**A logo for a company

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**A Gold Standard in Treatment and Care for Axial Spondyloarthritis**

**Evidence template for people with lived experience**

Please return this form to [aspiringtoexcellence@nass.co.uk](mailto:aspiringtoexcellence@nass.co.uk) no later than Friday 26 July 2024.

**About You**

**Name (not compulsory):**

**Email address (not compulsory):**

**Telephone number (not compulsory):**

**I am a (tick one):**

A person with axial spondyloarthritis (including ankylosing spondylitis)

A carer, family member or friend of someone with axial spondyloarthritis (including ankylosing spondylitis)

Other (please specify)

**Are you happy to be contacted to discuss your evidence in more detail?**

Yes – you can contact me by email

Yes – you can contact me by telephone

No

*If you have said yes we will need your email address or telephone number.*

**About your evidence**

**To which area are you submitting evidence? Don’t worry if you aren’t sure, just select ‘Don’t know/not sure’ and we will put it into the correct category.**

Organisation of Care (how care is delivered and by who)

Pharmacological Interventions (medicines)

Therapy-led Interventions (physiotherapy, hydrotherapy, occupational therapy, osteopathic, chiropractic)

Extra Axial Care (where you may need help from outside rheumatology or other serviced for your axial SpA, for example gastroenterology, mental health support, podiatry and reproductive health, fatigue, bone health, heart health)

Living with Axial SpA (self management, employment, education, guidance for loved ones and wellbeing)

Don’t know/not sure

**Please give a brief description of what you were offered, and the problem it was trying to solve, or the area of life with axial SpA it was trying to improve. (50 words)**

**Your evidence in more detail**

**Now give us a little more detail. For example, how would you describe what you were offered? Was it individual or group, where was it delivered (at a hospital, in a community setting, at home). Who delivered it? How was it delivered? How often and for how long? Please give plenty of detail.**

**Did your axial SpA improve and how? How, if at all, were you asked to measure and/or report the outcomes? How, if at all, did you measure and/or report the outcomes?**

**Understanding our audience**

Now we are going to ask you a few questions about who you are. You don’t have to answer these, but it does help us to understand who we are reaching and who found what interventions helpful.

1. **Where in the UK or British Isles are you based?**

England

Northern Ireland

Scotland

Wales

Channel Islands

Isle of Man

I am based elsewhere (please tell us where):

1. **Do you identify as:**

Male

Female

Non-binary

Prefer not to say

I prefer to use another term (please state):

1. **Is your gender identity the same as you were assigned at birth?**

Yes

No

Prefer not to say

1. **Please choose your age bracket**.

Under 18

18-24

25-34

35-44

45-54

55-64

65+

1. **What is your religion or belief?**

Buddhist

Christian (all denominations)

Hindu

Humanist

Jewish

Muslim

Sikh

Nothing in particular

Atheist or agnostic

Prefer not to say

Other (please specify):

1. **What is your ethnic group?**

Arab

Asian (Indian)

Asian (Pakistani)

Asian (Bangladeshi)

Asian (Chinese)

Asian (other)

Black (African)

Black (Caribbean)

Black (other)

Mixed (black and white)

Mixed (Asian and white)

Mixed (other)

White (English, Welsh, Scottish, Northern Irish or British)

White (Irish)

White (Gypsy or Irish Traveller)

White (Roma)

White (other)

Prefer not to say

Other (please specify):

1. **The Disability Discrimination Act as incorporated in Equality Act 2010 defines a person as disabled if they have a physical or mental impairment which has substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on their ability to carry out normal day-to-day activities.**

**Adverse effects may arise from external barriers experienced by people with impairments. When you answer the question, you should not take into account the effect of any medication or treatments used or adjustments made (for example at work or at home) which reduce the effects of impairments. Instead, you should think about the effect the impairment would have if these were not being used or made.**

**Taking this into account, do you consider yourself to be a disabled person**?

Yes

No

Prefer not to say

1. **What is your sexual orientation?**

Bisexual

Gay or lesbian

Heterosexual / straight

Prefer not to say

I prefer to use another term (please state):

1. **Do you consider yourself to be from a low-income household? That is £15,000 a year income before tax or less.**

Yes

No

Prefer not to say

A close-up of a logo

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