



Somerset Primary Care Trust is committed to providing equal access to healthcare services to all members of the community. To help us achieve this, the information we can gather from your answers to the following questions will help us improve the delivery of local health care as well as identify any groups of people who are not accessing our services.

Responding to these questions is entirely voluntary on your part and any information you provide will be kept confidential and handled in accordance with the Data Protection Act 1998

What is your first language?			
Please tell us your ethnic group.		Choose ONE section from A to F.	
A White	<input type="checkbox"/> English	<input type="checkbox"/> Scottish	<input type="checkbox"/> Welsh
	<input type="checkbox"/> Irish	<input type="checkbox"/> Any other White background, please write in	
B Dual-Heritage	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Black African	
	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Other Dual-Heritage background, please write in	
C Asian or Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	
	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> South East Asian or Pacific	
	<input type="checkbox"/> Filipino	<input type="checkbox"/> Thai	
	<input type="checkbox"/> Any other Asian background, please write in		
D Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	
	<input type="checkbox"/> Any other Black background, please write in		
E Chinese or other ethnic group	<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other background, please write in	
F Prefer not to state	<input type="checkbox"/>		
Do you consider that you have a disability?			
(This means a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities.)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	<input type="checkbox"/> Prefer not to state
What is your gender?			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to state	
What age group do you belong to?			
<input type="checkbox"/> Under 18	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44
<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65-74	<input type="checkbox"/> Over 75
			<input type="checkbox"/> Prefer not to state

Thank you for your time