

Family history:

Please detail any significant family history that you feel we should be informed of.
(asthma, diabetes, epilepsy, stroke, heart attack)

Lifestyle questions:

Please circle from the following: Current Smoker / Ex-Smoker / Never Smoked Tobacco

If you are a current smoker, how many cigarettes / ounces do you smoke?

If you are an Ex-Smoker, what year did you give up?

Alcohol screening:

Please circle your answers.

How often do you have a drink that contains alcohol?	NEVER	Monthly or less	1 - 2 times per week	2-3 times per week	4+ times per week
How many units of alcohol do you have on a typical day, when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10 +
How often do you have six or more units of alcohol on one occasion?	NEVER	Less than monthly	Monthly	Weekly	Daily or almost daily

<i>Disability status:</i>	
Please detail any disability that you feel we should be informed of:	

Are you a carer? YES / NO	Are you housebound? YES / NO
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<i>How would you describe yourself?</i>			
White British		Asian or Asian British – Indian	
White Irish		Asian or Asian British - Pakistani	
Any other white background		Asian or Asian British – Bangladeshi	
Mixed – White and black Caribbean		Asian or Asian British – any other Asian background	
Mixed – White and black African		Black or Black British - Caribbean	
Mixed – White and Asian		Black or Black British – African	
Mixed – Any other mixed background		Black or Black British – any other black background	
Prefer not to say		Other ethnic Groups: Chinese	

<i>First language:</i>
