

Study ID Number for appointment: _____

BACKGROUND INFORMATION

A Study of Shared Decision-Making in Neurology Clinics

We would like to know a bit about you so that we have an idea of the range of people who have taken part in this study. However, you are free not to answer any of the questions below if you'd prefer.

1. How old are you?

_____ years

2. How would you describe your gender? (Please tick the box that applies to you or write an answer in the space provided)

Female

Male

Other; Please specify: _____

3. How would you describe your ethnic background?

(Please tick the box that applies to you, or write an answer in the space provided)

White - English/Welsh/Scottish/Northern Irish/British

White - Irish

White - Gypsy or Irish Traveller

White - Any Other White background

Mixed/Multiple ethnic group - White and Black Caribbean

Mixed/Multiple ethnic group - White and Black African

Mixed/Multiple ethnic group - White and Asian

Mixed/Multiple ethnic group -
Any Other Mixed/multiple ethnic background

Please turn over...

Asian/Asian British - Indian

Asian/Asian British - Pakistani

Asian/Asian British - Bangladeshi

Asian/Asian British - Chinese

Asian/Asian British - Any other Asian background

Black/African/Caribbean/Black British - African

Black /African/Caribbean/Black British - Caribbean

Black/African/Caribbean/Black British -
Any other Black / African / Caribbean background

Other ethnic group - Arab

Any other ethnic group; Please specify:

4. What is your current position? Please tick the box that applies to you or write an answer in the space provided)

Consultant

Registrar

F1/2

Associate Specialist

Other (please specify)

5. How long have you been practising as a doctor?

_____ years