



Department  
of Health &  
Social Care

# NHS Continuing Healthcare Checklist

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| <b>Contact details:</b><br>NHS Continuing Healthcare and NHS-funded Nursing Care team<br>Department of Health and Social Care<br>39 Victoria Street<br>London SW1H 0EU<br><b>PLEASE SEND COMPLETED CHECKLISTS TO YOUR CCG</b> |

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## What is the Checklist and why is it used?

1. The Checklist is a screening tool which can be used in a variety of settings to help practitioners identify individuals who may need a referral for a full assessment of eligibility for NHS Continuing Healthcare.
2. All staff who complete the Checklist should be familiar with the principles of the National Framework for Continuing Healthcare and NHS-funded Nursing Care and also be familiar with the Decision Support Tool for NHS Continuing Healthcare.
3. The Checklist threshold at this stage of the process has intentionally been set low, in order to ensure that all those who require a full assessment of eligibility for NHS Continuing Healthcare have this opportunity.
4. There are two potential outcomes following completion of the Checklist:
  - a negative Checklist , meaning the individual does not require a full assessment of eligibility and they are not eligible for NHS Continuing Healthcare; or
  - a positive Checklist meaning an individual now requires a full assessment of eligibility for NHS Continuing Healthcare. It does not necessarily mean the individual is eligible for NHS Continuing Healthcare.

**Note:**

*All these tools are available electronically (as Word documents) and pages or boxes can be expanded as necessary.*

*It is important to note that these are national tools and the content should not be changed, added to or abbreviated in any way. However, CCGs may attach their logo and additional patient identification details if necessary (e.g. adding NHS number, etc.).*

## When should the Checklist be completed?

5. Where there may be need for NHS Continuing Healthcare, the Checklist should normally be completed.
6. There will be many situations where it is not necessary to complete the Checklist. See paragraphs 91 of the National Framework and page 7 below.
7. Screening and assessment of eligibility for NHS Continuing Healthcare should be at the right time and location for the individual and when the individual's ongoing needs are known. This may be in a variety of settings, although the full assessment of eligibility should normally take place when the individual is in a community setting, preferably their own home. The core underlying principle is that individuals should be supported to access and follow the process that is most suitable for their current and ongoing needs. This will help practitioners to correctly identify individuals who require a full assessment of eligibility for NHS Continuing Healthcare.
8. To understand how NHS Continuing Healthcare interacts with hospital discharge, please refer to paragraphs 109-117 of the National Framework.

## Who can complete the Checklist?

9. The Checklist can be completed in by a variety of health and social care practitioners, so long as they have been trained in its use.

## What is the role of the individual in the screening process?

10. The individual should be given reasonable notice of the intention to undertake the Checklist and have the process explained to them. They should normally be given the opportunity to be present when the Checklist is completed, together with any representative they may have, so that they can contribute their views about their needs.
11. Where the individual concerned has capacity, their informed consent should be obtained before completion of the Checklist. It should be made explicit to the individual whether their consent is being sought specifically for the completion of the Checklist and the sharing of information for this, or for the full process, including the completion of the DST (where the Checklist is positive). It is generally good practice to obtain consent that is valid for the whole process, bearing in mind that the individual must be told that they can withdraw their consent at any time. Please refer to paragraphs 72-73 of the National Framework which gives detailed guidance on what is required for consent to be valid.
12. If there is a concern that the individual may not have capacity to give consent to the assessment process or to the sharing of information, this should be determined in accordance with the Mental Capacity Act 2005 and the associated code of practice. It may be necessary for best interests decisions to be made, bearing in mind the expectation that all who are potentially eligible for NHS Continuing Healthcare should have the opportunity to be considered for eligibility. Guidance on the application of the Mental Capacity Act in such situations is provided in paragraphs 74-81 of the National Framework.

## How should the Checklist be completed?

13. Completion of the Checklist is intended to be relatively quick and straightforward. It is not necessary to provide additional detailed evidence along with the completed Checklist.
14. Practitioners should compare the domain descriptors to the needs of the individual and select level A, B or C, as appropriate, choosing whichever most closely matches the individual. If the needs of the individual are the same or greater than anything in the A column, then 'A' should be selected. Practitioners should briefly summarise the individual's needs which support the level chosen, recording references to evidence as appropriate.
15. A full assessment for NHS Continuing Healthcare is required if there are:
  - two or more domains selected in column A;
  - five or more domains selected in column B, or one selected in A and four in B; or
  - one domain selected in column A in one of the boxes marked with an asterisk (i.e. those domains that carry a priority level in the Decision Support Tool), with any number of selections in the other two columns.

