www.genesandhealth.org | 020 7882 2366 | elgh@qmul.ac.uk

Volunteer questionnaire | Stage 1

Study ID

ELGH

Thank you for taking part in this study. We would like some further information

Please complete all the information below

Title: ◯ Mr ◯ Mrs ◯ Miss ◯ Ms ◯ Dr Other (please state) _____

First Names:

Last Name:

Date of Birth:

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How would you define your ethnic group?

◯ Bangladeshi or British-Bangladeshi ◯ Pakistani or British-Pakistani

◯ Other (please state) _____

Are you ◯ Male ◯ Female

Your home address:

Postcode –

Your email address:

NHS Number (if known):

Your mobile phone number:

Your home phone number:

Your work phone number:

Name of GP or GP surgery

Address of GP surgery:

Do you have diabetes? ◯ Yes ◯ No ◯ Don't Know

Were your parents related by blood? (not just by marriage - for example, Cousins) ◯ Yes ◯ No ◯ Don't Know

If Yes, how were your parents related? ◯ First cousins ◯ Don't Know

◯ Other related by blood - please state if known _____

Do you consider your health and wellbeing to be ◯ Poor ◯ Average ◯ Good