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**ETHNICITY & LANGUAGE QUESTIONNAIRE**

This short questionnaire will give us some basic information about your communication support needs and ethnicity to help us support your health care. We would be grateful if you could complete one form for each family member.

**NAME** ..... **DOB** .....

<b>What is your main language:</b>	
<b>Do you need an interpreter? (if yes, which language)</b>	
<b>Do you need sign language support?</b>	

**WHAT IS YOUR ETHNIC GROUP?**

Choose ONE section from A to E then tick the box which best describes your ethnic group or background.

<b>A. White</b>	
Scottish	
English	
Welsh	
British	
Irish	
Polish	

<b>D. African</b>	
African, African Scottish, African British	

<b>E. Caribbean or Black</b>	
Caribbean, Caribbean Scottish or Caribbean British	
Black, Black Scottish or Black British	

<b>B. Mixed or multiple ethnic groups</b>	
Any mixed or multiple ethnic group	

<b>C. Asian, Asia Scottish or Asian British</b>	
Pakistani, Pakistani Scottish or Pakistani British	
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
Chinese, Chinese Scottish or Chinese British	
Indian, Indian Scottish or Indian British	

If you would prefer not to provide this information, please tick here:	
If you do not know your ethnicity, please tick here:	