

Today's Date:

DAY	MONTH	YEAR
0	Jan	2007
1	Feb	
2	Mar	2008
3	Apr	
4	May	
5	Jun	
6	Jul	
7	Aug	
8	Sep	
9	Oct	
	Nov	
	Dec	

Please stick the SNBTS donor barcode here:

For Internal Use Only:

Please mark your responses by filling in the appropriate boxes like this: using an HB pencil or a blue or black pen ONLY.



For Internal Use Only

<input type="checkbox"/>	1	1	1
<input type="checkbox"/>	2	2	2
<input type="checkbox"/>	4	4	4
<input type="checkbox"/>	8	8	8

1. What is your age group?

<input type="checkbox"/>	17 - 25	<input type="checkbox"/>	46 - 50
<input type="checkbox"/>	26 - 30	<input type="checkbox"/>	51 - 55
<input type="checkbox"/>	31 - 35	<input type="checkbox"/>	56 - 60
<input type="checkbox"/>	36 - 40	<input type="checkbox"/>	61 - 65
<input type="checkbox"/>	41 - 45	<input type="checkbox"/>	66 +

2. What is your sex?

Male
Female

3. To which cultural background do you belong?

<input type="checkbox"/>	White - Scottish	<input type="checkbox"/>	Asian - Chinese
<input type="checkbox"/>	White - other British	<input type="checkbox"/>	Asian - other
<input type="checkbox"/>	White - Irish	<input type="checkbox"/>	Black - Caribbean
<input type="checkbox"/>	White - other	<input type="checkbox"/>	Black - African
<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Black - other
<input type="checkbox"/>	Asian - Indian	<input type="checkbox"/>	Other
<input type="checkbox"/>	Asian - Pakistani	<input type="checkbox"/>	Not disclosed
<input type="checkbox"/>	Asian - Bangladeshi	<input type="checkbox"/>	Not known

4. Were your grandparents born in Scotland?

	Father's Father	Father's Mother	Mother's Father	Mother's Mother
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Where were you, your father and your mother born?

YOU	FATHER	MOTHER
<input type="checkbox"/>	<input type="checkbox"/>	Strathclyde
<input type="checkbox"/>	<input type="checkbox"/>	Lothian
<input type="checkbox"/>	<input type="checkbox"/>	Tayside
<input type="checkbox"/>	<input type="checkbox"/>	Fife and Central
<input type="checkbox"/>	<input type="checkbox"/>	Grampian
<input type="checkbox"/>	<input type="checkbox"/>	Borders
<input type="checkbox"/>	<input type="checkbox"/>	Highland (Mainland)
<input type="checkbox"/>	<input type="checkbox"/>	Highland (Islands)
<input type="checkbox"/>	<input type="checkbox"/>	Dumfries and Galloway
<input type="checkbox"/>	<input type="checkbox"/>	Other UK
<input type="checkbox"/>	<input type="checkbox"/>	Republic of Ireland
<input type="checkbox"/>	<input type="checkbox"/>	North America
<input type="checkbox"/>	<input type="checkbox"/>	Latin America
<input type="checkbox"/>	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	<input type="checkbox"/>	Mediterranean
<input type="checkbox"/>	<input type="checkbox"/>	Other Europe
<input type="checkbox"/>	<input type="checkbox"/>	Middle East
<input type="checkbox"/>	<input type="checkbox"/>	Africa
<input type="checkbox"/>	<input type="checkbox"/>	Japan / Philippines
<input type="checkbox"/>	<input type="checkbox"/>	China
<input type="checkbox"/>	<input type="checkbox"/>	Other Asia
<input type="checkbox"/>	<input type="checkbox"/>	Indian Subcontinent
<input type="checkbox"/>	<input type="checkbox"/>	Pacific
<input type="checkbox"/>	<input type="checkbox"/>	Australia / New Zealand
<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Don't Know