if I needed it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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14. Thinking about your <b>community care</b> , please state how much you agree with the following statements:						
a. Please tick one box on each line.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure
I knew who to contact if I wanted to ask questions about my stroke and recovery.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I knew who to contact if I had urgent worries or concerns about my health.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I felt ready to continue my recovery journey on my own.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

b. Please tick one box on each line.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure
I felt supported with my return to work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I felt supported to return to hobbies / activities that matter to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I felt my GP / surgery staff had an understanding of how my stroke had affected me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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15. Were you offered anything else that helped you in your recovery?						
a. Please tick one box on each line.	Yes, and this helped	Yes, but it did not help me	No, but I would have liked this	No, because I had no need for this	No, because I declined this	Not sure
Virtual and / or online appointments.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Virtual and / or online therapy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

b. Please tick one box on each line.	Yes, and this helped	Yes, but it did not help me	No, but I would have liked this	No, because I had no need for this	No, because I declined this	Not sure
Advice and support with monitoring my blood pressure independently.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Advice and support with my recovery from the Stroke Association.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Advice and support with my recovery from other non-NHS organisations e.g. Headway, local stroke organisations.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

SPECIMEN

c. Please tick one box on each line.	Yes, and this helped	Yes, but it did not help me	No, but I would have liked this	No, because I had no need for this	No, because I declined this	Not sure
Programmes to help with healthy lifestyle e.g. help with stopping smoking, healthy diet or exercise.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The opportunity to talk with other stroke survivors (this could have been face to face, over the phone or online).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Advice and support with benefits / financial worries from other organisations e.g. Citizens Advice, Job Centre.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

16. Is there **anything else** you would like to tell us about your community therapy, treatment and care?

17. Were you offered a review appointment 6 months after your stroke? Please tell us who this was with and when it happened.

Please tick one box on each line.	4-6 months after my stroke	6-8 months after my stroke	8+ months after my stroke	Not applicable	Not sure
Stroke specialist at hospital.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Stroke specialist in the community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
GP.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Stroke Association Support Worker.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

18. If you had a six month review following your stroke, how did it happen?

Tick all that apply

- 1 Face to face     
  2 By telephone     
  3 Virtually by video call

The following questions will ask you about your **employment and education**.

**19. What was your employment/education status before and after your stroke?**

Please tick the answers which best apply to you.

Tick all that apply	Before stroke	After stroke
In full time education (school, college, or university).	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Employed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Self employed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Not in work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Unpaid care or looking after children or relatives.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Unable to work, including medically retired.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Retired.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Volunteer.	<input type="checkbox"/> 1	<input type="checkbox"/> 2

If you were employed or self-employed **before** your stroke, please answer question 20. Otherwise, move to question 21.

20. Please state how much you agree with the following statements?							
a. Please tick one box on each line.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure	Not applicable
Returning to work is / was important to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I feel that my employer is supportive and understanding of my stroke.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I feel that I still have opportunities to develop my career after my stroke.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

b. Please tick one box on each line.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure	Not applicable
My therapy team / GP provided support with my return to work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
The Stroke Association provided support with my return to work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Other organisations provided support with my return to work e.g. local Council schemes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

21. Is there **anything else** you would like to tell us about your experience?

The following questions will ask you about your **personal information**.

This will tell us if we are reaching everyone we need to, and will help us to understand how experiences might vary for different members of the community. We will use the data to help us understand how to make improvements in services. If you are uncomfortable giving any of this information, please choose the 'Prefer not to say' option.

22. What year were you born?

(Please write in) E.g.

1	9	4	4
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23. What **gender** are you?

Male

Female

Non-binary

Prefer to self-describe

Prefer not to say

24. Is your gender identity the same as the sex you were registered at birth?

- 1  Yes                      2  No                      3  Prefer not to say

25. To which of these ethnic groups do you belong?

(Tick one only)

**WHITE**

- 1  English / Welsh / Scottish / Northern Irish / British
- 2  Irish
- 3  Gypsy or Irish traveller
- 4  Roma
- 5  Any other white background  
(please write in box below)

**ASIAN OR ASIAN BRITISH**

- 10  Indian
- 11  Pakistani
- 12  Bangladeshi
- 13  Chinese
- 14  Any other Asian background  
(please write in box below)

**MIXED OR MULTIPLE ETHNIC GROUPS**

- 6  White and black Caribbean
- 7  White and black African
- 8  White and Asian
- 9  Any other mixed or multiple ethnic background  
(please write in box below)

**BLACK OR BLACK BRITISH**

- 15  Caribbean
- 16  African
- 17  Any other Black background  
(please write in box below)

**OTHER ETHNIC GROUP**

- 18  Arab
- 19  Any other ethnic group  
(please write in box below)

- 20  Prefer not to say

26. Which of the following best describes how you think of yourself?

- 1  Heterosexual or straight    2  Gay or lesbian    3  Bisexual    4  Other    5  Prefer not to say