

# LGBT Voice Counts

## Hertfordshire 2010

Your responses to this questionnaire will be used to inform the planning and delivery of local services to ensure that they better meet the needs of LGBT people in Hertfordshire.

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Please indicate your answers to each question by placing a **X** in the boxes provided. Please use the space in Q27 to provide further details to questions or to comment on this questionnaire.

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**Q1 Do you either live, work, or study in Hertfordshire ?**

**Yes**  Please indicate all of the categories which describe you then go to Q2

I live in Hertfordshire	<input type="checkbox"/>
I work in Hertfordshire	<input type="checkbox"/>
I study in Hertfordshire	<input type="checkbox"/>

**No**  We are sorry but you do not meet the criteria to respond to this questionnaire.

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**Q2 Are you Lesbian, Gay, Bisexual, Transgender or have you had same sex experiences? (from now on known as LGBT)**

N.B If you support an LGBT person as a carer or advocate, please complete this questionnaire with them from their perspective.

**Yes**  Please indicate all of the categories which describe you then go to Q3

I am a <b>lesbian / gay woman</b>	<input type="checkbox"/>
I am a <b>gay man</b>	<input type="checkbox"/>
I am <b>bisexual</b>	<input type="checkbox"/>
I have had <b>same sex experiences</b>	<input type="checkbox"/>
I am or I have been a <b>transgender person</b> - please describe	<input type="checkbox"/>

**No**  We are sorry but you do not meet the criteria to respond to this questionnaire

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**Your Networks**

**Q3 Do you visit LGBT pubs and clubs in Hertfordshire; or have you ever been a member of a LGBT society, organisation, social network or used a specialist LGBT service?** (such as a helpline / focus group / facebook)

**Yes** ✍ *Please name them and their location (e.g. walking club / London)*

**No** ✍

**Employment, Education and Volunteering**

**Q4 Which of these activities best describes what you are doing at present?**  
(Please cross all of the boxes that apply)

I work full time - employee	✍
I work part time - employee	✍
I am self employed	✍
I am retired	✍
I am looking after the home	✍
I am unemployed – available for work	✍
I am a full time student	✍
I am a part time student	✍
I am disabled / have a long term illness	✍
I regularly volunteer or provide unpaid help	✍
Other – please describe	✍

**Talking about yourself**

**Q5(i) Using the table below, please tell us.....**

**a) Who have you told that you are LGBT?**

**b) How comfortable did you feel telling these people that you are LGBT?**

Please rank how you felt  
 1 = very comfortable  
 2 = comfortable  
 3 = slightly apprehensive  
 4 = very apprehensive

**c) Who you have chosen not to tell that you are LGBT?**

	a) Who have you told?  Please cross all boxes that apply to you	b) How comfortable did you feel?  Please rank (1 to 4)	c) Who have you chosen <u>not</u> to tell?  Please cross all boxes that apply to you
Family	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Friends	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
GP (Doctor)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Hospital	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Sexual Health Clinic (GUM)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Counsellor	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Support Worker	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Social Worker	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Police	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Local Council	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Work Colleagues	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Work Customers	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Other Students	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Other - please describe	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

**Q5(ii)**

**If you have crossed any boxes in column c), please give any reasons why you have chosen not to tell these people that you are LGBT**

## Health Services

**Q6 a) Which of the following physical health, mental health or drug and alcohol services have you used in Hertfordshire over the past 5 years?**

**b) Were the services that you used LGBT inclusive?**

	a) Which services have you used?  Please cross all boxes that apply to you	b) Were the services that you used LGBT inclusive?		
		Yes	No	I don't know
Doctor (GP)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital Inpatient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital Outpatient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Health Clinic (GUM)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Complementary Therapy (e.g. Reflexology / Massage)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support Groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supported Living	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Inpatient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Day Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Counsellor / Psychotherapist / Psychologist /Therapist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatrist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Residential living	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Short break (respite) services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support worker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug and Alcohol services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fertility Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Physical Disability services – please describe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other - please describe				

## Local Public Services

**Q7 Hertfordshire County Council and your local District and Borough Council are key providers of local public services and would like to know your views on some of the services they provide.**

**Please indicate how satisfied or dissatisfied you are with each of the following services.**

Please only consider services you have used in the last twelve months.

