Timms Review Workshop: About you

Thank you for taking the time to complete this form. This form is to help us understand who took part in the session. This form is anonymous and does not ask for any personally identifiable information (like your name). The facilitators will collect this form from participants and share the answers with the Timms Review team in **aggregate**, meaning we will count the responses and share the total rather than information on individual participants. You can skip any question by selecting prefer not to say.

Section 1: About you

Question 1: What is your age group?

- ☐ Under 18
- ☐ 18 to 30
- ☐ 31 to 54
- ☐ 55 to 64
- ☐ 65 or over
- ☐ Prefer not to say

Question 2: What is your ethnic group?

☐ White: English/Welsh/Scottish/Northern Irish/British, Irish, Gypsy Traveller or Irish Traveller, Any other White background
☐ Mixed or multiple ethnic groups: White and Black Caribbean,White and Black African, White and Asian, Any other Mixed/Multiple ethnic background
☐ Asian or Asian British: Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background
☐ Black, African, Caribbean or Black British: African, Caribbean, Any other Black/African/Caribbean background
☐ Prefer not to say

Other (please specify):	

Question 3: What is your gender?

- ☐ Man
- ☐ Woman
- ☐ Non-binary
- ☐ Prefer not to say

Prefer to self-describe:	

Question 4: Is your gender identity the same sex as you were assigned at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Question 5: What is your sexual orientation?

- ☐ Heterosexual / Straight
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Prefer not to say

Other (please specify):	

Question 6: Do you have a disability, impairment or condition? (You can select more than one answer)

- ☐ Learning disability
- ☐ Autism / ADHD / ADD / Neurodivergence
- ☐ Mental health condition
- ☐ Physical impairment
- ☐ D/deaf or hearing impairment
- ☐ Blind or partially sighted
- ☐ Long-term health condition
- ☐ Multiple long-term health conditions
- ☐ Fluctuating condition
- ☐ Energy limiting/ fatigue condition
- ☐ Speech, language or communication need
- ☐ Prefer not to say

Other (please specify):	

Section 2: Your experience of Personal Independence Payment (PIP)

Question 7: Which of the following best describes your experience of PIP?

☐ I receive PIP
☐ I am a Disabled person who does not receive PIP
☐ I am a family member, carer or supporter for someone who receives PIP
☐ I am a family member, carer or supporter for someone who does not receive PIP
☐ I provide formal advice or support (e.g. an advisor or advocate)
☐ Member of the general public
☐ Prefer not to say

Other (please specify):	

This marks the end of the form