



Study Number: <Insert>

Participant Questionnaire

Access to medical test results services in general practice

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	This questionnaire is asking some questions about you. Everyone taking part in an interview is being asked to complete the questionnaire so we can compare responses between different groups and see how representative our study is compared to the population as a whole.				
	Please answer questions with a tick (\checkmark) in the box that best suits your answer. However, if you would prefer not to answer any/all of these questions then please let the interviewer know; you are under no obligation.				
	All information you give will be treated in strict confidence and handled in accordance with the Data Protection Act. The results collected are used for research purposes only and this questionnaire is only identified by a number.				
	We are very grateful for your help.				
1.	What is your age?		18-24 years old 25-34 years old 35-44 years old		
			•		
			45-54 years old		
	Ĺ		55-64 years old		
			65-74 years old		
			₇ 75 years or older		
2.	What is your sex?		。Female		
			₁ Male		
			3 Other, please specify:		
3.	Have you previously been involved in health research?		No place give brief details:		

For example: completed a questionnaire, taken part in a trial for new medication.

4. What is your ethnic group?	A. White
	British
	₂Irish
	Other white background
	B. Mixed
	White and Black Caribbean
	₅White and Black African
	White and Asian
	Other Mixed background
	C. Asian or Asian British
	₃Indian
	Pakistani
	₁₀ Bangladeshi
	11 Other Asian background
	D. Black or Black British
	₁₂ Caribbean
	₁₃ African
	14 Other Black background
	E. Chinese or other ethnic group
	₁₅ Chinese
	n ₁₆ Any other

5.	What religion, religious denomination or body do you belong to?	None Christian* Muslim Buddhist Sikh Sewish Hindu Another religion or body, please specify:
		(*including Church of England, Catholic, Protestant and all other Christian denominations)
6.	What is your current employment status?	In active paid work Retired Junemployed and seeking work Unemployed due to illness or disability Other, please specify:
7.	What is your highest educational qualification?	Please specify:
8.	How is your health in general?	□ 2Good □ 3Fair □ 4Bad □ 5Very Bad

How many times have you visited your GP in the last 12 months?	Please give your best guess:
Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months? Please ✓ all that apply	Deafness or partial hearing loss Blindness or partial sight loss Learning disability (for example, Down's Syndrome) Learning difficulty (for example, dyslexia) Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome) Mental health condition Physical disability Long-term illness, disease or condition Other condition, please specify:
	OR 10 No condition

Thank you for completing this questionnaire.