16. There may very occasionally be circumstances where a full assessment of eligibility for NHS Continuing Healthcare is appropriate even though the individual does not apparently meet the indicated threshold as set out above. A clear rationale must be given in such circumstances and local protocols followed.
17. The principles in relation to 'well-managed need' (outlined in the Assessment of Eligibility section of the National Framework, paragraphs 142-146) apply equally to the completion of the Checklist as they do to the Decision Support Tool.

### **What happens after the Checklist?**

18. Whatever the outcome of the Checklist – whether or not a referral for a full assessment of eligibility for NHS Continuing Healthcare is considered necessary – the outcome must be communicated clearly and in writing to the individual or their representative, as soon as is reasonably practicable. This should include the reasons why the Checklist outcome was reached. Normally this will be achieved by providing a copy of the Checklist.

### **What happens following a negative Checklist?**

19. A negative Checklist means the individual does not require a full assessment of eligibility and they are not eligible for NHS Continuing Healthcare
20. Where it can reasonably be anticipated that the individual's needs are likely to increase in the next three months (e.g. because of an expected deterioration in their condition), this should be recorded and a decision made as to whether the checklist should be reviewed within a specified period of time.
21. If an individual has been screened out following completion of the Checklist, they may ask the CCG to reconsider the Checklist outcome. The CCG should give this request due consideration, taking account all of the information available, and/or including additional information from the individual or carer, though there is no obligation for the CCG to undertake a further Checklist.

### **What happens following a positive Checklist?**

22. A positive Checklist means that the individual requires a full assessment of eligibility for NHS Continuing Healthcare. It does not necessarily mean that the individual will be found eligible for NHS Continuing Healthcare (refer to paragraphs 104-107 of the National Framework).
23. An individual should not be left without appropriate support while they await the outcome of the assessment and decision-making process.

# NHS Continuing Healthcare Needs Checklist

Date of completion of Checklist \_\_\_\_\_

Name  D.O.B.

NHS number and GP/Practice:

Permanent address and telephone number

Current location (e.g. name of hospital ward etc.)

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Gender \_\_\_\_\_

Please ensure that the equality monitoring form at the end of the Checklist is completed

Was the individual involved in the completion of the Checklist? Yes/No (please delete Yes/No as appropriate)

Was the individual offered the opportunity to have a representative such as a family member or other advocate present when the Checklist was completed? Yes/No (please delete as appropriate)

If yes, did the representative attend the completion of the Checklist? Yes/No (please delete as appropriate)

Please give the contact details of the representative (name, address and telephone number).

Did you explain to the individual how their personal information will be shared with the different organisations involved in their care, and did they consent to this information sharing? Yes/No (please delete as appropriate)

## When not to screen

**There will be many situations where it is not necessary to complete the Checklist.**

**Practitioners should review the statements below on when it may not be appropriate to screen for NHS Continuing Healthcare before they start the process of completing the Checklist.**

The situations where it is not necessary to complete the Checklist include:

- a) It is clear to practitioners working in the health and care system that there is no need for NHS Continuing Healthcare at this point in time. Where appropriate/relevant this decision and its reasons should be recorded. If there is doubt between practitioners the Checklist should be undertaken.
- b) The individual has short-term health care needs or is recovering from a temporary condition and has not yet reached their optimum potential (although if there is doubt between practitioners about the short-term nature of the needs it may be necessary to complete the Checklist). See paragraphs 109-117 of the National Framework for how NHS Continuing Healthcare may interact with hospital discharge.
- c) It has been agreed by the CCG that the individual should be referred directly for full assessment of eligibility for NHS Continuing Healthcare.
- d) The individual has a rapidly deteriorating condition and may be entering a terminal phase – in these situations the Fast Track Pathway Tool should be used instead of the Checklist.
- e) An individual is receiving services under Section 117 of the Mental Health Act that are meeting all of their assessed needs.
- f) It has previously been decided that the individual is not eligible for NHS Continuing Healthcare and it is clear that there has been no change in needs.

