

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 early identifications of some of these conditions.

Choose **one** section from A to E and then tick **one** box to indicate your background.

NameDate of Birth

A – White

- British
- Irish
- Any other white background; please specify

B – Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background; please specify

C – Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background; please specify

D – Black or Black British

- Caribbean
- African
- Any other black background; please specify

E – Chinese or other ethnic group

- Chinese
- Any other ethnic group; please specify