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| **1.1 Do you consider yourself to have any of the following health conditions?** | |
| Physical disabilities | 🗆 |
| Learning disabilities | 🗆 |
| Mental health | 🗆 |
| Heart disease | 🗆 |
| Stroke | 🗆 |
| High blood pressure | 🗆 |
| Diabetes type 1 or 2 | 🗆 |
| Cancer | 🗆 |
| Arthritis | 🗆 |
| Dementia | 🗆 |
| Autistic spectrum disorder | 🗆 |
| Parkinson’s disease | 🗆 |
| Chronic Obstructive Pulmonary Disease | 🗆 |
| Multiple Sclerosis | 🗆 |
| Fibromyalgia | 🗆 |
| Chronic back problems | 🗆 |