

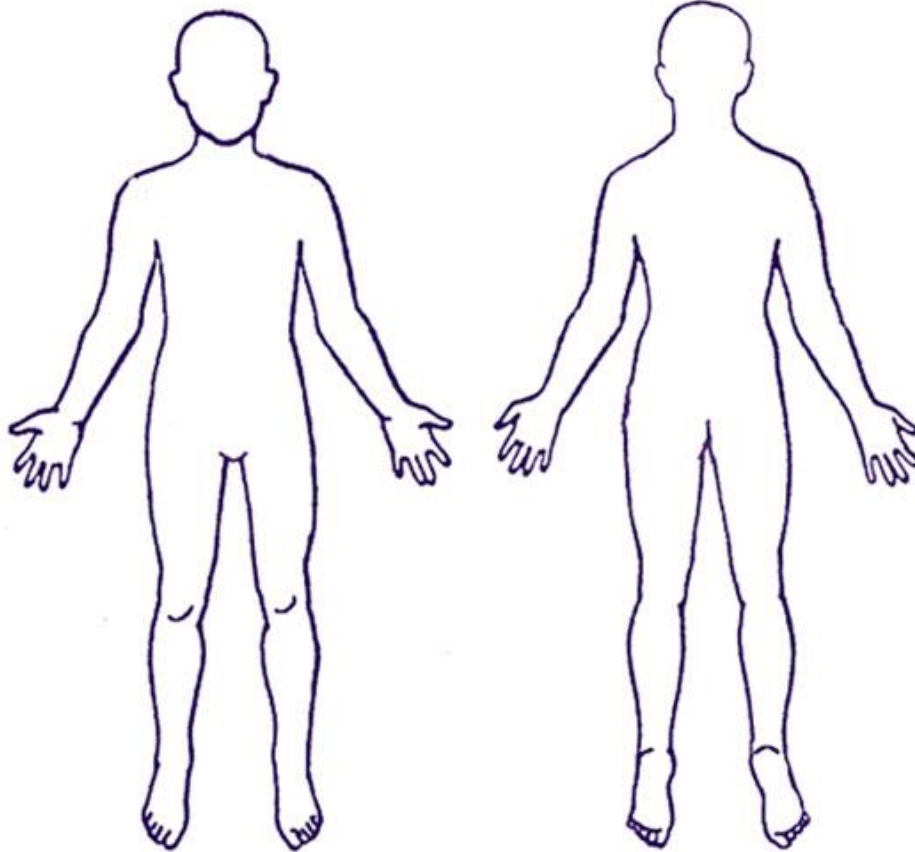
English	Somali
<p>New Patient Questionnaire for newly arrived migrants in the UK</p>	<p>Xog-ururinta Cusub ee Bukaanka ee loogu talagalay muhaajiriinta dhawaan soo-galay Boqortooyada Ingiriiska</p>
<p>Everyone has a right to register with a GP. You do not need proof of address, immigration status, ID or an NHS number to register with a GP.</p> <p>This questionnaire is to collect information about your health so that the health professionals at your GP practice can understand what support, treatment and specialist services you may need in accordance with the confidentiality and data sharing policies of the National Health Service.</p> <p>Your GP will not disclose any information you provide for purposes other than your direct care unless: you have consented (e.g. to support medical research); or they are required to do so by law (e.g. to protect other people from serious harm); or because there is an overriding public interest (e.g. you are suffering from a communicable disease). Further information about how your GP will use your information is available from your GP practice.</p> <p>Return your answers to your GP practice.</p>	<p>Qofkastaababa wuxuu xaq u leeyahay inuu iska diwaangaliyo GP. Uma baahnid cadayn ah halka aad dagantay, xaaladada muhaajirnimo, aqoonsigaaga ama lamberka NHS kaaga si aad iskaga diwaan galiso GP.</p> <p>Xog-ururintani waxa loogu talagalay in lagusoo ururiyo macluumaadka khuseeya caafimaadkaaga si xirfadlayaasha caafimaadka ee farsamada GP u fahmi karaan nooca caawimada, daaweynta iyo adeegyada takhasus aad u baahan kartid iyadoo la raacayo siyaasadaha asturnaanta iyo wadaagitaanka xogta ee Adeega Caafimaadka Qaranka.</p> <p>GP kaagu ma faafin doono wax macluumaad aad u bixisay ujeedooyin aan ka ahayn daryeelkaaga tooska ah ilaa: aad ogolaatay (sida, in lagu taageero cilmi-baadhis caafimaad); ama uu sharciga uga baahan yahay sdaasi (sida in lagaga ilaaliyo dadka halis daran); ama sababtu tahay inay jirto daneyn dadweyne (sida inaad ka cabanaysid xanuunada la isqaadsiin karo). Macluumaad dheeriya oo khuseeya sida GP kaagu u isticmaali doono macluumaadka ayaa laga helayaa xeerkaaga GP.</p> <p>Kusoo celi jawaabahaaga xeerkaaga GP.</p>
<p>Section one: Personal details</p>	<p>Qeybta koobaad: Xogta shakhsiga</p>
<p>Full name:</p>	<p>Magaca oo dhammeystiran:</p>
<p>Address:</p>	<p>Ciwaanka:</p>

