|  |
| --- |
| 1. If you need information about cancer where would you go or look? **(please tick all options that apply)**

GP or nurse Macmillan support/centresLocal support group InternetOther (please state here)  |
| 1. Please can you tell us where you live in south Sefton? **(please tick one option)**

Bootle Crosby/WaterlooSeaforth or Litherland Maghull Netherton  |
| 1. Which other areas of Sefton would you travel to if you wanted to visit a Macmillan Cancer Support Information Hub? **(please tick all options that apply)**

Bootle Crosby/WaterlooSeaforth or Litherland Maghull Netherton  |
| 1. Do you find it difficult to travel to other areas of Sefton?

 Yes No |
| 1. If you have difficulties travelling to other areas of south Sefton, please tell us why?

**(please tick all options that apply)** Costs of travel No transport availablePoor bus/train service Disability Health issuesOther (please state here)  |
| 1. Which type of venue would you prefer a Macmillan Information Hub to be located inside? **(please tick all options that apply)**

Health centre Council building eg; One Stop ShopLocal community venue Other (please state here) |
| 1. If you have any further comments or ideas you would like to share about the Information Hubs, please write these below:
 |

 **About you**

We are committed to ensuring all our services are easy for people to use. By providing this additional information, you will help us to measure how effectively we are reaching all sections of our community.

Answer as much or as little as you want. Whatever information you give, we will not be able to identify you as an individual.

|  |  |
| --- | --- |
| **1. Are you...** Male Female  | **2. What is your age?**   |
| **3. Please tell us if any of the following apply to you**: **(please tick all that apply)** I am a carer I am a parent I work full time I am a full time student I have a long term health condition  |
| **4. Disability: Do you have any of the following:** **(please tick all that apply)** Physical Impairment Visual Impairment Learning Difficulty  Hearing Impairment/deaf Mental health/mental distress Long term illness that affects your daily activity  |
| If you have ticked any the boxes above, or you have cancer, diabetes or HIV this would be classed as ‘disability’ under the legislation. **Do you consider yourself to be ‘disabled’?** Yes No |
| **5. Which of these options best describes your** **ethnic background**? (**please tick one box)** |
| **Asian:**  Bangladeshi Indian Pakistani Other Asian background (please specify if you wish) **Black:**  African Caribbean Other Black background (please specify if you wish) **Chinese:** Chinese  Other Chinese background (please specify if you wish)   |
| **Mixed Ethnic Background**:  Asian & White Black African & White Black Caribbean & White Other Mixed background (please specify if you wish) **White:** British English Irish Scottish Welsh  Polish Latvian Gypsy / Traveller Other White background (please specify if you wish)  |
| **6. Do you have a religion or belief?**Yes No   |
| **7. If you ticked yes, please tell us your religion or belief: (please tick one box)** Buddhist Christian Hindu Jewish Muslim Sikh   Other (please state here)  |
| **8. How would you describe your sexual orientation?** Heterosexual Bisexual Gay Lesbian |
| **9. Do you live in the gender you were given at birth?** Yes No |

Please return your completed survey to the following freepost address **by**:

**Freepost SOUTH SEFTON CLNICAL COMMISSIONING GROUP**

Thank you for your support!

Please complete and post your survey to us by 22nd April **2016**