|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | | --- | |  | | 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. |