**If upon review of these statements, it is deemed that it is not necessary to screen for NHS Continuing Healthcare at this time, the decision not to complete the Checklist and its reasons should be clearly recorded in the patient's notes.**



NHS Continuing Healthcare Checklist

| Name of individual  |  | Date of completion   |  |
|---|--|--|--|
|   | C  | B  | A  |
| <b>Breathing*</b>   | <p>Normal breathing, no issues with shortness of breath.</p> <p><b>OR</b></p> <p>Shortness of breath or a condition, which may require the use of inhalers or a nebuliser and has no impact on daily living activities.</p> <p><b>OR</b></p> <p>Episodes of breathlessness that readily respond to management and have no impact on daily living activities.</p> | <p>Shortness of breath or a condition, which may require the use of inhalers or a nebuliser and limit some daily living activities.</p> <p><b>OR</b></p> <p>Episodes of breathlessness that do not consistently respond to management and limit some daily activities.</p> <p><b>OR</b></p> <p>Requires any of the following:</p> <ul style="list-style-type: none"> <li>- low level oxygen therapy (24%);</li> <li>- room air ventilators via a facial or nasal mask;</li> </ul> <p>other therapeutic appliances to maintain airflow where individual can still spontaneously breathe e.g. CPAP (Continuous Positive Airways Pressure) to manage obstructive apnoea during sleep.</p> | <p>Is able to breathe independently through a tracheotomy that they can manage themselves, or with the support of carers or care workers.</p> <p><b>OR</b></p> <p>Breathlessness due to a condition which is not responding to therapeutic treatment and limits all daily living activities.</p> <p><b>OR</b></p> <p>A condition that requires management by a non-invasive device to both stimulate and maintain breathing (non-invasive positive airway pressure, or non-invasive ventilation)</p> |
| <b>Brief description of need and source of evidence to support the chosen level</b> |  |  | <p><b>Write A, B or C below:</b></p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>   |

| Name of individual  |  | Date of completion   |   |
|---|--|--|---|
|   | <b>C</b>   | <b>B</b>   | <b>A</b>  |
| <b>Nutrition</b>  | <p>Able to take adequate food and drink by mouth to meet all nutritional requirements.</p> <p><b>OR</b></p> <p>Needs supervision, prompting with meals, or may need feeding and/or a special diet (for example to manage food intolerances/allergies).</p> <p><b>OR</b></p> <p>Able to take food and drink by mouth but requires additional/supplementary feeding.</p> | <p>Needs feeding to ensure adequate intake of food and takes a long time (half an hour or more), including liquidised feed.</p> <p><b>OR</b></p> <p>Unable to take any food and drink by mouth, but all nutritional requirements are being adequately maintained by artificial means, for example via a non-problematic PEG.</p> | <p>Dysphagia requiring skilled intervention to ensure adequate nutrition/hydration and minimise the risk of choking and aspiration to maintain airway.</p> <p><b>OR</b></p> <p>Subcutaneous fluids that are managed by the individual or specifically trained carers or care workers.</p> <p><b>OR</b></p> <p>Nutritional status 'at risk' and may be associated with unintended, significant weight loss.</p> <p><b>OR</b></p> <p>Significant weight loss or gain due to an identified eating disorder.</p> <p><b>OR</b></p> <p>Problems relating to a feeding device (e.g. PEG) that require skilled assessment and review.</p> |
| <b>Brief description of need and source of evidence to support the chosen level</b> |  |  | <p><b>Write A, B or C below:</b></p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>  |

**NHS Continuing Healthcare Checklist**

| Name of individual  |   | Date of completion   |  |
|---|---|--|--|
|   | <b>C</b>  | <b>B</b>   | <b>A</b>   |
| <b>Continence</b>   | <p>Continent of urine and faeces.</p> <p><b>OR</b></p> <p>Continence care is routine on a day-to-day basis.</p> <p><b>OR</b></p> <p>Incontinence of urine managed through, for example, medication, regular toileting, use of penile sheaths, etc.</p> <p><b>AND</b></p> <p>Is able to maintain full control over bowel movements or has a stable stoma, or may have occasional faecal incontinence/constipation.</p> | <p>Continence care is routine but requires monitoring to minimise risks, for example those associated with urinary catheters, double incontinence, chronic urinary tract infections and/or the management of constipation or other bowel problems.</p> | <p>Continence care is problematic and requires timely and skilled intervention, beyond routine care. (for example frequent bladder wash outs/irrigation, manual evacuations, frequent re-catheterisation).</p> |
| <b>Brief description of need and source of evidence to support the chosen level</b> |   |  | <p><b>Write A, B or C below:</b></p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>   |

