

Diversity Domain	DIMIS in the English language (UK)	DiMIS Spanish translated to English	DiMIS in main local language: Spain	Adaptations for Spain	Reference Item(s)
Sex/ Gender	Regarding gender identity, which of the following options best describes how you think of yourself? (check as many as apply) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Cis <input type="checkbox"/> Dyadic <input type="checkbox"/> Inter <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Trans <input type="checkbox"/> Prefer to self-identify: ____ <input type="checkbox"/> Prefer not to answer	1a. Regarding gender identity, which of the following options best describes how you think of yourself? (check as many as apply) <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Cis <input type="checkbox"/> Agender <input type="checkbox"/> Fluid gender <input type="checkbox"/> Non-binary <input type="checkbox"/> Queer/Cuir <input type="checkbox"/> Dos not know <input type="checkbox"/> Trans <input type="checkbox"/> Prefer to self-identify: ____ <input type="checkbox"/> Prefer not to answer	1a. En referencia a su identidad de género, ¿cuál de las siguientes opciones le describe mejor? (Seleccione tantas como sea necesario) <input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Cis <input type="checkbox"/> Agénero <input type="checkbox"/> Género fluido <input type="checkbox"/> No binarie <input type="checkbox"/> Queer/Cuir <input type="checkbox"/> No sabe <input type="checkbox"/> Trans <input type="checkbox"/> Prefiere auto-identificarse: ____ <input type="checkbox"/> Prefiere no contestar	- Adapt question format to DiMIS but keep categories as they were asked by Spain' government equality ministry survey	Estudio sobre las necesidades y demandas de las personas no binarias en España del Ministerio de Igualdad (2022) :
	What sex were you assigned at birth? (For example, on your birth certificate.) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer not to answer	1b. What sex were you assigned at birth? (For example, on your birth certificate.) <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	1b. ¿Qué sexo le fue asignado al nacer? (Por ejemplo, en su certificado de nacimiento.) <input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> No sabe <input type="checkbox"/> Prefiere no contestar	- Add not know/prefer not to answer. - Eliminate intersex category because cannot be assigned in Spain	From EHIS/EESE:
Age	What is your month and year of birth? MM/YYYY	2. What is your year of birth? YYYY <input type="checkbox"/> Prefer not to answer	2. ¿Cuál es su año de nacimiento? AAAA <input type="checkbox"/> Prefiere no contestar	- Add "Prefer not to answer" option - Rephrase as "Month and year" to match DiMIS	From EHIS/EESE:

Socioeconomic Status	<p>3 What is the highest level of education you have successfully completed?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Less than General Certificate of Secondary Education (GCSE) or equivalent (less than upper secondary education, ISCED level 0-2) <input type="checkbox"/> General Certificate of Secondary Education (GCSE) or equivalent (upper secondary education, ISCED level 3) <input type="checkbox"/> Vocational degree or equivalent (post-secondary non-tertiary degree, ISCED level 4) <input type="checkbox"/> Post-graduate certificate or equivalent (short-cycle tertiary degree, ISCED level 5) <input type="checkbox"/> Bachelor's degree (for example: BA, AB, BS) [ISCED level 6] <input type="checkbox"/> Master's degree (for example: MA, MS, MENG, MED, MSW, MBA) [ISCED level 7] <input type="checkbox"/> Doctorate degree or equivalent level (for example: PHD, EDD, MD, JD) [ISCED level 8] <input type="checkbox"/> Another degree, please specify: _____ <input type="checkbox"/> Prefer not to answer 	<p>3. What is the highest level of education you have successfully completed? :</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lower than first stage of secondary education and equivalent (EGB, Bachillerato elemental) <input type="checkbox"/> Lower vocational degree (BUP, COU, PREU) <input type="checkbox"/> Higher vocational degree <input type="checkbox"/> 240 ECTS university degrees (Bolonia plan) and equivalents <input type="checkbox"/> Higher than 240 ECTS university degrees (Bolonia plan), and equivalents, such as medical residency. <input type="checkbox"/> PhD <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Prefer not to answer 	<p>3. ¿Cuál es el nivel de estudios más alto que ha completado ?