

# PATIENT ETHNIC ORIGIN QUESTIONNAIRE

*This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.*

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Choose ONE section from 1 to 5, and then tick ONE box to indicate your background.

Name.....Date of Birth.....

1      **White** **code**

<input type="checkbox"/>	British or Mixed British	9i0
<input type="checkbox"/>	Irish	9i1
	Any other white background please write in below:	

2      **Mixed** **code**

<input type="checkbox"/>	White and Black Caribbean	9i3
<input type="checkbox"/>	White and Black African	9i4
<input type="checkbox"/>	White and Asian	9i5
	Any other mixed background please write below:	

3      **Asian or Asian British** **code**

<input type="checkbox"/>	Indian or British Indian	9i7
<input type="checkbox"/>	Pakistani or British Pakistani	9i8
<input type="checkbox"/>	Bangladeshi or British Bangladeshi	9i9
	Any other Asian background please write below:	

4      **Black or Black British** **code**

<input type="checkbox"/>	Caribbean	9iB
<input type="checkbox"/>	African	9iC
	Any other black background please write below:	

5      **Chinese or other ethnic group** **code**

<input type="checkbox"/>	Chinese	9iE
	Any other please write below	

6      **Please enter you first language in the box below.** **code**

<b>First language</b>	under 131
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