| Name of individual  |  | Date of completion   |  |  |
|---|--|--|--|--|
|   | <b>C</b>   | <b>B</b>   | <b>A</b>   |  |
| <b>Skin integrity</b>   | <p>No risk of pressure damage or skin condition.<br/> <b>OR</b><br/>                     Risk of skin breakdown which requires preventative intervention once a day or less than daily, without which skin integrity would break down.<br/> <b>OR</b><br/>                     Evidence of pressure damage and/or pressure ulcer(s) either with 'discolouration of intact skin' or a minor wound.<br/> <b>OR</b><br/>                     A skin condition that requires monitoring or reassessment less than daily and that is responding to treatment or does not currently require treatment.</p> | <p>Risk of skin breakdown which requires preventative intervention several times each day, without which skin integrity would break down.<br/> <b>OR</b><br/>                     Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is responding to treatment.<br/> <b>OR</b><br/>                     An identified skin condition that requires a minimum of daily treatment, or daily monitoring/reassessment to ensure that it is responding to treatment</p> | <p>Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is not responding to treatment.<br/> <b>OR</b><br/>                     Pressure damage or open wound(s), pressure ulcer(s) with 'full thickness skin loss involving damage or necrosis to subcutaneous tissue, but not extending to underlying bone, tendon or joint capsule', which is responding to treatment.<br/> <b>OR</b><br/>                     Specialist dressing regime in place which is responding to treatment.</p> |  |
| <b>Brief description of need and source of evidence to support the chosen level</b> |  |  |  | <p><b>Write A, B or C below:</b></p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div> |

**NHS Continuing Healthcare Checklist**

| Name of individual  |   | Date of completion   |   |
|---|---|--|---|
|   | C   | B  | A   |
| <b>Mobility</b>   | <p>Independently mobile.</p> <p><b>OR</b></p> <p>Able to weight bear but needs some assistance and/or requires mobility equipment for daily living.</p> | <p>Not able to consistently weight bear.</p> <p><b>OR</b></p> <p>Completely unable to weight bear but is able to assist or cooperate with transfers and/or repositioning.</p> <p><b>OR</b></p> <p>In one position (bed or chair) for majority of the time but is able to cooperate and assist carers or care workers.</p> <p><b>OR</b></p> <p>At moderate risk of falls (as evidenced in a falls history or risk assessment)</p> | <p>Completely unable to weight bear and is unable to assist or cooperate with transfers and/or repositioning.</p> <p><b>OR</b></p> <p>Due to risk of physical harm or loss of muscle tone or pain on movement needs careful positioning and is unable to cooperate.</p> <p><b>OR</b></p> <p>At a high risk of falls (as evidenced in a falls history and risk assessment).</p> <p><b>OR</b></p> <p>Involuntary spasms or contractures placing the individual or others at risk.</p> |
| <b>Brief description of need and source of evidence to support the chosen level</b> |   |  | <p><b>Write A, B or C below:</b></p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>  |

| Name of individual  |  | Date of completion  |  |  |
|---|--|---|--|--|
|   | <b>C</b>   | <b>B</b>  | <b>A</b>   |  |
| <b>Communication</b>  | <p>Able to communicate clearly, verbally or non-verbally. Has a good understanding of their primary language. May require translation if English is not their first language.</p> <p><b>OR</b></p> <p>Needs assistance to communicate their needs. Special effort may be needed to ensure accurate interpretation of needs or additional support may be needed either visually, through touch or with hearing.</p> | <p>Communication about needs is difficult to understand or interpret or the individual is sometimes unable to reliably communicate, even when assisted. Carers or care workers may be able to anticipate needs through non-verbal signs due to familiarity with the individual.</p> | <p>Unable to reliably communicate their needs at any time and in any way, even when all practicable steps to assist them have been taken. The individual has to have most of their needs anticipated because of their inability to communicate them.</p> |  |
| <b>Brief description of need and source of evidence to support the chosen level</b> |  |   |  | <p><b>Write A, B or C below:</b></p> <div style="border: 2px solid black; width: 50px; height: 50px; margin: 0 auto;"></div> |