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inferior a la primera etapa de educación secundaria con título de graduado en ESO y similares (EGB, Bachillerato elemental) <input type="checkbox"/> Ciclo formativo de grado medio, bachillerato y similares (BUP, COU, PREU) , enseñanzas de formación profesional básica <input type="checkbox"/> Ciclo formativo de grado superior (incluye artes plásticas, diseño, deportivas y equivalentes) <input type="checkbox"/> Grados universitarios de 240 créditos ECTS (plan Bolonia), diplomados universitarios y equivalentes <input type="checkbox"/> Grados universitarios de más de 240 créditos ECTS (plan Bolonia), licenciados universitarios, másteres universitarios y equivalentes (como especialidades en Ciencias de la Salud por el sistema de residencia, p.ej. : MIR y equivalentes) <input type="checkbox"/> Doctorado universitario <input type="checkbox"/> Otro, especificar: _____ <input type="checkbox"/> Prefiere no contestar 	<p>- Options given in Spain clustered in order to fit the ISCED classification applied in UK DiMIS</p> <p>- Added open ended option to match UK DiMIS. However, not translate to "another degree" (otro grado) but only "other" as degree means university.</p>	<p>Item 5 in EHS/EESE:</p>
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<p>Care Responsibilities</p>	<p>Do you have any of the following care responsibilities? (check as many as apply) This does not include caregiving, nursing services or support you provide in connection with your profession.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, for a child or children (under 18 years old) with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No with chronic health condition <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, for one or more adults (age 18 years and above) with challenges of old age or frailty <input type="checkbox"/> Yes <input type="checkbox"/> No with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No with chronic health condition <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to answer</p>	<p>4. Are you responsible for providing care for anybody with dependent care needs? (check as many options as apply) Do not consider it if it is part of your job (for example as nurse, intern caregiver or house employee)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, for a child or children (under 18 years old) with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No with chronic health condition <input type="checkbox"/> Yes <input type="checkbox"/> No in a situation of dependence <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, for one or more adults (age 18 years and above) with challenges of old age or frailty <input type="checkbox"/> Yes <input type="checkbox"/> No with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No with chronic health condition <input type="checkbox"/> Yes <input type="checkbox"/> No in a situation of dependence <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to answer</p>	<p>4. ¿Cuida usted a alguna persona dependiente a su cargo? (Seleccione tantas opciones como sea necesario) No lo tenga en cuenta si forma parte de su trabajo (por ejemplo, como enfermero/a, cuidador/a interno/a o empleado/a del hogar)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sí, a uno/a o más menores de 18 años: con discapacidad <input type="checkbox"/> Sí <input type="checkbox"/> No con una enfermedad crónica <input type="checkbox"/> Sí <input type="checkbox"/> No en situación de dependencia <input type="checkbox"/> Sí <input type="checkbox"/> No</p> <p><input type="checkbox"/> Sí, a uno/a o más adultos (más de 18 años): con problemas asociados al proceso de envejecimiento <input type="checkbox"/> Sí <input type="checkbox"/> No con discapacidad <input type="checkbox"/> Sí <input type="checkbox"/> No con una enfermedad crónica <input type="checkbox"/> Sí <input type="checkbox"/> No en situación de dependencia <input type="checkbox"/> Sí <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefiere no contestar</p>	<p>- EHIS: Partially adapt wording to match DIMIS (eliminate frequency reference in the Spanish version questions)</p> <p>- DAISY directly translated</p>	<p>EHIS/ESEE:</p> <p>133. ¿Cuida, al menos una vez a la semana, de alguna persona mayor o de alguien que tenga una dolencia crónica? No lo considere si forma parte de su trabajo.</p> <p>Si No No sabe No contesta</p> <p>+ translation from DAISY</p>
