

Ethnic Monitoring / Patient Profiling

Patient Questionnaire

SURNAME:.....
FIRST NAME:.....
DATE OF BIRTH:.....
BOROUGH OF BIRTH IF BORN IN LONDON:.....

1.) To which of these ethnic groups do you feel you belong to?

Please tick one box, or write your ethnic group in the 'any other' space if you feel none of the choices best describe you.

<p>WHITE</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, <i>please write below:</i></p>	<p>ASIAN or ASIAN BRITISH</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background, <i>please write below:</i></p>
<p>MIXED</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background, <i>please write below:</i></p>	<p>BLACK or BLACK BRITISH</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, <i>please write below:</i></p>
<p>CHINESE</p> <p><input type="checkbox"/> Chinese</p>	<p>ANY OTHER ETHNIC BACKGROUND</p> <p><input type="checkbox"/> Any other ethnic group, <i>please write below:</i></p>
<p><input type="checkbox"/> I do not wish to answer this question.</p>	

PLEASE TURN OVER...

2.) What is your Main Spoken Language?

This is the language you speak in your home or family environment, regardless of how well you speak English.

English	English	<input type="checkbox"/>
Akan		<input type="checkbox"/>
Albanian	Shqip	<input type="checkbox"/>
Amhari	አማርኛ	<input type="checkbox"/>
Arabic	عربي	<input type="checkbox"/>
Bengali	বাংলা	<input type="checkbox"/>
Cantonese	廣東話	<input type="checkbox"/>
Croatian		<input type="checkbox"/>
Farsi	فارسی	<input type="checkbox"/>
French	Français	<input type="checkbox"/>
French Creole		<input type="checkbox"/>
German	Deutsch	<input type="checkbox"/>
Greek	Ελληνικά	<input type="checkbox"/>
Gujerati	ગુજરાતી	<input type="checkbox"/>
Hebrew		<input type="checkbox"/>
Hindi	हिन्दी	<input type="checkbox"/>
Igbo	Igbo	<input type="checkbox"/>
Italian	Italiano	<input type="checkbox"/>
Japanese		<input type="checkbox"/>
Korean		<input type="checkbox"/>

Kurdish	کوردی	<input type="checkbox"/>
Lingala		<input type="checkbox"/>
Luganda		<input type="checkbox"/>
Pashto	پشتو	<input type="checkbox"/>
Polish	Polski	<input type="checkbox"/>
Portuguese	Português	<input type="checkbox"/>
Punjabi	ਪੰਜਾਬੀ	<input type="checkbox"/>
Russia	Русский	<input type="checkbox"/>
Serbian		<input type="checkbox"/>
Sinhala		<input type="checkbox"/>
Somali	Somaali	<input type="checkbox"/>
Spanish	Español	<input type="checkbox"/>
Swahili		<input type="checkbox"/>
Sylheti	সিলেটি	<input type="checkbox"/>
Tagalog		<input type="checkbox"/>
Tamil		<input type="checkbox"/>
Tigrinya	ትግርኛ	<input type="checkbox"/>
Turkish	Türkçe	<input type="checkbox"/>
Urdu	اُردو	<input type="checkbox"/>
Yoruba	Yorùbá	<input type="checkbox"/>

2 a) Any other Main Spoken Language

(please write your Main Spoken Language below if you cannot find it in the list):

2 b) Sign Languages:

British Sign Language: Makaton Sign Language:

3.) Do you require an interpreter to help you with spoken English?

Yes, I do require an interpreter

No, I do NOT require an interpreter