**NHS Continuing Healthcare Checklist**

| Name of individual  |  | Date of completion   |   |
|---|--|--|---|
|   | <b>C</b>   | <b>B</b>   | <b>A</b>  |
| <b>Psychological/ Emotional</b>   | <p>Psychological and emotional needs are not having an impact on their health and well-being.</p> <p><b>OR</b></p> <p>Mood disturbance or anxiety symptoms or periods of distress, which are having an impact on their health and/or well-being but respond to prompts, distraction and/or reassurance.</p> <p><b>OR</b></p> <p>Requires prompts to motivate self towards activity and to engage them in care planning, support and/or daily activities.</p> | <p>Mood disturbance, hallucinations or anxiety symptoms or periods of distress which do not readily respond to prompts, distraction and/or reassurance and have an increasing impact on the individual's health and/or well-being.</p> <p><b>OR</b></p> <p>Due to their psychological or emotional state the individual has withdrawn from most attempts to engage them in support, care planning and/or daily activities.</p> | <p>Mood disturbance, hallucinations or anxiety symptoms or periods of distress that have a severe impact on the individual's health and/or well-being.</p> <p><b>OR</b></p> <p>Due to their psychological or emotional state the individual has withdrawn from any attempts to engage them in care planning, support and/or daily activities.</p> |
| <b>Brief description of need and source of evidence to support the chosen level</b> |  |  | <p><b>Write A, B or C below:</b></p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>  |

| Name of individual  |   | Date of completion  |   |
|---|---|---|---|
|   | <b>C</b>  | <b>B</b>  | <b>A</b>  |
| <b>Cognition</b>  | <p>No evidence of impairment, confusion or disorientation.</p> <p><b>OR</b></p> <p>Cognitive impairment which requires some supervision, prompting or assistance with more complex activities of daily living, such as finance and medication, but awareness of basic risks that affect their safety is evident.</p> <p><b>OR</b></p> <p>Occasional difficulty with memory and decisions/choices requiring support, prompting or assistance. However, the individual has insight into their impairment.</p> | <p>Cognitive impairment (which may include some memory issues) that requires some supervision, prompting and/or assistance with basic care needs and daily living activities. Some awareness of needs and basic risks is evident.</p> <p>The individual is usually able to make choices appropriate to needs with assistance. However, the individual has limited ability even with supervision, prompting or assistance to make decisions about some aspects of their lives, which consequently puts them at some risk of harm, neglect or health deterioration.</p> | <p>Cognitive impairment that could for example include frequent short-term memory issues and maybe disorientation to time and place. The individual has awareness of only a limited range of needs and basic risks. Although they may be able to make some choices appropriate to need on a limited range of issues, they are unable to do so on most issues, even with supervision, prompting or assistance.</p> <p>The individual finds it difficult, even with supervision, prompting or assistance, to make decisions about key aspects of their lives, which consequently puts them at high risk of harm, neglect or health deterioration.</p> |
| <b>Brief description of need and source of evidence to support the chosen level</b> |   |   | <p><b>Write A, B or C below:</b></p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>  |



**NHS Continuing Healthcare Checklist**

| Name of individual  |  | Date of completion  |   |  |
|---|--|---|---|--|
|   | <b>C</b>   | <b>B</b>  | <b>A</b>  |  |
| <b>Behaviour*</b>   | <p>No evidence of 'challenging' behaviour.</p> <p><b>OR</b></p> <p>Some incidents of 'challenging' behaviour. A risk assessment indicates that the behaviour does not pose a risk to self, others or property or create a barrier to intervention. The individual is compliant with all aspects of their care.</p> | <p>'Challenging' behaviour that follows a predictable pattern. The risk assessment indicates a pattern of behaviour that can be managed by skilled carers or care workers who are able to maintain a level of behaviour that does not pose a risk to self, others or property. The individual is nearly always compliant with care.</p> | <p>'Challenging' behaviour of type and/or frequency that poses a predictable risk to self, others or property. The risk assessment indicates that planned interventions are effective in minimising but not always eliminating risks. Compliance is variable but usually responsive to planned interventions.</p> |  |
| <b>Brief description of need and source of evidence to support the chosen level</b> |  |   |   | <p><b>Write A, B or C below:</b></p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> |

