Participant ID:

**Women’s Health and Wellbeing Services for Women aged 40-65 years in East Sussex**

Demographic Form: Questions About Yourself, **Provider of Women’s Health and Wellbeing Services for Women aged 40-65 years who live in East Sussex** (professionals who deliver, commission, or signpost women aged 40-65 years living in East Sussex to women’s health and wellbeing services. This includes Primary and Secondary Health and Social Care Professionals, Council workers, Non-Government-Organisation workers, Charity workers, Community workers, Commissioners.)

Version 1, Date 18.1.24

The purpose of this form is to collect anonymous information about the people who take part in this study, to check that our research represents a wide range of Providers. All information on this form will be treated confidentially, and in line with the Data Protection Act. The information that you provide here will be stored separately from your name and contact details, and separately from the research results, in a secure, encrypted, password protected form. Please only answer questions that you feel comfortable answering. Please write your answer when appropriate or tick the box.

1. **What is your role?** Please tick the box or write your answer.

|  |  |
| --- | --- |
| 1. Administrative Staff |  |
| 1. Charity/ NGO worker |  |
| 1. Council worker |  |
| 1. Commissioner of services |  |
| 1. Doctor |  |
| 1. Health Advisor |  |
| 1. Health Care Assistant |  |
| 1. Manager of services |  |
| 1. Nurse |  |
| 1. Pharmacist |  |
| 1. Pharmacy Assistant |  |
| 1. Public health services worker |  |
| 1. Receptionist |  |
| 1. Other, please write |  |

1. **What is the post-code of your place of work?** Please write your answer in the box.
2. **Which service(s) do you provide/ commission for women aged 40-65 years in East Sussex?** Please tick the box or write your answer.

|  |  |
| --- | --- |
| 1. Charitable or Non-Government Organisation Services |  |
| 1. Community Services e.g., drug and alcohol drop-in |  |
| 1. Gynaecology |  |
| 1. Mental Health Services |  |
| 1. Primary Care |  |
| 1. Secondary Health Care Services infectious diseases, diabetes, endocrinology, neurology, gastro-intestinal, respiratory, renal, cardiology, surgical (including urology) |  |
| 1. Sexual Health and Sexual Wellbeing Services |  |
| 1. Other, please write |  |

1. **What is your ethnic group?** Please tick one box.

|  |  |  |  |
| --- | --- | --- | --- |
| **Asian or Asian British** |  | **Mixed or Multiple Ethnic Groups** |  |
| 1. Bangladeshi |  | K. Asian and White |  |
| 1. Chinese |  | L. Black African and White |  |
| 1. Indian |  | M. Black Caribbean and White |  |
| 1. Pakistani |  | N. Any other Mixed/Multiple ethnic background, please describe |  |
| 1. Any other Asian background, please describe |  | **White** |  |
| **Black, Black British African, Caribbean, or African** |  | O. British/ English/Northern Irish/ Scottish/ Welsh |  |
| 1. African |  | P. Irish |  |
| 1. Caribbean |  | Q. Gypsy or Irish Traveller |  |
| 1. Any other Black/African/Caribbean background, please describe |  | R. Roma |  |
| **Other ethnic group** |  | S. Any other White background, please describe |  |
| 1. Arab |  | T. **Prefer not to say** |  |
| 1. Any other ethnic group |  |  |  |

1. **What is your age?** Please write your answer in the box**.**
2. **What is your gender?** Please tick one box.

|  |  |
| --- | --- |
| 1. Cis-Female (assigned female at birth and identify as a woman) |  |
| 1. Non-Binary (do not identify as exclusively a man or a woman) |  |
| 1. Trans-Female (assigned male at birth and identify as a woman) |  |
| 1. Other gender identity not listed, please write |  |
| 1. Prefer not to say |  |

1. **Which of the following best describes your sexual orientation?** Please tick one box.

|  |  |
| --- | --- |
| 1. Bisexual |  |
| 1. Gay or Lesbian |  |
| 1. Heterosexual or Straight |  |
| 1. Other sexual orientation not listed, please write |  |
| 1. Prefer not to say |  |