**Equality and Diversity**

The following questions are to collect information about our patients and users. This information can help us to plan to need the needs of the community, to ensure that everyone has equal access to the health care we provide, and that we deliver our service to the same high standard for all our patients. Completion of this page is entirely voluntary. Any information you wish to tell us will be treated in confidence and only used to assist in the development of our service.

Age of the patient/user in years Gender of the patient/user

Male

I do not wish to declare

I do not wish to declare

Female

**Ethnicity of the patient/user:**

Any other mixed background (please specify below)

Black African

White British

Any other Black background (please specify below)

Any other White background (please specify below)

White Irish

Chinese

Asian Pakistani

Asian Indian

Mixed White and Black Caribbean

Asian Bangladeshi

Any other ethnic group (please specify below)

Mixed White and Black African

Any other Asian background (please specify below)

I do not wish to declare

White and Black Asian

Black Caribbean

Other, please specify

**Religious beliefs of the patient/user:**

Muslim

None

Christian

Sikh

I do not wish to declare

Hindu

Buddhist

Jewish

Other, please specify

 **Sexual orientation of the patient/user:**

I do not wish to declare

Lesbian

Heterosexual

Bisexual

Gay

Other, please specify

**Do you (the patient/user) have any of the following disabilities?**

Mental Health Disorder

Sensory Impairment

I do not have any disabilities

I do not wish to declare

Long Standing Condition

Physical Impairment

Other, please specify

Learning Disability

**Are you married or in a civil partnership?**

Yes.……………………………………….………..………………………………

No.……………………………………….………..……………………………….

I do not wish to declare.……………………………………….………..

Other, please specify

**Are you currently pregnant or have had a child within the last 12 months?**

No, I am not pregnant.……………………………………….…………..

No, I do not have a child under 12 months old……………….

Yes, I am pregnant.……………………………………….…………………

Yes, I have a child under 12 months old…………………………..

I do not wish to declare.……………………………………………......

**Are you or have you been undergoing gender reassignment?**

Yes.……………………………………….…………………………………........

No………………………………………….………………………………….......

I do not wish to declare…………………………………………….......

**Did you require any of the following information in a different format to assist you with access to the** **service?**

Text only web page
(including ability to change colours)

Deafblind interpreter

I did not require a different format

Easy Read

Text only web page (including ability to change font size)

British Sign Language (BSL) interpreter

Braille

Large Print

ad

Page Magnification (website)

Text re-sizing (Website)



Browse aloud (Website)

I do not wish to declare



Deafblind advocate

If Yes, please tell us why

**Do you feel any of the above strands of diversity may have affected the service you received from the East of England Ambulance Service NHS Trust?**No…. Yes in a positive way…. No in a negative way….
If yes, please tell us why