

Volunteer questionnaire | Stage 1



Thank you for taking part in this study. We would like some further information

Please complete all the information below

Title: Mr Mrs Miss Ms Dr Other (please state)

First names:

Grid for first names

Last name:

Grid for last name

Date of Birth:

Date of birth grid (DD/MM/YYYY)

How would you define your ethnic group?

- Bangladeshi or British-Bangladeshi
Pakistani or British-Pakistani
Other (please state)

Are you Male Female

Your home address:

Grid for home address and postcode

Your email address:

Grid for email address

NHS Number (if known):

Grid for NHS number

Your mobile phone number:

Grid for mobile phone number

Your home phone number:

Grid for home phone number

Your work phone number:

Grid for work phone number

Name of GP or GP surgery:

Grid for GP name

Address of GP surgery:

Grid for GP surgery address

Do you have diabetes? Yes No Don't Know

Were your parents related by blood? (not just by marriage - for example, cousins) Yes No Don't Know

If Yes, how were your parents related? First cousins Don't Know

Other related by blood - please state if known

Do you consider your health and wellbeing to be Poor Average Good