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Sexual Orientation	<p>Regarding sexual orientation, which of the following options best describes how you think of yourself? (check as many as apply)</p> <p><input type="checkbox"/> Heterosexual <input type="checkbox"/> Asexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Pansexual</p> <p><input type="checkbox"/> Another sexual orientation, please specify: _____</p> <p><input type="checkbox"/> Prefer not to answer</p>	<p>5. Regarding sexual orientation, which of the following options best describes how you think of yourself? (check as many as apply)</p> <p><input type="checkbox"/> Heterosexual <input type="checkbox"/> Asexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Pansexual</p> <p><input type="checkbox"/> Prefer to self-identify : _____ <input type="checkbox"/> Prefer not to answer</p>	<p>5. En referencia a su orientación sexual, ¿con cuál de las siguientes opciones se siente usted identificado/a? (Seleccione tantas como sea necesario)</p> <p><input type="checkbox"/> Heterosexual <input type="checkbox"/> Asexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbiana <input type="checkbox"/> Pansexual</p> <p><input type="checkbox"/> Prefiere auto-identificarse: _____ <input type="checkbox"/> Prefiere no contestar</p>	<p>- Adapt categories based on spanish survey and add Pansexual option to meet DiMIS</p>	<p>Reference item in Spain is item 12 from the survey "RELACIONES SOCIALES Y AFECTIVAS POSPANDEMIA" (Estudio 3400) del CIS.</p> <p>¿Podría decirme cuál es su orientación sexual?:</p> <ul style="list-style-type: none"> - Heterosexual - Homosexual - Bisexual - Asexual - Otra. ¿Cuál? _____ - N.S. - N.C.
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<p>Ethnicity and Race</p>	<p>6a In which country were you born? ▼ [Drop down menu with country list] <input type="checkbox"/> Another country, please specify: _____ <input type="checkbox"/> Prefer not to answer</p> <p>6b In which country/countries were your parents born? Parent 1/Mother: ▼ [Drop down menu with country list] <input type="checkbox"/> Another country, please specify: _____ <input type="checkbox"/> Prefer not to answer Parent 2/Father: ▼ [Drop down menu with country list] <input type="checkbox"/> Another country, please specify: _____ <input type="checkbox"/> Prefer not to answer</p> <p>6c-1 How well do you speak... English [official language] : <input type="checkbox"/> Native speaker <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all Welsh [second official/most common language]: <input type="checkbox"/> Native speaker <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all 6c-2 Do you speak any other languages? If yes, please indicate your language skills. ▼ Drop-down menu with list of relevant spoken languages in the research context (e.g. Arabic, Hindi, Mandarin, Spanish, ...) as well as sign language and option to fill in any language not listed [language] <input type="checkbox"/> Native speaker <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well [responsive design with additional</p>	<p>6a In which country were you born? ▼ [Drop down menu with country list] <input type="checkbox"/> If you don't find the country, please specify: _____ <input type="checkbox"/> Prefer not to answer</p> <p>6b In which country/countries were your parents born? Parent 1/Mother: ▼ [Drop down menu with country list] <input type="checkbox"/> If you don't find the country, please specify: _____ <input type="checkbox"/> Prefer not to answer Parent 2/Father: ▼ [Drop down menu with country list] <input type="checkbox"/> If you don't find the country, please specify: _____ <input type="checkbox"/> Prefer not to answer</p> <p>6c-1 How well do you speak...? Spanish <input type="checkbox"/> Native speaker <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all Catalan/Valencian <input