

ID number:

Date: //

Carer details

(also on CSRI)

We would like to know some things about you. Please tick as appropriate.

What is your year of birth?

Are you....?

Male

Female

Is the person with memory problems your....?

Spouse/Partner

Parent

Sibling

Other family member

Friend/Neighbour

Is English your 1st language? Yes

No

If no, please state first language: _____

Interpreter required? Yes

No

Current Medical Conditions

Are you currently seeing your GP for treatment for a medical (physical) condition? Yes No

Are you currently seeing your GP for treatment for a mental health problem? Yes No

Are you currently seeing hospital specialists for a medical (physical) condition? Yes No

Are you currently seeing hospital specialists for a mental health problem? Yes No

Decline

ID number:

Date: / /

Carer Ethnicity Categories

What ethnic background are you? (Categories are taken from the Census)

White

British

Irish

Any other White background

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

Black or Black British

Caribbean

African

Any other Black background

Chinese or other ethnic group

Chinese

Any other background

Decline

ID number:

Date: / /

PWD Demographic details (also on CSRI)

Year of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Carers relationship			
Spouse/Partner	<input type="checkbox"/>		
Daughter/son	<input type="checkbox"/>	Sibling	<input type="checkbox"/>
Other family member	<input type="checkbox"/>	Friend/Neighbour	<input type="checkbox"/>

English 1st language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please state first language: _____		
Interpreter required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical information

GP Details

Name: _____

Surgery: _____

Address: _____

Telephone number: _____

Current Medical Conditions

Please give details:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

Height (estimated)

feet and

inches

OR

centimetres

Weight (estimated)

stone and

pounds

BMI (calculated later)

OR

kilos

Number of births (women only)

1

2

3

4

5

6+

Past surgical procedures? (NB probe for surgery related to gynae. and urinary system)

No

Yes

If yes, please give details: _____

ID number:

Date: / /

PWD Ethnicity Categories: Census

(Self assigned at end of interview)

White

British

Irish

Any other White background

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

Black or Black British

Caribbean

African

Any other Black background

Chinese or other ethnic group

Chinese

Any other background

Decline