|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Completed by (initials)** | |  |  |  | | --- | --- | --- | |  |  |  | |
| **Completed by (role)** | Care-home manager ☐  Care-home staff ☐  Trial Manager ☐  Other ☐ |
| **Gender (Tick one option)** | Male ☐  Female ☐ |
| **Date of birth** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |  |  | |
| **Marital status (Tick one option)** | Single ☐  Married or in a civil partnership ☐  Divorced ☐  Widowed ☐  Other – please specify ☐ |
| **Highest level of education? (Tick one option)** | No qualification ☐  O-level/GCSE ☐  A-level ☐  Undergraduate degree ☐  Postgraduate degree ☐  Other – please specify ☐ |
| **Which of the following occupations best describes your previous employment? (Tick one option)** | Professional ☐  Managerial ☐  Clerical ☐  Skilled blue-collar ☐  Semi-skilled and unskilled ☐  Other – please specify ☐  Prefer not to say ☐ |
| **Choose ONE option that best describes your ethnic group or background**  **USE: [https://www.ons.gov.uk/methodology/classificationsandstandards/measuringequality/ethnicgroupnationalidentityandreligion]** | White ☐  White and Black Caribbean ☐  White and Black African ☐  White and Asian ☐  Indian ☐  Pakistani ☐  Bangladeshi ☐  Chinese ☐  African ☐  Caribbean ☐  Arab ☐  Any other ethnic group, please describe ☐ |
| **Exempt from dental charges? (Tick one option)** | Yes ☐  No ☐  Not known ☐ |
| **Do you smoke? (Tick one option)** | Current smoker ☐ (how many per day?)   |  |  | | --- | --- | |  |  |   Previous smoker ☐ (how many per day?)   |  |  | | --- | --- | |  |  |   Never smoked ☐ |