

Introduction

Do you have questions about coeliac disease (this includes the other immune conditions caused by gluten eg dermatitis herpetiformis and gluten ataxia) that you believe could be answered by research and would improve the lives of people living with the condition?

If so please complete this short survey which is split into two sections. In section 1 you may list from one to a maximum of four research questions. Your question(s) could be about:

**cause
diagnosis
treatment or
management**

In section 2 there are a few questions about you and it would be really helpful to the research if you could answer these too.

The survey should take approx. 10 minutes to complete depending on how many questions you have.

All responses will be anonymised (no one else will know your personal answers).

Section 1 - What questions about coeliac disease would you like answered by research?

Your questions could be about cause, diagnosis, treatment or management. You may list one, if that is all you have, up to a maximum of four questions. Please write your question(s) in the boxes provided below.

* Question 1

Question 2

Question 3

Question 4

Section 2 - About you

* Which ONE of the following BEST describes you?

- I have a medical diagnosis of coeliac disease
- I had a negative test for coeliac disease but have gluten sensitivity
- I have a gluten related neurological condition eg gluten ataxia, polyneuropathy...
- I have self diagnosed gluten sensitivity
- None of the above

* Which ONE of the following BEST describes you?

- Patient
- Parent of a child (aged under 16 years) with coeliac disease
- Carer or relative of someone (aged 16 years or over) with coeliac disease
- Dietitian
- Paediatric Dietitian
- Gastroenterologist
- Paediatric Gastroenterologist
- Neurologist
- GP
- Nurse
- Pharmacist
- Other (please specify)

If applicable, how long did you, your child or the person you care for experience symptoms prior to the diagnosis of coeliac disease? (If not applicable, please leave blank)

If you have a diagnosis of coeliac disease and are also a parent or carer of someone diagnosed with coeliac disease, please indicate the length of time YOU experienced symptoms prior to diagnosis.

	Years	Months
Time experienced symptoms prior to diagnosis	<input type="text"/>	<input type="text"/>

How long have you, your child or the person you care for been diagnosed with coeliac disease? (If not applicable, please leave blank)

If you have a diagnosis of coeliac disease and are also a parent or carer of someone diagnosed with coeliac disease, please indicate the length of time since YOUR diagnosis.

	Years	Months
Time since diagnosis	<input type="text"/>	<input type="text"/>

* What is your age?

- Under 16
- 16 - 25
- 26 - 30
- 31 - 40
- 41 - 50
- 51 - 60
- 61 - 74
- 75 and over
- Prefer not to say

* Are you

- Male
- Female
- Prefer not to say
- Other (please specify)

What is your ethnic group?

- White: English / Welsh / Scottish / Northern Irish / British
- White: Irish
- White: Other
- Black: African
- Black: Caribbean
- Black: Other
- Asian: Indian
- Asian: Pakistani
- Asian: Bangladeshi
- Asian: Chinese
- Asian: Other
- Mixed: White and Black Caribbean
- Mixed: White and Black African
- Mixed: White and Asian
- Mixed: Other
- Prefer not to say
- Other (please specify)

Where do you live?

- South East England
- South West England including Channel Islands
- Greater London
- East of England
- West Midlands
- East Midlands
- Yorkshire and the Humber
- North East England
- North West England including Isle of Man
- Wales
- Scotland including Scottish islands
- Northern Ireland
- Other (please specify)

Keeping in touch....

Later in the project we want to ask people which are the most important questions about coeliac disease. If it is OK for us to contact you about this, please provide your contact details below.

We will not use your contact details for any other reason unless you give us permission. Your contact details will be stored securely in a different place to your survey answers, so no one except the research team, will be able to match your contact details to your answers. After the project is finished we will delete your contact details.

Contact details:

Thank you

Thank you for completing this survey, your time and input is most valuable and appreciated.

Please return your completed survey to Katie Stokes, PRC Team, Coeliac UK, 3rd Floor Apollo Centre, Desborough Road, High Wycombe, Bucks, HP11 2QW.

If you have any questions about this survey or would like more information please call Katie Stokes, 01494 796133 or email katie.stokes@coeliac.org.uk

If you would like to speak with someone about coeliac disease and/or the gluten free diet, you can call the Coeliac UK helpline 0333 332 2033 and you can also find further information on the Coeliac UK website www.coeliac.org.uk