

Item 11

Appendix B

If you feel happy to do so please tell us about yourself by answering the following questions. This will help us to analyse the information you have given us about your experience of using SDDC services but you do not have to answer anything you feel uncomfortable about. Your views are valuable and will be included irrespective of the personal information you give.

Please circle as appropriate or fill in the required information.

Are you? Male Female

How old are you? 60 – 65 66 – 70 71 – 75

76 – 80 81 – 85 86 – 90

Over 90

Do you consider yourself to have any kind of disability?
(Please circle all that apply)

Mobility Problem Visual Impairment Hearing Impairment

Mental Health Issue Learning Difficulty

What is your ethnic background? E.g. White British

What is your first language? E.g. English

What is your sexuality?
(Please circle as appropriate)

Heterosexual Gay Lesbian Bisexual

Transgender

Where in South Derbyshire do you live? E.g. Newhall