

For the following questions please circle the answer which best applies
 1 drink = 1/2 pint of beer or one glass of wine or 1 single spirits

Men: How often do you have EIGHT or more drinks on one occasion?

Women: How often do you have SIX or more drinks on one occasion?

Never Less than monthly Monthly Weekly Daily

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never Less than monthly Monthly Weekly Daily

How often during the last year have you failed to do what was normally expected of you because of drinking?

Never Less than monthly Monthly Weekly Daily

In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No Yes on one occasion Yes on more than one occasion

Recording of Ethnic Group and First Language Information for Patients

Please note we are not asking about citizenship or nationality, but about the ethnic group to which you feel you belong and your first language.

All the information we receive will be used and treated with the strictest confidence.

The classification is entirely voluntary but will help us to provide a better service. The level of care you will be offered at this surgery will not be affected by your decision to complete this form.

If you have any queries about this form please ask. Otherwise, please complete the form below by ticking the box of the ethnic group you feel you belong to. If you feel you are descended from more than one group, please choose the one you feel you most belong to, or choose the 'Other Ethnic group' option.

White British	
White Irish	
Other White	
Caribbean	
African	
Other Black	
Mixed White & Black Caribbean	
Mixed White & Black African	
Mixed White & Asian	
Other Mixed	
Indian or British Indian	
Bangladeshi or British Bangladeshi	
Pakistani or British Pakistani	
Chinese	
Other Ethnic Group	

What is your first language? (eg English, Hindi, French)

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