
Demographics (Continued)

What is your ethnic group? (please tick one answer)**White**₀₁ English/Welsh/Scottish/Northern Irish/British₀₂ Irish₀₃ Gypsy or Irish Traveller₀₄ Any other White background,

describe _____

Mixed/Multiple₀₅ White and Black Caribbean₀₆ White and Black African₀₇ White and Asian₀₈ Any other Mixed/Multiple ethnic background,

describe _____

Asian/Asian British₀₉ Indian₁₀ Pakistani₁₁ Bangladeshi₁₂ Chinese₁₃ Any other Asian background,

describe _____

Black/African/Caribbean/Black British₁₄ African₁₅ Caribbean₁₆ Any other Black/African/Caribbean background,

describe _____

Other Ethnic group₁₇ Arab₇₇ Any other ethnic group,

describe _____

Do you have a disability? ₀₀ No ₀₁ Yes

If Yes, specify _____

Eligibility—to be completed by Tester

Date of visit

DD		MM		YYYY			

Date of consent

DD		MM		YYYY			

Date of birth

DD		MM		YYYY			

Eligibility criteria met? ₀₀ No ₀₁ Yes

Tester's signature to confirm participant's eligibility _____