(Please cross one box only for each service)

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	I don't know	I have not used this service in the last 12 months.
<b>a) Care and support for adults and older people, including carer support</b>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b) Education, support for schools, pupils and parents</b>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c) Election Services</b>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d) Fire and rescue emergency services</b>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e) Fire and rescue preventative services e.g. fire safety checks</b>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f) Homelessness advice</b>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g) Housing advice</b>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h) Housing or Council Tax Benefits</b>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i) Libraries</b>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>j) Parks and open spaces</b>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	I don't know	I have not used this service in the last 12 months.
<b>k) Registration of births, deaths, marriages, civil partnerships and citizenship</b>							
	✍	✍	✍	✍	✍	✍	✍
<b>l) Services for children and young people (e.g. Children's Centre, extended schools)</b>							
	✍	✍	✍	✍	✍	✍	✍
<b>m) Social care services for children and young people</b>							
	✍	✍	✍	✍	✍	✍	✍
<b>n) Sports/Leisure facilities</b>							
	✍	✍	✍	✍	✍	✍	✍
<b>o) Support regarding anti-social behaviour</b>							
	✍	✍	✍	✍	✍	✍	✍
<b>p) Trading standards (e.g. ensuring consumer products meet safety standards and business comply with trading laws)</b>							
	✍	✍	✍	✍	✍	✍	✍
<b>q) The local bus service</b>							
	✍	✍	✍	✍	✍	✍	✍
<b>r) Youth Connexions</b>							
	✍	✍	✍	✍	✍	✍	✍

**Q8 Please name up to three services (listed in Q 7 above) which you think could be improved to address the needs of LGBT customers and families in Hertfordshire?**

Name the service	Please explain the improvements that could be made
1.	
2.	
3.	

**Q9** In the last 12 months would you say that you have been treated with respect and consideration by your local public services in Hertfordshire?  
 (Please cross one box only)

All of the time	Most of the time	Some of the time	Rarely	Never	I don't know / no opinion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Information**

**Q10** a) How do you find information about Health services and Local Public services in Hertfordshire?  
 (Please cross all boxes that apply to you)

<input type="checkbox"/>	<b>Asking and talking to people</b>	Who have you asked or talked to?
<input type="checkbox"/>	<b>Posters and leaflets</b>	Where were these posters / notice boards?
<input type="checkbox"/>	<b>Internet</b>	What websites have you visited?
<input type="checkbox"/>	<b>Social networks</b>	What social network sites do you use?
<input type="checkbox"/>	<b>Other</b>	Please describe

**Q11** Do you think that information about a) Health services and b) Local Public services in Hertfordshire are both LGBT inclusive and also target specific needs? (Please cross one box only)

**a) Health services**

	Please tell us which services you are specifically referring to
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
<input type="checkbox"/> I don't know	

**b) Local Public services**

	Please tell us which services you are specifically referring to
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
<input type="checkbox"/> I don't know	

**Your Local Area**

Please consider 'your local area' to within 15 to 20 minutes walking distance from your home

**Q12** Please tell us your postcode

**Q13** To what extent do you agree or disagree that your local area is a place where people from different backgrounds get on well together?  
(Please cross one box only)

Definitely agree	Tend to agree	Tend to disagree	Definitely disagree	I don't know	Too few people in local area	I don't know other peoples backgrounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q14 How strongly do you feel that you belong to your immediate neighbourhood?**

(Please cross one box only)

Very strongly	Fairly strongly	Not very strongly	Not at all strongly	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q15 Is a sense of 'belonging to your local area' important to you?**

(Please cross one box only)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I don't know	<input type="checkbox"/>

**Q16 Do you agree or disagree that you can influence decisions affecting your local area?**

(Please cross one box only)

Definitely agree	Tend to agree	Tend to disagree	Definitely disagree	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q17 In the past 12 months have you been a part of any groups which makes decisions that affect your local area**

