

**NHS Cancer Programme**  
**Demographic Monitoring Form (v0.17, 2023)**  
Patient & Public Voice (PPV) Partner  
10 August 2023

**Why are we asking for this information?**

It's important for us to know whether people from all backgrounds and communities have been able to access this PPV Partner recruitment.

The information you provide will help us to check that we are giving the same opportunities to everyone to be involved, and if we find gaps, to help us change our approach to make it more inclusive.

All information given will be kept anonymous in accordance with UK Data Protection legislation.

**You don't have to answer all of the questions.** Please leave any (or all) of the questions blank if you don't wish to provide this information

This form has a total of 20 questions; and we estimate that it will take approximately five minutes to fill out.

Please note that this form is also available in **easy read**. If you need any help in answering any of the questions, or would like someone to help you fill out this form, please email [R.francoise@nhs.net](mailto:R.francoise@nhs.net) or call 07713795802.

**Section A – where you live**

**1. Where do you currently live?**

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> North East & Yorkshire | <input type="checkbox"/> North West | <input type="checkbox"/> Midlands   |
| <input type="checkbox"/> East of England        | <input type="checkbox"/> London     | <input type="checkbox"/> South East |
| <input type="checkbox"/> South West             | <input type="checkbox"/> Don't know |                                     |

**2. How would you describe your local area?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Urban<br>(city or town) | <input type="checkbox"/> Suburban<br>(outskirts of a town) | <input type="checkbox"/> Rural/countryside<br>(village or hamlet) |
|--|--|---|

**3. And is this area?**

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Coastal (near the sea) | <input type="checkbox"/> Inland |
|---|---------------------------------|

## Section B – protected characteristics

### 4. What is your age? (Please select only one option)

- |                                |                                |                                |                                 |
|--------------------------------|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> 0-5   | <input type="checkbox"/> 6-10  | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20  |
| <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26-30 | <input type="checkbox"/> 31-35 | <input type="checkbox"/> 36-40  |
| <input type="checkbox"/> 41-45 | <input type="checkbox"/> 46-50 | <input type="checkbox"/> 51-55 | <input type="checkbox"/> 56-60  |
| <input type="checkbox"/> 61-65 | <input type="checkbox"/> 66-70 | <input type="checkbox"/> 71-75 | <input type="checkbox"/> 76-80  |
| <input type="checkbox"/> 81-85 | <input type="checkbox"/> 86-90 | <input type="checkbox"/> 91-95 | <input type="checkbox"/> 96-100 |
| <input type="checkbox"/> 101+  |                                |                                |                                 |

### 5. Do you identify with / belong to a religion or belief system?

(Please select the option(s) that apply to you. Each category includes any denominations within that religion or belief system)

- |  |                                   |                                   |                                   |
|--|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> No religion             | <input type="checkbox"/> Agnostic | <input type="checkbox"/> Atheist  | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Christian               | <input type="checkbox"/> Hindu    | <input type="checkbox"/> Humanist | <input type="checkbox"/> Jewish   |
| <input type="checkbox"/> Muslim                  | <input type="checkbox"/> Sikh     |                                   |                                   |
| <input type="checkbox"/> Other (please write in) | <input type="text"/>              |                                   |                                   |

### 6. Which of the following options best describes how you think of yourself?

(please select only one option)

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Woman (incl. trans woman)        | <input type="checkbox"/> Man (incl. trans man) | <input type="checkbox"/> Non-binary |
| <input type="checkbox"/> In another way (please write in) | <input type="text"/>                           |                                     |

### 7. Is your gender identity the same as the gender you were given at birth?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

### 8. Which of the following best describes your ethnic group or background?

(please select only one option)

### **Asian / Asian British**

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian or Asian British background

→ Please describe here:

### **Black / African / Caribbean / Black British**

- African
- Caribbean
- Any other Black / African / Caribbean / Black British background

→ Please describe here:

### **Mixed / Multiple ethnic**

- Asian and White
- Black Caribbean and White
- Black African and White
- Any other mixed background

→ Please describe here:

### **White**

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background

→ Please describe here:

### **Other Ethnic Group**

- Arab
- Any other ethnic group

→ Please describe here:

**9. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (including any problems related to old age).**

Yes

No

**10. Do you identify with any of the following:**

(please select all of the options that apply)

