

ARTHRITIS CARE

No Limits Pod

QUESTIONNAIRE

We want to hear all about you – what you like and don't like...

All information will be treated confidentially. Please complete in BLOCK CAPITALS.

ALL ABOUT ME:

Name:

..... Title:.....

Address:

.....
.....

Postcode:

Daytime telephone: Mobile number:

Email address:

Date of Birth: Age:

Sex: Female Male

Ethnic origin? Please specify.....

Tell us about your family – who makes it up?.....

.....
.....
.....

Are you in school/college or do you work?

.....
.....

What are you studying/What is your job?.....

.....
.....

ME & MY ARTHRITIS:

Do you have arthritis? Yes No

If so what type:

How long have you had arthritis?..... When were you diagnosed?

ARTHRITIS CARE

No Limits Pod

Do you receive any disability benefits? Yes No

Which?

.....

Are you a member of Arthritis Care? Yes No

Do you belong to a branch? Yes No

Which?

.....

How do you feel about having arthritis?.....

.....

.....

.....

.....

.....

.....

What effect has it had on your school/work life?.....

.....

.....

.....

.....

What has been the effect on your social life?

.....

.....

.....

Do you see any medical professional regularly? How easy is it to communicate with them?

.....

.....

What medication do you take for your arthritis?.....

.....

.....

.....

ARTHRITIS CARE

No Limits Pod

.....
.

Where do you like to go out e.g. gigs, cinema, restaurants etc

.....
.
.....
.
.....
.
.....
.
.....
.
.....
.

Where do you like to go on holiday?

.....
.
.....
.
.....
.

HOW I CAN HELP ARTHRITIS CARE:

- You can interview me for *No Limits* or other Arthritis Care publications on the phone
- I'll comment on draft publications by post
- I'll do interviews for the Arthritis Care website
- You can use my mug shot in publications!
- I'd like to tell you what I want in focus group meetings
- I will schmooze at a PR event on behalf of Arthritis Care
- I want to be interviewed for newspapers/magazines external to Arthritis Care
- I wouldn't mind appearing on TV!
- I do radio interviews!

ARTHRITIS CARE

No Limits Pod

Data Protection

Please tick here to allow Arthritis Care to hold your details for administrative purposes and to allow us to contact you with further communications. We will only use your details for the Readers' Panel, but, in accordance with the Data Protection Act, we will not be able to unless you tick this box.

I agree that Arthritis Care can hold my details:

If you would like to update or delete your details at any time, please write to us at the address below. Your personal information will not be given out to any external source without your specific permission.

Parent's/Guardian's signature if you are under 16

Name:

Signature:

Thank you for your time