

## Chaddesley Corbett Surgery Patient Questionnaire

We would be grateful if you would take a few minutes to complete the following questions, in order that we can update our records.

**Date:**

<b>Name:</b>
<b>Date of birth:</b>
<b>Contact Home Number:</b>
<b>Mobile Number:</b>

The Health Service needs to know the ethnic group of patients for the purpose of planning. Please indicate the ethnic group to which you feel you belong:

**White:**  British  Irish  Any other white background

**Mixed:**  White/black Caribbean  White/black African  White/Asian  Other

**Asian and British Asian:**  Indian  Pakistani  Bangladeshi  Other

**Black or Black British:**  Caribbean  African  Other

**Other ethnic category:**  Chinese  Other

**Not stated:**  Not stated

**Do you have any information or communication needs?**

- Sight / Speech / Vision impairment / Learning disability (Please circle if any)

**With this in mind, what would be your preferred method of communication?**

- Phone / Text / Email / Letter (Please circle if any)

**If you'd prefer communication via Letter, do you require large print? YES / NO**

### Lifestyle

**Occupation:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Do you regularly exercise? YES / NO**

**How many units of alcohol do you drink per week?** \_\_\_\_\_

Recommended limits: Men - 21 units per week, Women - 14 units per week.

Questions	0	1	2	3	4	Score
How often do you have a drink which contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many standard alcoholic drinks 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 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

*Scoring: A total of 5+ indicates hazardous or harmful drinking - you can self-refer to Swanswell on 01905 721020 or email [worcsref@swanswell.org](mailto:worcsref@swanswell.org) - they are available for help and advice. Alternatively, make an appointment to discuss with a GP.*

**Do you smoke?** YES / NO

Cigarettes / Cigars / Pipe / Other                      Amount per day: \_\_\_\_\_

**Would you like to give up smoking?** YES / NO

If yes, please contact your local pharmacy who will be able to assist you, or visit the NHS Choices website.

**Family History:** Is there a family history of any of the following?

Condition	YES / NO	If yes, what relation?
Angina / Heart attack		
Stroke		
Glaucoma		
Diabetes		

**Female patients only:**

**Are you up to date with your cervical smear (If 25 or over)?** YES / NO

**Have you had a hysterectomy?** YES / NO If yes, when? \_\_\_\_\_