

Lifestyle

20. Do you provide ongoing care for someone because of their poor health or disability? Yes No

21. Do you smoke? I've never smoked I smoke cigarettes/day
 I used to smoke, date of quitting:

22. How often do you have a drink containing alcohol?

Never Monthly or less 2-4 times per month 2-3 times per week 4+ times per week

Alcohol units: Pint of beer/lager/cider = 2. Single spirits (25 ml) = 1, glass of wine (175 ml) = 2, alcopop = 1.5

23. How many units of alcohol do you drink on a typical day when you are drinking?

1-2 3-4 5-6 7-8 10+

Your Ethnic Group

24. Please choose one of the six sections and then tick your ethnic group:

a. White

White British
 White Irish

b. Mixed

White & Black Caribbean
 White & Black African
 White & Asian

c. Asian or Asian British

Indian
 Pakistani
 Bangladeshi

d. Black or Black British

Black Caribbean
 Black African
 Somali

e. Chinese or Other

Chinese
 Middle Eastern

f. Other

Other
Please write in:

Your Next of Kin/Emergency Contact

25. Next of kin's name: _____ 26. Relationship to you: _____

27. Next of kin's address: _____

28. Contact telephone number: _____

Signature

29. Signature of patient: _____ 30. Date: _____

Office Use Only: Documents checked EMIS No New Patient check
