



Physiotherapy for Hypermobility Trial (PhyT)

Patient Biographical Details

ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DoB:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>
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Today's Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>
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SECTION A - ABOUT YOU

A1a. Are you: (Please tick ✓)	Female <input type="checkbox"/> ¹	Male <input type="checkbox"/> ²
A1b. Are you: (Please tick (✓) one box only)	Single.....	<input type="checkbox"/> ¹
	Married/partner.....	<input type="checkbox"/> ²
	Divorced/separated.....	<input type="checkbox"/> ³
	Widowed.....	<input type="checkbox"/> ⁴
	Other.....	<input type="checkbox"/> ⁵
A1c. Do you live? (Please tick (✓) one box only)	Alone.....	<input type="checkbox"/> ¹
	With husband / wife / partner....	<input type="checkbox"/> ²
	With somebody else.....	<input type="checkbox"/> ³

A2a. How many years did you spend at school? <input type="text"/> <input type="text"/> years		
A2b. After leaving school did you obtain: (Please tick (✓) all that apply)		
i. A college diploma or equivalent	Yes ¹ <input type="checkbox"/>	No ² <input type="checkbox"/>
ii. A university degree or equivalent	Yes ¹ <input type="checkbox"/>	No ² <input type="checkbox"/>
iii. A postgraduate degree (e.g. PhD)	Yes ¹ <input type="checkbox"/>	No ² <input type="checkbox"/>

A3a. Do you have a paid job at present? <i>If no please go to A3e</i>	Yes ¹ <input type="checkbox"/>	No ² <input type="checkbox"/>
A3b. If YES, is this:	Part time ¹ <input type="checkbox"/>	or Full time ² <input type="checkbox"/>

A3bi. Are you Self-employed¹ or Employee²

A3bii. What is your job title?

A3biii. What are the main tasks involved in your job?

A3c. Do you supervise others? Yes¹ No²

A3d. If YES, how many people do you supervise? people
Please now go to question A4

A3e. If NO, are you currently? (Please tick (✓) the appropriate box)

Retired ¹	<input type="checkbox"/>
Unemployed and seeking work ²	<input type="checkbox"/>
Early retired due to sickness or disability ³	<input type="checkbox"/>
Full time student ⁴	<input type="checkbox"/>
Doing voluntary work ⁵	<input type="checkbox"/>
At home doing housework ⁶	<input type="checkbox"/>

A3f. Have you ever had a paid job? Yes¹ No²

A3g. If YES, was this: Part time¹ or Full time²

A3h. Were you Self-employed¹ or Employee²

A3i. What was your job title?

A3j. What were the main tasks involved in your job?

A3k. Did you supervise others? Yes¹ No²

A3l. If yes, how many people did you supervise? people

A4. What is your ethnic group?

White..... <input type="checkbox"/> 1	Black..... <input type="checkbox"/> 4
Mixed..... <input type="checkbox"/> 2	Chinese..... <input type="checkbox"/> 5
Asian..... <input type="checkbox"/> 3	Other (please state below)..... <input type="checkbox"/> 6

(ii) _____

SECTION B – GP CONTACT DETAILS

B1. GP name: _____ GP address: _____

Thank you for completing this form

Physiotherapy for Hypermobility Trial (PHyT), Stage 2 and 3 Biographical Details