type="checkbox"/> Native speaker <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all Galician <input type="checkbox"/> Native speaker <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all Basque <input type="checkbox"/> Native speaker <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all Occitane <input type="checkbox"/> Native speaker <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all</p> <p>6c-2 Do you speak any other languages? If yes, please indicate your language skills. ▼ Drop-down menu with list of relevant spoken languages in the research context (e.g. Arabic, Hindi, Mandarin, Spanish, ...) as well as sign language and option</p>	<p>6a ¿Cuál es su país de nacimiento? ▼ [Drop down menu with country list] <input type="checkbox"/> Si no encuentra el país, por favor especifique: _____ <input type="checkbox"/> Prefiere no contestar</p> <p>6b ¿En qué país/países nacieron sus progenitores? Progenitor 1/Madre: ▼ [Drop down menu with country list] <input type="checkbox"/> Si no encuentra el país, por favor especifique: _____ <input type="checkbox"/> Prefiere no contestar Progenitor 2/Padre: ▼ [Drop down menu with country list] <input type="checkbox"/> Si no encuentra el país, por favor especifique: _____ <input type="checkbox"/> Prefiere no contestar</p> <p>6c-1 ¿Cómo de bien habla...? Castellano <input type="checkbox"/> Nativo <input type="checkbox"/> Muy bien <input type="checkbox"/> Bien <input type="checkbox"/> No muy bien <input type="checkbox"/> Nada Catalán/Valenciano <input type="checkbox"/> Nativo <input type="checkbox"/> Muy bien <input type="checkbox"/> Bien <input type="checkbox"/> No muy bien <input type="checkbox"/> Nada Gallego <input type="checkbox"/> Nativo <input type="checkbox"/> Muy bien <input type="checkbox"/> Bien <input type="checkbox"/> No muy bien <input type="checkbox"/> Nada Vasco <input type="checkbox"/> Nativo <input type="checkbox"/> Muy bien <input type="checkbox"/> Bien <input type="checkbox"/> No muy bien <input type="checkbox"/> Nada Aranés <input type="checkbox"/> Nativo <input type="checkbox"/> Muy bien <input type="checkbox"/> Bien <input type="checkbox"/> No muy bien <input type="checkbox"/> Nada</p> <p>6c-2 ¿Habla algún otro idioma? En caso afirmativo, por favor indique cuál y su nivel/dominio ▼ [Menú desplegable con idiomas relevantes en el contexto español p.ej.: Árabe, Mandarín... además de lengua de signos y opción de escribir cualquier idioma no listado] [Lengua <input type="checkbox"/> Nativo <input type="checkbox"/> Muy bueno <input type="checkbox"/></p>	<p>-6a-b: added options, „Another country, please specify: _____” and "Prefer not to answer," for 6b</p> <p>- 6c: Added some of the coofficial spanish languages and section</p> <p>- 6d: Still do not know how to ask this or which categories tu use, hence I used 6e instead.</p>	<p>EHIS/ESEE: reference for items 6a / 6b</p> <p>1. ¿Cuál es su país de nacimiento? España _____ Extranjero _____ --> Seleccionar país No sabe No contesta</p> <p>1c. Cuál es el país de nacimiento de su madre España _____ Extranjero _____ --> Seleccionar país No sabe No contesta</p> <p>1e. Cuál es el país de nacimiento de su padre España _____ Extranjero _____ --> Seleccionar país No sabe No contesta</p> <p>Translate DiMIS for items 6c and 6e</p>
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	<p>row appearing upon entry]</p> <p>6d Do you identify as...? (Note: UK example; adapt to local research context)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Black, Black British, Caribbean or African <input type="checkbox"/> Multiple ethnic groups <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-identify: _____ <input type="checkbox"/> Prefer not to answer <p>(Note: In contexts, where a more nuanced assessment of ethnicity and/or race is not possible, consider asking the following question as a marker of racism- or discrimination related exposures.)</p> <p>6e Do you identify as a member of an ethnic minority or racialized group? A racialized group is a societal group which is affected by racism or discrimination. The racialization may be based on skin colour, origin, religion, language, etc.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p>	<p>to fill in any language not listed [language] <input type="checkbox"/> Native <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well</p> <p>6d Do you identify as...?