

# Data Collection Sheet

## Personal details

Sex (tick)  Male  Female

attach barcode here

Title: (please circle) Mr/Mrs/Ms/Miss/Dr/Prof	First Name:	Surname:
Address:		
Postcode:		
Phone Number – Home	Phone Number - Work	
Phone Number – Mobile	Email:	
Preferred contact: (please circle)		
Home Phone	Work Phone	Mobile
		Email
		Any

Date of birth 

d	d	m	m	y	y	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Ethnicity

2001 census ethnicity classification

Tick one box only

<i>White</i>		
A	British	<input type="checkbox"/>
B	Irish	<input type="checkbox"/>
C	Any other white background	<input type="checkbox"/>

<i>Black or Black British</i>		
M	Caribbean	<input type="checkbox"/>
N	African	<input type="checkbox"/>
P	Any other Black background	<input type="checkbox"/>

<i>Mixed</i>		
D	White and Black Caribbean	<input type="checkbox"/>
E	White and Black African	<input type="checkbox"/>
F	White and Asian	<input type="checkbox"/>
G	Any other mixed background	<input type="checkbox"/>

<i>Other ethnic category</i>		
R	Chinese	<input type="checkbox"/>
S	Any other ethnic category	<input type="checkbox"/>

<i>Asian or Asian British</i>		
H	Indian	<input type="checkbox"/>
J	Pakistani	<input type="checkbox"/>
K	Bangladeshi	<input type="checkbox"/>
L	Any other Asian background	<input type="checkbox"/>

<i>Not stated</i>		
Z	Not stated	<input type="checkbox"/>