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|  |
| Demographic form |
|  |

 |

Participant ID: Click or tap here to enter text.

# How old are you (in years)?

|  |  |
| --- | --- |
|  | Click or tap here to enter text. |

# What sex were you assigned at birth, on your original birth certificate?

|  |
| --- |
|[ ]  Male |
|[ ]  Female |

# What is your gender?

|  |
| --- |
|[ ]  Male |
|[ ]  Female |
|[ ]  Transgender Male |
|[ ]  Transgender Female |
|[ ]  Gender variant/ non-conforming |
|[ ]  Other Click or tap here to enter text. |
|[ ]  Prefer not to say |

# What is your ethnicity?

|  |
| --- |
|[ ]  White |
|[ ]  Mixed/ Multiple ethnic groups |
|[ ]  Asian/ Asian British |
|[ ]  Black / African / Caribbean / Black British |
|[ ]  Other ethnic group |

# What is your postcode?

|  |  |
| --- | --- |
|  | Click or tap here to enter text. |