This does not include any action that was a requirement of your job

(Please place a cross in the box for each sentence that applies)

I have been a councillor (for the local authority, town or parish)	<input type="checkbox"/>
I have been a member of a group making decisions on local health or education services	<input type="checkbox"/>
I have been a member of a decision-making group set up to regenerate the local area	<input type="checkbox"/>
I have been a member of a decision-making group set up to tackle local crime problems	<input type="checkbox"/>
I have been a member of a tenants' group decision-making committee	<input type="checkbox"/>
I have been a member of group making decisions on local services for older people	<input type="checkbox"/>
I have been a member of group making decisions on local services for young people	<input type="checkbox"/>
I have been a member of another group making decisions on services in the local community	<input type="checkbox"/>
Others - please name	<input type="checkbox"/>

## Prejudice and Discrimination

**Q18 Have you ever experienced prejudice or discrimination when using local services because you are LGBT?**

Yes -	<input checked="" type="checkbox"/>	Please describe by whom and what occurred
No	<input checked="" type="checkbox"/>	

## Feeling Safe

***'An action committed against you or your property which is believed to be motivated by prejudice against your sexual orientation or gender identity is a homophobic or transphobic Hate Incident or Hate Crime'.***

**Q19 Before you read the statement above, were you aware that you, or someone you know, could be the victim of a Hate Incident or Hate Crime because you are LGBT?**

Yes	<input checked="" type="checkbox"/>
No	<input checked="" type="checkbox"/>

**Q20 Have you ever personally experienced a LGBT related Hate Incident or Hate Crime?**

(Please cross all boxes that apply)

Yes – in my local area	<input checked="" type="checkbox"/>	Please go to Q 21a
Yes – elsewhere in Hertfordshire	<input checked="" type="checkbox"/>	Please go to Q21a
Yes – outside of Hertfordshire	<input checked="" type="checkbox"/>	Please go to Q21a
No	<input checked="" type="checkbox"/>	Please go to Q22

**Q21a How often have you personally experienced a LGBT related Hate Incident or Hate Crime in Hertfordshire?**

Every day	Every week	Every month	Every 6 months	Every year	Rarely
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Q21b Thinking about the most recent LGBT related Hate Incident or Hate Crime, what type of action against yourself or your property did you experience?**

I was called names	<input type="checkbox"/>
I was laughed at	<input type="checkbox"/>
I was verbally threatened	<input type="checkbox"/>
I received abusive text(s), email(s), letter(s)	<input type="checkbox"/>
I was assaulted	<input type="checkbox"/>
I was a victim of theft	<input type="checkbox"/>
My property was vandalised / graffitied / deliberately damaged	<input type="checkbox"/>
Other - please describe below	<input type="checkbox"/>

**Q21c What was your relationship to the person(s) who did this?**

Unknown stranger(s)	<input type="checkbox"/>
Neighbour	<input type="checkbox"/>
Friend(s)	<input type="checkbox"/>
Person (s) known from work / school / college / university	<input type="checkbox"/>
Partner / former partner	<input type="checkbox"/>
Somebody you were on a date with	<input type="checkbox"/>
Person in a position of trust / authority -please describe	<input type="checkbox"/>
Relative - please name their relationship to you	<input type="checkbox"/>
Other - please describe	<input type="checkbox"/>
I don't know / I can't remember	<input type="checkbox"/>

**Q21d Where did this happen?**

At work	<input type="checkbox"/>
At home	<input type="checkbox"/>
At school / college / university	<input type="checkbox"/>
In a public space (park / street / pub / club)	<input type="checkbox"/>
Another place - please describe	<input type="checkbox"/>

**Q21e Have you ever sought housing or accommodation advice or needed to be re-housed because of homophobic or transphobic Hate Incidents or Hate Crimes in Hertfordshire?**

Yes - Please describe your actions and outcomes	✍
No	✍

**Q22 In the future, would you tell someone if you experienced a Hate Incident or Hate Crime?**

✍ Yes – definitely	Who you would you tell?
✍ Yes – possibly / it would depend	Who you would you tell?  Why would you tell sometimes and not others?
✍ No	Please explain why?