I have experience of vision issues (for example, due to blindness or partial sight)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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I am a Deaf person or have experience of hearing issues	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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I have experience of mobility issues, such as difficulty walking short distances, climbing stairs, lifting and carrying objects	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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I have experience of stamina or breathing difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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I have a learning disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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I am autistic	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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I am neurodivergent in a different way (for example, ADHD, dyslexia, Tourette syndrome, etc)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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I have experience of difficulties with concentrating or remembering	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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I have experience of mental health issues (for example, anxiety, depression, bipolar disorder etc)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**11. Which of the following options best describes your sexual orientation?**

(please select only one option)

Heterosexual/Straight

Lesbian

Bisexual / Bi+

Gay

In another way (please describe)

**12. What is your legal marital or registered civil partnership status?**

(please select only one option)

Never married and never registered in a civil partnership

Married

Separated,  
but still legally  
married

Divorced

Widowed

In a registered  
civil partnership

Separated,  
but still legally  
in a civil  
partnership

Formerly in  
a civil  
partnership  
which is  
now legally  
dissolved

Surviving  
partner from a  
registered civil  
partnership

**13. Are you a parent/guardian or currently pregnant?**

(please select all of the options that apply)

Yes, I'm pregnant

Yes, I have a child/  
children **under the  
age of one**

Yes, I have a child/  
children **aged  
between 1 and 5**

Yes, I have a child/  
children **aged  
between 6 and 15**

Yes, I have a child/  
children **aged 16 and  
over**

I'm a bereaved  
parent

No, I'm not a parent /  
guardian nor pregnant

**Section C – health inclusion**

We aim to include a diverse range of people in all areas of our work. This helps us to better understand health inequalities and people's experiences; and to identify where we could do better. **As with all sections of this form, please leave a question blank if you do not wish to answer.**

**14. Do you live alone or with other people?**

(please select only one option)

I live alone

I live alone, but have someone who comes  
in to support me (also known as supported living)

I live with another  
person / other people

I live with another person / other people, and  
have someone who comes in to support me

**15. Please indicate if you identify as being a member of any of the following communities?**

- Boater                       Roma                       Romany Gypsy                       Showman
- Irish Traveller                       New Traveller                       Other Traveller

**16. Do you look after someone? (Also known as being a carer)**

(A carer is someone who looks after a family member, partner, friend or neighbour who needs help because of their illness, frailty, disability, a mental health issue or an addiction. Carers are not paid for doing this role, although they may receive carer benefits).

- No, I'm not a carer                       Yes, 9 hours a week or less                       Yes, 10 to 19 hours a week
- Yes, 20-34 hours a week                       Yes, 35 to 49 hours a week                       Yes, 50 or more hours a week

**17. Would you describe yourself as intersex?**

(This means someone who is born with body parts that people usually think of as both male and female, or body parts that don't match peoples' usual ideas of male or female).

- Yes                       No

**18. What is your employment status?**

(please select any of the options that apply)

- Employed (full time)                       Employed (part time)                       Retired
- Self-employed (full time)                       Self-employed (part time)
- Student (full time)                       Student (part time)
- Unemployed / not in paid employment (eligible for benefits)                       Unemployed / not in paid employment (**not** eligible for benefits)
- Volunteer (full time)                       Volunteer (part time)

**19. Which of the following best describes your current financial situation?**

(please select only one option)

- I have **more than enough** money for basic necessities and a **lot** spare that I can save or spend on extras or leisure
- I have **more than enough** money for basic necessities and a **little** spare that I can save or spend on extras or leisure
- I have **just enough** money for basic necessities and little else
- I **don't have enough** money for basic necessities; and sometimes or often run out of money

**20. Please select any of the following which apply to your personal experience:** (please select either 'yes' or 'no' for each category)

I have experience of being homeless	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have experience of living in institutional / residential care	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am or have been a refugee / immigrant / asylum seeker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have experience of the criminal justice system	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have experience of serving in either the UK's Regular or Reserve UK Armed Forces	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am someone living with HIV	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have experience of being a sex worker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have experience of drug or alcohol addiction	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have experience of being a victim of modern slavery	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Thank you very much for taking the time to fill out this form.**

This form will next be reviewed in Feb 2024. Feedback about suggested changes to this form can be sent to: [england.engagement@nhs.net](mailto:england.engagement@nhs.net)