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Afro-Caribbean and/or Afro-Latinx (Afro-descendants) <input type="checkbox"/> Indo-Pakistani <input type="checkbox"/> Eastern European <input type="checkbox"/> Maghrebi <input type="checkbox"/> Eastern-Asian <input type="checkbox"/> Andean-Latinx <input type="checkbox"/> Non-Mediterranean African <input type="checkbox"/> Multiple ethnic groups <input type="checkbox"/> Romani-Spanish or from Eastern Europe <input type="checkbox"/> Prefer to self-identify: _____ <input type="checkbox"/> Prefer not to answer <p>(Note: In contexts, where a more nuanced assessment of ethnicity and/or race is not possible, consider asking the following question as a marker of racism- or discrimination related exposures.)</p> <p>6e Do you identify as a member of an ethnic minority or as a person that suffers racism or racial discrimination? Such discrimination can be based on skin colour, ethnic origin, religion, language, etc.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p>	<p>Bueno <input type="checkbox"/> No muy bueno</p> <p>6d ¿Se identifica usted como ...?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Afro-caribeño/a y/o afro-latino/a (afrodescendientes) <input type="checkbox"/> Indo-pakistani <input type="checkbox"/> Europeo/a del Este <input type="checkbox"/> Magrebi <input type="checkbox"/> Asiático del Este <input type="checkbox"/> Andino-latino americano <input type="checkbox"/> Del África no mediterránea (africano/a) <input type="checkbox"/> De varios grupos étnicos <input type="checkbox"/> Gitano/a español/a o de países del Este <input type="checkbox"/> Prefiere auto-identificarse : _____ <input type="checkbox"/> Prefiere no contestar <p>(Nota: En contextos en los que la autoidentificación que permite la pregunta 6d no sea posible, considere utilizar el siguiente ítem como marcador de exposición a racismo o exposición a formas relacionadas de discriminación.)</p> <p>6e ¿Se identifica usted como miembro de una minoría étnica o como persona que sufre racismo o discriminación basados en su color de piel, su origen étnico, su religión, su lengua, etc.</p> <p><input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Prefiere no contestar</p>		
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Religion and worldviews	What is your present religious identity or world view, if any? <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Atheist (do not believe in God) <input type="checkbox"/> Agnostic (not sure if there is a God) <input type="checkbox"/> Another religion, please specify: _____ <input type="checkbox"/> Nothing in particular <input type="checkbox"/> Prefer not to answer	7 How do you define yourself in matter of religion? <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant/Evangelic <input type="checkbox"/> Muslim <input type="checkbox"/> Jewish <input type="checkbox"/> Jehova witness <input type="checkbox"/> Orthodox <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Atheist (do not believe in God) <input type="checkbox"/> Agnostic (not sure if there is a God) <input type="checkbox"/> Another religion, please specify: _____ <input type="checkbox"/> Indifferent to the religious matter <input type="checkbox"/> Does not know <input type="checkbox"/> Prefer not to answer	7 ¿Cómo se define en materia religiosa? <input type="checkbox"/> Católico/a <input type="checkbox"/> Protestante/Evangélico/a <input type="checkbox"/> Musulmán/a <input type="checkbox"/> Judío/a <input type="checkbox"/> Testigo de Jehová <input type="checkbox"/> Ortodoxo/a <input type="checkbox"/> Budista <input type="checkbox"/> Hinduista <input type="checkbox"/> Ateo/a (no cree en Dios) <input type="checkbox"/> Agnóstico/a (no está seguro de la existencia de Dios) <input type="checkbox"/> Otra religión, por favor especificar: _____ <input type="checkbox"/> Indiferente al hecho religioso <input type="checkbox"/> No sabe <input type="checkbox"/> Prefiere no contestar	Category adaptation according to most prevalent religions in Spain based on CIS Categories and feedback from stakeholders (Observatorio del Pluralismo Religioso en España)	Translation of the UK DIMIS.
