

PATIENT QUESTIONNAIRE

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care. We should be grateful if you could complete one for each family member within/joining the practice.

Name: _____ D.O.B. ____/____/____

Do you need an interpreter or sign language support?

☐

YES

☐

NO

If you do need an interpreter what language do you speak? _____

What is your ethnic group?

Choose **ONE** section from A to E the tick **ONE** box which **best describes** your ethnic group or background.

A White

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

Scottish

English

Welsh

Northern Irish

British

Irish

Gypsy/Traveller

Polish

Any other white ethnic group, please write in _____

B Mixed or multiple ethnic groups

☐

Any mixed or multiple ethnic group

C Asian, Asian Scottish or Asian British

☐
☐
☐
☐
☐

Pakistani, Pakistani Scottish or Pakistani British

Indian, Indian Scottish or Indian British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Other, please write in _____

D African, Caribbean or Black

☐
☐
☐
☐
☐

African, African Scottish or African British

Caribbean, Caribbean Scottish or Caribbean British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Black, Black Scottish or Black British

Other, please write in _____

E Other Ethnic Group

☐
☐

Arab

Other, please write in _____