

Pack 7

Similar Conditions or Learning Disability

Down Syndrome Act 2022:
draft guidance





Department
of Health &
Social Care



Down Syndrome Act 2022: draft guidance

Tell us what you think



This survey is for:

- People with Down syndrome and their families and carers.
- People with similar conditions or a learning disability and their families and carers.

People with similar conditions or a learning disability



Question: Should the guidance think about the needs of people with similar conditions or a learning disability?



Yes



No



I don't know



Question: Does the guidance make it clear what services should do to support people with similar conditions or a learning disability?



Yes



No



I don't know



More questions about you

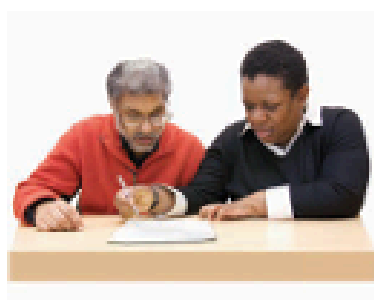
These questions let us know about the people we get answers from.



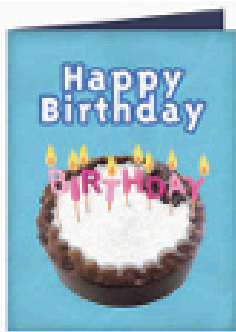
You don't have to answer the questions if you don't want to.



We will keep what you tell us private.
No one will know who you are from the answers that you give.



If you are filling in this survey for someone else please answer these questions about them.



Question: How old are you?

Tick 1 box.

☐

Under 16

☐

16 to 24

☐

25 to 34

☐

35 to 44

☐

45 to 54

☐

55 to 64

☐

65 to 74

☐

75 or older

☐

I don't want to say





Question: What is your sex?

Tick 1 box.

☐

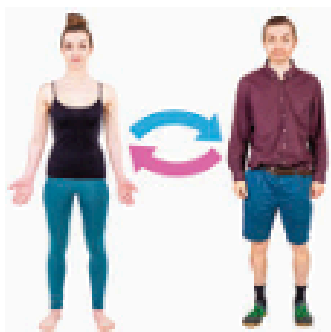
Male

☐

Female

☐

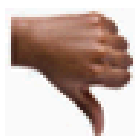
I don't want to say



Question: Is your gender now different to the one you were given when you were born?

☐

Yes

☐

No

☐

I don't want to say



Question: Where do you live?

Tick 1 box.

☐

England

☐

Scotland

☐

Wales

☐

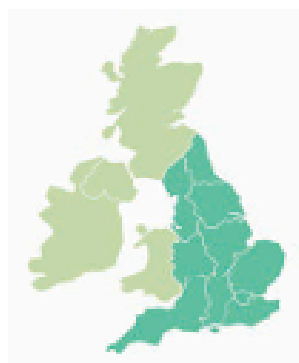
Northern Ireland

☐

I live outside the UK

☐

I don't want to say



Question 19: If you live in England, tell us what part of England you live in. **Tick 1 box.**

- ☐ North East England
- ☐ North West England
- ☐ Yorkshire and the Humber
- ☐ East of England
- ☐ East Midlands
- ☐ West Midlands
- ☐ South East England
- ☐ South West England
- ☐ London
- ☐ I don't want to say





Ethnicity is your race, background and culture.

Question: What is your **ethnicity**?

Please tick 1 box.

☐

White

☐

Black, African, Caribbean or
Black British

☐

Asian or British Asian

☐

Mixed ethnic group

☐

Other ethnic group

☐

I don't want to say

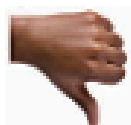


Question: Do you have a disability or a **long term** illness or health condition?

Long term means it lasts for 12 months or more.

☐

Yes

☐

No

☐

I don't want to say



If you ticked **yes**, please tell us what disability or health condition you have. Write your answer in this box.



Question: If you have a condition, does it affect how you do everyday things?

Things like cleaning, shopping or making meals.