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<p>Health and dis/ability</p>	<p>9a Do you have any chronic illness or longstanding health problem? By longstanding we mean illnesses or health problems, which have lasted, or are expected to last, for 6 months or more.</p> <p><input type="checkbox"/> Yes</p> <p>-If yes, please specify [select all that apply] <input type="checkbox"/> Physical condition <input type="checkbox"/> Mental health condition</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to answer</p> <p>9b Do you consider yourself to have a disability?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p> <p>9c How is your health in general?</p> <p><input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad <input type="checkbox"/> Very bad <input type="checkbox"/> Prefer not to answer</p>	<p>8a How is your health in general?</p> <p><input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad <input type="checkbox"/> Very Bad</p> <p><input type="checkbox"/> Prefer not to answer</p> <p>8b ¿Do you live with a disability or a long-term limitant health condition? We understand for long-term when the health problem lasts or are expected to last at least 6 months or longer. Select as many as necessary.</p> <p><input type="checkbox"/> Yes, with a disability</p> <p><input type="checkbox"/> Yes, with a long-term health limitation</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I do not know</p> <p><input type="checkbox"/> Prefer not to answer</p> <p>8b.2 If any of the above is selected: Which type?</p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Intellectual</p> <p><input type="checkbox"/> Mental</p> <p><input type="checkbox"/> Sensorial</p> <p>If one of the disability options is selected</p> <p>8c Is the disability officially recognized?</p> <p><input type="checkbox"/> Yes, with recognition of a degree of disability of: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to answer</p>	<p>8a ¿Cómo es su estado de salud general?</p> <p><input type="checkbox"/> Muy bueno <input type="checkbox"/> Bueno <input type="checkbox"/> Regular <input type="checkbox"/> Malo <input type="checkbox"/> Muy malo <input type="checkbox"/> Prefiere no contestar</p> <p>8b.1 ¿Vive con alguna condición limitante de salud de larga duración? Entendemos por larga duración si el problema de salud ha durado o se espera que dure 6 meses o más) Seleccione tantas como sea necesario</p> <p><input type="checkbox"/> Sí, una discapacidad</p> <p><input type="checkbox"/> Sí, una condición limitante de salud de larga duración</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No sabe</p> <p><input type="checkbox"/> Prefiere no contestar</p> <p>8b.2 Si selecciona alguna de las anteriores: ¿De qué tipo?</p> <p><input type="checkbox"/> Física</p> <p><input type="checkbox"/> Intelectual</p> <p><input type="checkbox"/> Mental</p> <p><input type="checkbox"/> Sensorial</p> <p>Si se selecciona una de las opciones de discapacidad en 8b:</p> <p>8c ¿Es la discapacidad oficialmente reconocida?</p> <p><input type="checkbox"/> Sí, con un grado de discapacidad del: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefiere no contestar</p>	<p>Translation from DiMIS + slightly changed categories based on CERMI feedback</p>	<p>Traducción del Commonwealth Fund International Health Policy Survey</p> <p>Other reference item in Spain: Referencia de preguntas por la salud mental en Estudio 3312 del CIS : ENCUESTA SOBRE LA SALUD MENTAL DE LOS/AS ESPAÑOLES/AS DURANTE LA PANDEMIA DE LA COVID-19</p>
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<p>Perceived Discrimination</p>	<p>Now we are talking about the topic of discrimination. Discrimination means that a person is treated worse than other people based on characteristics such as gender, sexual identity, or age, without there being any reasonable justification for it. Discrimination can be practiced in very different ways, for example through insults, exclusion, sexual harassment and even violence. But it is also discrimination when people are disadvantaged by rules and laws.