

How would you describe your Ethnic Group?

- ☐ Asian Bangladeshi
- ☐ Asian British
- ☐ Asian Indian
- ☐ Asian Other
- ☐ Asian Pakistani
- ☐ Black African
- ☐ Black British
- ☐ Black Caribbean
- ☐ Black Other
- ☐ Chinese
- ☐ Mixed Other
- ☐ Mixed White and Black African
- ☐ Mixed White and Black Caribbean
- ☐ Somali
- ☐ White British
- ☐ White Irish
- ☐ White Other
- ☐ Yemeni

☐ Other, please write in:

.....

What is your preferred form of face to face communication?

- ☐ Arabic
- ☐ Bengali
- ☐ British Sign Language
- ☐ Cantonese
- ☐ Czech
- ☐ English
- ☐ French
- ☐ Hindi
- ☐ Lip Reading
- ☐ Mandarin
- ☐ Polish
- ☐ Portuguese
- ☐ Punjabi
- ☐ Russian
- ☐ Somali
- ☐ Spanish
- ☐ Tamil
- ☐ Urdu
- ☐ I need to use a loop system
- ☐ I need an Interpreter

☐ Other, please write in:

.....

What language do you prefer to read?

- ☐ Arabic
- ☐ Bengali
- ☐ Braille
- ☐ Cantonese
- ☐ Czech
- ☐ English
- ☐ French
- ☐ Hindi
- ☐ Mandarin
- ☐ Polish
- ☐ Portuguese
- ☐ Punjabi
- ☐ Russian
- ☐ Somali
- ☐ Spanish
- ☐ Tamil
- ☐ Urdu
- ☐ I do not read any languages

☐ Other, please write in:

.....

Help us to help you...

Dear Patient,

Your Doctor's Surgery is working to make services better for all.

By answering the questions in this form you will be helping us to deliver better services to you as an individual. Your Doctor's Surgery will also get a better picture of the local population. This will help in planning new services and changing existing ones. You do not have to fill in this form but if you do, you will be helping us to help you.

The information you provide will be treated in the strictest confidence. Only staff here at your Surgery will use individual information. Information you give will be treated in the same way as other information we hold. When used in the planning of services all names and other identifying details will be removed.

Just post the form back to us in the freepost envelope or drop it into the Surgery. If you have any queries please contact the Surgery and we will answer your questions.

Thank you for your help,

Doctors Arora, Blakeborough and Chandrashekar (+2/Yadav +3/Majeed)

- ☐ Please tick this box if you would like an opportunity to receive feedback on this work and/or become part of a patient participation group.
- ☐ I do not wish to fill this form in.

If your name, address or telephone number are different to those printed on the front, please write in the correct details in the space provided below. Remember, if you need any help to fill this in just ask the receptionist at your doctor’s.

First Name:

Surname:

House Number: Street Name:

Postcode:

Telephone:

Please think back over the last 12 months about how your health has been *compared to people of your own age*. How would you describe your health over the last 12 months?

 ☐ Excellent

 ☐ Poor

 ☐ Good

 ☐ Very Poor

 ☐ Fair

 ☐ Not Sure

How would you describe your religion?

- ☐ None
- ☐ Buddhism
- ☐ Hinduism
- ☐ Islam
- ☐ Judaism
- ☐ Sikhism
- ☐ Christianity
- ☐ Church of England
- ☐ Jehovah’s Witness
- ☐ Roman Catholic
- ☐ Other Christian - please write in:
.....

☐ Any other Religion - please write in:
.....

In which Country were you born?

- ☐ Bangladesh

☐ Egypt

☐ India

☐ Ireland

☐ Malaysia

☐ Pakistan

☐ Wales
- ☐ China

☐ England

☐ Iran

☐ Kosovo

☐ Nigeria

☐ Scotland

☐ Yemen
- ☐ Czech Republic

☐ Ghana

☐ Iraq

☐ Libya

☐ Northern Ireland

☐ Somalia

☐ Other - please write in:
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