

PATIENT QUESTIONNAIRE
SPRINGFIELD MEDICAL PRACTICE

This short questionnaire will give the Practice Team some basic information about your communication support needs and ethnicity to support your health care. More information about it is available please ask a member of staff if you need more explanation.

We should be grateful if you could complete one for each family member within/joining the Practice.

Name _____ DOB ____ / ____ / ____

Do you need an interpreter or sign language support? ☐ Yes ☐ No

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

Please state _____

What is your ethnic group?

Choose **ONE** section from A to E then 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 groups

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
- ☐ Black, Black Scottish or Black British
- ☐ Other, please write in.....

E Other ethnic group

- ☐ Arab
- ☐ Other, please write in.....

If you do not wish to give this information, please tick here ☐

ARE YOU A CURRENT SMOKER? YES ☐ NO ☐ EX SMOKER ☐

IF YES, WOULD YOU LIKE SOME SMOKING CESSATION ADVICE POSTED OUT? YES ☐ NO ☐