Sample Registration Questions

The following are sample questions that can be used as part of a registration form. Helpful hints for preparing the form are in brackets. This form is based on a compilation provided by the International Disability Alliance (IDA).

Primary Information Questions

- First Name (insert text field)

- Family Name (insert text field)

- Email Address (insert text field)

Recommended Disaggregated Information Questions (These questions help collect data related to underrepresented groups and participant demographics)

- What is your country of origin (written field or dropdown menu of countries)

- Do you consider yourself to be: (check-box option) (recommended mandatory question)

    - ☐ A man
    - ☐ A woman
    - ☐ Other
    - ☐ I prefer not to say

- Do you consider yourself to be: (check-box option) (recommended mandatory question)

    - ☐ A person with intellectual disability
    - ☐ A person with autism
    - ☐ A person with deafblindness
    - ☐ A person with psychosocial disability
    - ☐ A person who is blind or partially sighted
    - ☐ A person with physical impairments
    - ☐ A person who is deaf
    - ☐ A person who is hard of hearing or has other hearing impairments
    - ☐ A person with another disability not yet mentioned
    - ☐ A person without disability
    - ☐ A family member of a person with disability
    - ☐ I prefer not to say

- If you answered 'A person with another disability not yet mentioned', please describe (written field)

- What is your age? (check-box options)

- ☐ 18 and under
- ☐ Between 19 and 35
- ☐ Between 36 and 55
- ☐ Between 56 and 64
- ☐ Between 65 and 74
- ☐ 75 and over
- ☐ I prefer not to say

➢ Do you identify as an indigenous person and/or a person from an ethnic or racial minority? (check-box option)

- ☐ Yes
- ☐ No
- ☐ I am not sure
- ☐ I prefer not to say

➢ What type of organisation do you belong to? (check-box option)

- ☐ Organisation of Persons with Disabilities
- ☐ Government
- ☐ United Nations
- ☐ Non-governmental Organisation
- ☐ Consultant
- ☐ For-profit organisation
- ☐ Other
- ☐ I do not belong to an organisation
- ☐ I prefer not to say

If you answered 'Other' please describe (written field)

➢ Do you require any reasonable accommodation to ensure your participation in the event? (written field)