

## Ethnicity and Language Questionnaire

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity, to support your health care.

We would be grateful if you could complete **one form for each family member** joining the practice.

Name..... DOB.....

What is your preferred language?.....

Do you require an interpreter? Yes/No

If yes, please specify language required:.....

<b>Asian or Asian British</b>	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Other Asian, please specify below:	

<b>Black, Black British, Caribbean or African</b>	
Caribbean	
African	
Other Black, Black British or Caribbean background, please specify below:	

<b>Mixed or multiple ethnic groups</b>	
White and Black Caribbean	
White and Black African	
White and Asian	
Other Mixed or multiple ethnic background , please specify below:	

<b>White</b>	
English, Welsh, Scottish, Northern Irish or British	
Irish	
Gypsy or Irish Traveller	
Roma	
Other White background please specify below:	

<b>Other ethnic group</b>	
Arab	
Any other ethnic group, please specify below :	

<b>If you would prefer not to provide this information, please tick here:</b>	
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