



# Joint Local Health and Wellbeing Strategy

Organisations across Westmorland and Furness are developing a new Joint Local Health and Wellbeing Strategy. This will describe how we will work together to improve health and wellbeing for our residents and communities.

We would like to hear about the things that impact on your health and wellbeing and the things that you need to help you stay healthy and well. Your feedback will help us ensure that the strategy is informed by the views of our community.

**What keeps you healthy and well?** This can be anything that is important to you.

**What do you need more of to stay healthy and well?**



**Which area do you live in?** (Please tick one box)

Furness  South Lakeland  Eden  Prefer not to say

**Do you have any children under the age of nineteen?** (Please tick all that apply)

Yes, aged 0-4  Yes, aged 5-11  Yes, aged 12-19  No  Prefer not to say

**Equality questions**

Before you finish the survey, we would like to ask some equality questions. These questions are optional. We are committed achieving our equality objectives to make sure everyone can access the services they need and we understand the needs of different people. You do not have to answer these questions and we understand that some of this information is personal and sensitive in nature. However, gathering this data helps us to know if we are succeeding in involving different groups of people, and to change our approach if some groups are not represented.

**Which age group do you belong to?**

0-18  18-24  25-64  65+  Prefer not to say

**Please choose the category that best describes your level of disability** (Tick all that apply)

No disability	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>
Physical impairment	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>	Prefer to self-describe	<input type="checkbox"/>
Long-standing illness or health condition	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>		

**What is your ethnic group?** (Choose one option that best describes your ethnic group or background)

White English / Welsh / Scottish / Northern Irish / British	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Black / African / Caribbean	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Black British	<input type="checkbox"/>
Asian / Asian British	<input type="checkbox"/>	Arab	<input type="checkbox"/>

Other ethnic group (Please specify)

Prefer not to say

**What is your religion?** (please tick one box)

No religion  Christian  Buddhist  Hindu   
Jewish  Muslim  Sikh  Any other religion   
Prefer not to say

**How would you describe your gender?**

Female  Male  Non-binary  Other  Prefer not to say

**Is the gender you identify with the same as your sex registered at birth?**

Yes  No  Prefer not to say

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

Heterosexual or straight  Gay or lesbian   
Bisexual  Other   
Prefer not to say