

Question 2 Are you? Please cross (*) one box only.

- The Lead Tenant (the tenancy is solely in your name)
- A Joint Tenant (where the tenancy is in multiple names)
- The Leaseholder
- Other household member (e.g. Tenant's spouse, partner, sibling or child)
- Other (e.g. a carer or lodger)

Question 3 Gender. Please cross (*) one box only.

- Male
- Female

Question 4 Date of birth. Please write in the format DD/MM/YY:

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Question 5 To which of these groups do you consider you belong? Please cross (*) one box only.

- White: British
 - White: European
 - White: Irish
 - Any other White background (please cross and write in capitals)
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- Asian or Asian British: Bangladeshi
 - Asian or Asian British: Indian
 - Asian or Asian British: Kashmiri
 - Asian or Asian British: Pakistani
 - Any other Asian background (please cross and write in capitals)
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I do not wish to answer

- Mixed: White & Asian
 - Mixed: White & Black African
 - Mixed: White & Black Caribbean
 - Any other mixed background (please cross and write in capitals)
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- Black or Black African
 - Black or Black British: Caribbean
 - Any other Black background (please cross and write in capitals)
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- Chinese
 - Gypsy / Traveller
 - Other Ethnic Group (please cross and write in capitals)
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Question 6 Which of these religions/faiths would you say that you belong to? Please cross (*) one box only.

- Buddhist
 - Christian
 - Hindu
 - Jewish
 - Muslim
 - Rastafarian
 - Sikh
 - No Religion/Faith
 - I do not wish to answer
 - Other (please cross (*) and write in capitals)
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Question 7 Communication Needs – Do you need to receive information in another format? If yes, please cross (*) one box only.

- Audio Tape or CD
 - British Sign Language
 - Braille
 - Large Print
 - Minicom
 - Phone Preferred
 - Email
 - Text Message
 - Other (please cross (*) and write in capitals)
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Question 8 Language Needs - If possible would you prefer to receive information in? Please cross (*) one box only.

- Albanian
 - Amharic
 - Arabic
 - Bengali
 - Cantonese
 - Czech
 - English
 - Farsi
 - French
 - German
 - Gujarati
 - Hindi
 - Kurdish
 - Lingala
 - Mandarin
 - Pahari
 - Polish
 - Portugese
 - Punjabi
 - Pushto
 - Russian
 - Somalian
 - Spanish
 - Swahili
 - Tamil
 - Tigrinya
 - Turkish
 - Urdu
 - Vietnamese
 - Other (please cross (*) and write in capitals)
 - I do not wish to answer
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Question 9 Do you consider yourself to be disabled? Please cross (*) one box only.

- Yes
- No (If no go to Question 11)

Question 10 Do you consider yourself to be a person with? Please cross (*) one box only.

- Hearing Impairment
 - Learning Difficulties
 - Mental Health Needs
 - Physical Impairment
 - Speech Impairment
 - Visual Impairment
 - I do not wish to answer
 - Other (please cross (*) and write in capitals)
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Question 11 Work Status? Please cross (*) one box only.

- Employee in full time job (30 hours or more per week)
- Employee in part time job (less than 30 hours per week)
- Self employed (full or part time)
- Government supported training
- Unemployed and available for work
- Wholly retired from work
- Full time education at school, college or University
- Permanently sick / disabled
- Looking after family / home
- Doing something else
- I do not wish to answer

Question 12 How would you define your sexuality? Please cross (*) one box only.

- Heterosexual (someone who is attracted emotionally and / or physically to persons of the opposite sex)
- Lesbian (a woman who is attracted emotionally and / or physically to other women)
- Gay man (a man who is attracted emotionally and / or physically to other men)
- Bisexual (someone who is attracted emotionally and / or physically to both sexes)
- I do not wish to answer