| Name of individual  |  | Date of completion  |  |
|---|--|---|--|
|   | <b>C</b>   | <b>B</b>  | <b>A</b>   |
| <b>Drug therapies and medication: symptom control*</b>                              | <p>Symptoms are managed effectively and without any problems, and medication is not resulting in any unmanageable side-effects.</p> <p><b>OR</b></p> <p>Requires supervision/administration of and/or prompting with medication but shows compliance with medication regime.</p> <p><b>OR</b></p> <p>Mild pain that is predictable and/or is associated with certain activities of daily living; pain and other symptoms do not have an impact on the provision of care.</p> | <p>Requires the administration of medication (by a registered nurse, carer or care worker) due to:</p> <ul style="list-style-type: none"> <li>– non-compliance, or</li> <li>– type of medication (for example insulin); or</li> <li>– route of medication (for example PEG).</li> </ul> <p><b>OR</b></p> <p>Moderate pain which follows a predictable pattern; or other symptoms which are having a moderate effect on other domains or on the provision of care.</p> | <p>Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for this task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. However, with such monitoring the condition is usually non-problematic to manage.</p> <p><b>OR</b></p> <p>Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care.</p> |
| <b>Brief description of need and source of evidence to support the chosen level</b> |  |   | <p><b>Write A, B or C below:</b></p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>   |

NHS Continuing Healthcare Checklist

| Name of individual  |  | Date of completion  |  |
|---|--|---|--|
|   | <b>C</b>   | <b>B</b>  | <b>A</b>   |
| <b>Altered states of consciousness*</b>   | <p>No evidence of altered states of consciousness (ASC).</p> <p><b>OR</b></p> <p>History of ASC but effectively managed and there is a low risk of harm.</p> | <p>Occasional (monthly or less frequently) episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm.</p> | <p>Frequent episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm.</p> <p><b>OR</b></p> <p>Occasional ASCs that require skilled intervention to reduce the risk of harm.</p> |
| <b>Brief description of need and source of evidence to support the chosen level</b> |  |   | <p><b>Write A, B or C below:</b></p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>   |
| <b>Total from all pages</b>   |  |   |  |

**Please highlight the outcome indicated by the Checklist:**

- 1. Referral for full assessment for NHS Continuing Healthcare is necessary.
- or
- 2. No referral for full assessment for NHS Continuing Healthcare is necessary.

**Rationale for decision**

**Please send this completed Checklist to the CCG without delay.**

**Name(s) and signature(s) of assessor(s)**

**Date**

|  |  |
|--|--|
|  |  |
|--|--|

**Contact details of assessors (name, role, organisation, telephone number, email address)**

## About you — equality monitoring

Please provide us with some information about yourself. This will help us to understand whether people are receiving fair and equal access to NHS continuing healthcare. All the information you provide will be kept completely confidential by the Clinical Commissioning Group. No identifiable information about you will be passed on to any other bodies, members of the public or press.

### 1 What is your sex?

Tick one box only

- Male
- Female
- In another way
- I prefer not to answer

### 2 Which age group applies to you?

Tick one box only

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- I prefer not to answer

### 3 Do you have a disability as defined by the Equalities Act 2010?

Tick one box only.

The Equalities Act 2010

Defines a person with a disability as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.

- No
- Yes
- I prefer not to answer

### 4 What is your ethnic group?

Tick one box only.

#### A White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background, write below  
*Click here to enter text.*

#### B Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background, write below  
*Click or tap here to enter text.*

#### C Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, write below  
*Click here to enter text.*

#### D Black, or Black British

- African
- Caribbean
- Any other Black / African / Caribbean background, write below  
*Click here to enter text.*

#### E Other ethnic group

- Arab
- Any other ethnic group, write below  
*Click here to enter text.*

#### Prefer not to say

- I prefer not to answer

### 5 What is your religion or belief?

Tick one box only.

Christian includes Church of England/Wales/Scotland, Catholic, Protestant and all other Christian denominations.

- None
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Prefer not to answer

Any other religion, write below  
*Click here to enter text.*

**6** Which of the following best describes your sexual orientation?

Tick one box only.

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Prefer not to answer

Other, write below  
*Click here to enter text.*