**Q23 Does a concern for your personal safety, or for your property in Hertfordshire, affect your quality of life?**

Yes	✍	Please go to Q24
No	✍	Please go to Q25

**Q24 How is your quality of life affected?**

Please explain

**Q25 How safe or unsafe do you feel in your local area a) During the day and b) After dark?**

*Please consider 'your local area' to within 15 to 20 minutes walking distance from your home*

(Please cross one box only in each column)

	a) During the Day	b) After Dark
I feel very safe	<input type="checkbox"/>	<input type="checkbox"/>
I feel fairly safe	<input type="checkbox"/>	<input type="checkbox"/>
I feel fairly unsafe	<input type="checkbox"/>	<input type="checkbox"/>
I feel very unsafe	<input type="checkbox"/>	<input type="checkbox"/>
I don't know	<input type="checkbox"/>	<input type="checkbox"/>

**Q26 What, if anything, would make you feel safer in your local area?**

Please explain

**Questions**

**Q27 Please use this space to provide details to questions or to comment on this questionnaire?**

(N.B if you would like a response to your query, please provide your name and contact telephone number or email below, thank you).

## Monitoring

Please answer the following questions about yourself. These will help us to see if there are differences between the views of different people. All the information you give will be kept completely confidential. To ensure your personal information is secure, all of your answers will be treated in the strictest confidence and will be stored securely. Your responses, which will not include personal information such as names addresses and postcodes, will only be used by public service organisations to monitor public services and assess how well they are performing.

### A What is your age category?

< 15	<input type="checkbox"/>	25 – 34	<input type="checkbox"/>	55 – 59	<input type="checkbox"/>	75 +	<input type="checkbox"/>
16 to 17	<input type="checkbox"/>	35 - 44	<input type="checkbox"/>	60 - 64	<input type="checkbox"/>		
18 - 24	<input type="checkbox"/>	45 - 54	<input type="checkbox"/>	65 - 74	<input type="checkbox"/>		

### B What is your gender? (please tick all boxes that apply)

Male	<input type="checkbox"/>				
Female	<input type="checkbox"/>				
Has your gender identity changed from the gender you had assigned at birth? – please explain	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				

### C What is your ethnicity?

<b>Asian or Asian British</b>		<b>Mixed</b>	
Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
Another Asian background - please describe	<input type="checkbox"/>	Another Mixed background - please describe	<input type="checkbox"/>
<b>Black or Black British</b>		<b>White</b>	
African	<input type="checkbox"/>	British	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Another Black background - please describe	<input type="checkbox"/>	Another White background - please describe	<input type="checkbox"/>
<b>Chinese</b>		<b>Another Ethnic Group</b>	
Chinese	<input type="checkbox"/>	Gypsy or Traveller	<input type="checkbox"/>
		Another Ethnic background - please describe	<input type="checkbox"/>

**D Please tell us your religion or belief?**  
(please name or answer 'none' if you do not have a religion or belief)

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**E Do you have a disability or long term illness?**

Yes	<input type="checkbox"/>	Please cross all of the boxes that apply
		Learning Disability or Difficulty <input type="checkbox"/>
		Physical Disability <input type="checkbox"/>
		Sensory Disability <input type="checkbox"/>
		Long term Mental Health Illness <input type="checkbox"/>
		Long term Illness – please describe <input type="checkbox"/>
No	<input type="checkbox"/>	

**F Do you smoke?**

Yes	<input type="checkbox"/>	How many cigarettes, roll ups, cigars, pipes do you smoke per day?
		I smoke over 20 a day <input type="checkbox"/>
		I smoke 20 a day <input type="checkbox"/>
		I smoke 10 a day <input type="checkbox"/>
		I smoke under 10 a day <input type="checkbox"/>
		I am a social smoker <input type="checkbox"/>
No	<input type="checkbox"/>	

