

NAME.....

DATE OF BIRTH

E-MAIL

Would you be interested in participating? Yes No

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this Practice

Male Female

Please tick your relevant age group

| | | | |
|----------|--|---------|--|
| Under 16 | | 17 - 24 | |
| 25-34 | | 35-44 | |
| 45-54 | | 55-64 | |
| 65-74 | | 75-84 | |
| Over 84 | | | |

To help ensure our contact list is representative of our local community please indicate which of the following ethnic backgrounds you would closely identify with

Please tick your relevant group

| | | | | |
|--------------------------------------|--------------------------|-----------------------|--------------------------|--|
| White | | | | |
| British Group | <input type="checkbox"/> | Irish | <input type="checkbox"/> | |
| Mixed | | | | |
| White & black caribbean | <input type="checkbox"/> | White & black African | <input type="checkbox"/> | White & Asian <input type="checkbox"/> |
| Asian/Asian British | | | | |
| Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Bangladeshi <input type="checkbox"/> |
| Black or Black British | | | | |
| Caribbean | <input type="checkbox"/> | African | <input type="checkbox"/> | |
| Chinese or other ethnic group | | | | |
| Chinese | <input type="checkbox"/> | Any other | <input type="checkbox"/> | |