

About you and your health - for adult service users

Please help us to make sure we are treating all types of people fairly by completing this questionnaire about yourself and the people who support you. Please tick or write in your answers. We promise to keep this information confidential and secure. There are some pieces of information we require in order to identify you and keep an accurate record of your care. There are other things about you which may help us in your care and treatment and which will help ensure we are treating everyone fairly. You have the option not to disclose this information to us.

About You

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORDELL						
BIMON				0026	mm 01	yy 81
109 BURNCROFT AVENUE, ENFIELD, MIDDLESEX,						
re-wired@ymail.com				EN3 7JQ		
re-wired@ymail.com						
0208 245 7454						

Your housing and employment status

Are you currently employed?	<input checked="" type="checkbox"/>	Are you currently in a tenancy?	<input checked="" type="checkbox"/>
Are you currently a homeowner?	<input type="checkbox"/>	Are you currently a tenant?	<input type="checkbox"/>
Are you currently a student?	<input type="checkbox"/>	Are you currently a carer?	<input type="checkbox"/>

Please tick the answer which applies or use the free text box.

White (British, Irish or Welsh)	<input checked="" type="checkbox"/>	Other please state	
Black	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Other please state		Other please state	

Asian or Asian British	<input type="checkbox"/>	Black or Black British	<input type="checkbox"/>	White	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>	British	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	African-Caribbean	<input checked="" type="checkbox"/>	Irish	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>	Any other White background	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>				
Any other Asian background	<input type="checkbox"/>				
Any other ethnic background	<input type="checkbox"/>				<input type="checkbox"/> I don't wish to disclose

BRITISH	Are you currently speaking in your first language?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	If yes, what language?			

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	I don't wish to disclose	<input type="checkbox"/>
If yes which of the following types					
Physical disability	<input type="checkbox"/>	Sensory impairments	<input type="checkbox"/>	Learning difficulties	<input type="checkbox"/>