</p> <p>10 Have you personally been discriminated against in the last 24 months [in/location/institution] for the following reasons? (check as many as apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Due to being older in age <input type="checkbox"/> Due to being younger in age <input type="checkbox"/> Due to gender <input type="checkbox"/> Due to a low level of education <input type="checkbox"/> Due to low income <input type="checkbox"/> Due to non-occupational care responsibilities <input type="checkbox"/> Due to of sexual orientation (e.g., gay, lesbian, bisexual) <input type="checkbox"/> Due to racist attitudes, belonging to an ethnic group or background from another country <input type="checkbox"/> Due to religion or worldview <input type="checkbox"/> Due to a mental health problem <input type="checkbox"/> Due to a disability <input type="checkbox"/> Due to a chronic disease <input type="checkbox"/> Due to another reason (please specify): _____ <input type="checkbox"/> Prefer not to answer 	<p>Now we are talking about the topic of discrimination. Discrimination means that a person is treated worse than other people based on characteristics such as gender, sexual identity, or age, without there being any reasonable justification for it. Discrimination can be practiced in very different ways, for example through insults, exclusion, harassment and even violence. But it is also discrimination when people are disadvantaged by rules and laws for the reasons just described..</p> <p>9 Have you personally been discriminated against in the last 24 months [in: location/institution] for the following reasons? (check as many as apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Due to being older in age <input type="checkbox"/> Due to being younger in age <input type="checkbox"/> Due to gender <input type="checkbox"/> Due to a low level of education <input type="checkbox"/> Due to low income <input type="checkbox"/> Due to care responsibilities <input type="checkbox"/> Due to of sexual orientation <input type="checkbox"/> Because of your race, ethnicity or background from another country <input type="checkbox"/> Due to religion or ideology <input type="checkbox"/> Due to a mental health problem <input type="checkbox"/> Due to a disability <input type="checkbox"/> Due to a chronic disease <input type="checkbox"/> Due to another reason (please specify): _____ <input type="checkbox"/> Prefer not to answer 	<p>Ahora hablaremos sobre el tema de discriminación. Discriminación quiere decir que una persona es tratada peor que otras debido a alguna característica que posee como su género, orientación sexual, edad etc. sin ningún tipo de justificación razonable. La discriminación puede ser practicada de diferentes maneras: mediante insultos, exclusión, acoso e incluso violencia. También se considera discriminación cuando se es desfavorecido por normas o leyes por los motivos arriba descritos.</p> <p>9. ¿Ha sufrido personalmente discriminación en los últimos 24 meses [en: lugar/institución] por alguna de las siguientes razones? (Seleccione tantas como sea necesario)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Debido a ser mayor <input type="checkbox"/> Debido a ser joven <input type="checkbox"/> Debido a su género <input type="checkbox"/> Debido a un bajo nivel educativo <input type="checkbox"/> Debido a un bajo nivel de ingresos <input type="checkbox"/> Debido a estar a cargo de una persona dependiente <input type="checkbox"/> Debido a su orientación sexual <input type="checkbox"/> Debido a su raza, etnia o pertenencia a otro país <input type="checkbox"/> Debido a su religión o ideología <input type="checkbox"/> Debido a padecer problemas de salud mental <input type="checkbox"/> Debido a padecer una discapacidad <input type="checkbox"/> Debido a padecer una enfermedad crónica <input type="checkbox"/> Debido a otra razón (por favor, especifique): _____ 	<p>- We eliminated the "non-occupational" aspect of the care responsibility dimension</p>	<p>Translation of the UK DIMIS.</p> <p>Other reference: Estudio 3150 del CIS de PERCEPCIÓN DE LA DISCRIMINACIÓN EN ESPAÑA.</p> <p>En los últimos 12 meses, ¿se ha sentido discriminado/a por...?</p> <ul style="list-style-type: none"> - Su sexo - Su origen étnico o racial - Su nacionalidad - Su orientación sexual - Su religión o creencias religiosas - Su aspecto físico - Por tener pocos recursos económicos - Por tener una discapacidad física o psíquica - Por tener una enfermedad crónica o infecciosa - Por sus ideas políticas - Por cualquier otro motivo - ¿Y en los últimos 5 años se ha sentido discriminado/a por su edad?
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		<input type="checkbox"/> Prefiere no contestar		
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References

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