

ID Number:

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**Assessing Outcomes of Integrated Care for Long-term
Neurological Conditions**

Demographic Form

Please tick the appropriate box (unless indicated otherwise)

Age Group

18-29

30-39

40-49

50-59

60-65

66-75

76-85

86+

Prefer not to say

Gender

Male

Female

Prefer not to say

Ethnicity

Asian

Black/Black British

Chinese

Mixed

White British

White Other *(please specify)* _____

Any other ethnic background *(please specify)* _____

Prefer not to say

We understand you have a neurological condition. If you have a diagnosis, please tell us what it is:

Prefer not to say

Please return in the enclosed prepaid envelope or post to:

LTNC Team, Social Policy Research Unit, University of York, **FREEPOST YO378**, Heslington, York, YO10 1GY

Thank you.