

Please decide how far you agree with the following statements by ticking one box in each line.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't know
16	This doctor understands the duty owed to the court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	This doctor is honest, reliable and trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	This doctor's performance is not impaired by ill health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19 I would like this doctor to be instructed again Yes No Don't know

20 Please add any other comments you want to make about this doctor. Please note: No one will be identified when this information is given back to the doctor.

The next questions will give us some basic information about who took part in the survey.

21 Are you: Female Male

22 Age: 16 to 19 20 to 29 30 to 39 40 to 49 50 to 59 60 or over

23 Your professional role (please tick only one box):

Solicitor If you are a solicitor, are you in a training grade? Yes No

Legal Executive Solicitor-Advocate Barrister/QC

Clerk to the Magistrates Magistrate Judge

Administrator/Receptionist/Secretary Other (please specify): _____

24 How recently have you been familiar with this doctor's medico-legal practice?

Within the last year Within the last two years Between two and three years ago

Between three and five years ago More than five years ago

25 During this period of your familiarity with this doctor's medico-legal practice, how often did you have contact with the doctor?

Most months Quarterly Yearly Less often

26 What is your ethnic group? Please choose one section from A to E, and then tick the appropriate box to indicate your cultural background.

A White	B Mixed	C Asian or Asian British	D Black or Black British	E Chinese or other ethnic group
<input type="checkbox"/> British	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> Any other
<input type="checkbox"/> Any other white background	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Black background	
	<input type="checkbox"/> Any other Mixed background	<input type="checkbox"/> Any other Asian background		
Please write in	Please write in	Please write in	Please write in	Please write in
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>