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| **Completed by (initials)** |

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| **Completed by (role)** | Care-home manager ☐Care-home staff ☐Trial Manager ☐Other ☐ |
| **Gender (Tick one option)** | Male ☐Female ☐ |
| **Date of birth** |

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| **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?)

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Previous smoker ☐ (how many per day?)

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Never smoked ☐ |