**G Do you drink alcohol?**

Yes	<input type="checkbox"/>	Approximately how many units per week do you drink? <i>(1 unit = 1 small glass of wine, ½ pint of beer, 1 measure of spirits)</i>
		I drink approximately _____ units a week
No	<input type="checkbox"/>	

**H Do you take any of the following drugs?**

Yes	<input type="checkbox"/>	Please circle or highlight the type of drugs that you have used
		Ecstasy, Prescription, Heroin, Amphetamine (Speed), Crack, Amyl Nitrate (Poppers), Cocaine, Ketamine, Marijuana, Crystal meth, GHB, Other - please name
No	<input type="checkbox"/>	

**I Please tell us your relationship status?**

Single	<input type="checkbox"/>
Same sex partner - not living together	<input type="checkbox"/>
Same sex partner - living together	<input type="checkbox"/>
Opposite sex partner - living together	<input type="checkbox"/>
Opposite sex partner - not living together	<input type="checkbox"/>
Civil Partnered	<input type="checkbox"/>
Married	<input type="checkbox"/>
Separated / Divorced - from Civil Partner	<input type="checkbox"/>
Separated / Divorced - from Husband / Wife	<input type="checkbox"/>
Other - Please describe	<input type="checkbox"/>

**J Are you an unpaid Carer?**

*An unpaid carer is someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, a physical or mental condition, a physical or learning disability or substance dependency.*

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I don't know	<input type="checkbox"/>

**K Which of the following represents the total annual income of your whole household before deductions for Income Tax, National Insurance etc. (please cross one box only)**

£5,200 or less	<input type="checkbox"/>
£5,201 to £10,400	<input type="checkbox"/>
£10,401 to £16,640	<input type="checkbox"/>
£16,641 to £26,000	<input type="checkbox"/>
£26,001 to £36,400	<input type="checkbox"/>
£36,401 to £46,800	<input type="checkbox"/>
£46,801 to £70,200	<input type="checkbox"/>
£70,201 or more	<input type="checkbox"/>
I don't know	<input type="checkbox"/>
I prefer not to answer	<input type="checkbox"/>

**L How does your household occupy your current home?**

(please cross one box only)

Owned outright	<input type="checkbox"/>
Buying on a mortgage	<input type="checkbox"/>
Rent from Council	<input type="checkbox"/>
Rent from Housing Association / Trust	<input type="checkbox"/>
Rented from Private landlord	<input type="checkbox"/>
Other – please describe	<input type="checkbox"/>

Thank you for taking the time to answer this questionnaire.

Please encourage your LGBT friends and family to also complete this questionnaire.

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If you have any questions or queries please email [survey@lgbtvoicerecounts.co.uk](mailto:survey@lgbtvoicerecounts.co.uk), or ring **07508416076** or visit the website [www.lgbtvoicerecounts.co.uk](http://www.lgbtvoicerecounts.co.uk)

Please return this questionnaire (no stamp needed) by 22nd March 2010 to:-

Freepost RSGL-HRXC-BZXH  
Equality East  
PO Box 932  
Ipswich  
IP1 9QU

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This survey has been funded by:-

Dacorum Borough Council  
East Herts Council  
Hertfordshire County Council  
Hertfordshire Constabulary  
Hertfordshire Partnership NHS Foundation Trust  
Hertfordshire Police Authority  
Hertsmere Borough Council  
NHS Hertfordshire Community Health Services  
NHS West Hertfordshire and East and North Hertfordshire  
North Hertfordshire District Council  
St Albans City and District Council  
Stevenage Borough Council  
Three Rivers District Council  
Watford Borough Council  
Welwyn Hatfield Borough Council

This sheet will be separated from the questionnaire

**LGBT Voice Counts  
Future Consultation**

**Would you like to be asked your views in the future?**

If you would like to be asked your views in the future please provide your contact details below

Your contact details will be separated from the questionnaire.

Hertfordshire County Council will not share your contact details with anybody else  
(under the Data Protection Act 2003)

	<b>Contact Details</b>
Name	
Email address	
Mobile Telephone number	
Home Telephone number	
Postal Address	