Telephone number:	Lambarka taleefanka:
Email address:	Ciwaanka iimaylka:
Please complete all questions and tick all the answers that apply to you.	Fadlan dhammeystir dhammaan su'aalaha oo calaamadi dhammaan jawaabaha ku khuseeya.
1.1 Date questionnaire completed:	2.1 Taariikhda xog-ururinta la dhammeysiray:
1.2 Which of the following best describes you? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	1.2 Kuwan soo socda keebaa si fiican kuu sharxaya? <input type="checkbox"/> Lab <input type="checkbox"/> Dhedig <input type="checkbox"/> Waxkale <input type="checkbox"/> Ma rabo inaan sheego
1.3 Is this the same gender you were given at birth? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to say	1.3 Kani ma isla jinsigii lagu siiyey markaad dhalataa? <input type="checkbox"/> Maya <input type="checkbox"/> Haa <input type="checkbox"/> Ma rabo inaan sheego
Date of birth: Date _____ Month _____ Year _____	1.4 Taariikhda dhalashada: Taariikhda _____ Bisha _____ Sanadka _____
1.5 Religion: <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other religion <input type="checkbox"/> No religion	1.5 Diinta: <input type="checkbox"/> Buudhisti <input type="checkbox"/> Kiristiyaan <input type="checkbox"/> Hindi <input type="checkbox"/> Yuhuud <input type="checkbox"/> Muslim ah <input type="checkbox"/> Sikh ah <input type="checkbox"/> Diin kale <input type="checkbox"/> Bilaa diin
1.6 Marital status: <input type="checkbox"/> Married/civil partner <input type="checkbox"/> Divorced	1.6 Xaalada guurka: <input type="checkbox"/> Guursaday/lamaane shacab ah

<input type="checkbox"/> Widowed <input type="checkbox"/> None of the above	<input type="checkbox"/> Lafuray <input type="checkbox"/> Carmal <input type="checkbox"/> Midnaba
1.7 Sexual Orientation: <input type="checkbox"/> Heterosexual (attracted to the opposite sex) <input type="checkbox"/> Homosexual (attracted to the same sex) <input type="checkbox"/> Bisexual (attracted to males and females) <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other	1.7 Rabitaanka Galmo: <input type="checkbox"/> Hetro-sekshuwal (raba jinsi ka duwan) <input type="checkbox"/> Homosekshuwal (raba jinsi la mida) <input type="checkbox"/> Baysakshuwal (raba lab iyo dhedigba) <input type="checkbox"/> Ma rabo inaan sheego <input type="checkbox"/> Waxkale
1.8 Main spoken language: <input type="checkbox"/> Albanian <input type="checkbox"/> Arabic <input type="checkbox"/> Dari <input type="checkbox"/> English <input type="checkbox"/> Persian <input type="checkbox"/> Other <input type="checkbox"/> Russian <input type="checkbox"/> Tigrinya <input type="checkbox"/> Ukrainian <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese	1.8 Luuqada koobaad ee hadalka: <input type="checkbox"/> Albaaniyaan <input type="checkbox"/> Carabi <input type="checkbox"/> Daari <input type="checkbox"/> Ingiriisi <input type="checkbox"/> Beershiyaan <input type="checkbox"/> Waxkale <input type="checkbox"/> Ruush <input type="checkbox"/> Tigrinyaa <input type="checkbox"/> Ukreyniyaan <input type="checkbox"/> Urduu <input type="checkbox"/> Fiyadnaamiis
1.9 Second spoken language: <input type="checkbox"/> Albanian <input type="checkbox"/> Arabic <input type="checkbox"/> Dari <input type="checkbox"/> English <input type="checkbox"/> Persian <input type="checkbox"/> Other <input type="checkbox"/> Russian <input type="checkbox"/> Tigrinya <input type="checkbox"/> Ukrainian <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> None	1.9 Luuqada labaad ee hadalka: <input type="checkbox"/> Albaaniyaan <input type="checkbox"/> Carabi <input type="checkbox"/> Daari <input type="checkbox"/> Ingiriisi <input type="checkbox"/> Beershiyaan <input type="checkbox"/> Waxkale <input type="checkbox"/> Ruush <input type="checkbox"/> Tigrinyaa <input type="checkbox"/> Ukreyniyaan <input type="checkbox"/> Urduu <input type="checkbox"/> Fiyadnaamiis <input type="checkbox"/> Midnaba
1.10 Do you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes	1.10 Miyaad u baahan tahay turjumaan? <input type="checkbox"/> Maya <input type="checkbox"/> Haa
1.11 Would you prefer a male or a female interpreter? Please be aware that interpreter availability might mean it is not always possible to meet your preference. <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I don't mind	1.11 Keebaad jeclaan lahayd turjumaan lab ama dhedig ah? Fadlan ogow in helitaanka turjumaanku ka dhigan tahay in aanay markasta macquul ahayn in la helo dookhaaga. <input type="checkbox"/> Lab <input type="checkbox"/> Dhedig <input type="checkbox"/> Waxba kama qabo
1.12 Are you able to read in your own language? <input type="checkbox"/> No <input type="checkbox"/> Yes	1.12 Miyaad awoodaa inaad wax ku akhridid luuqadaada? <input type="checkbox"/> Maya <input type="checkbox"/> Haa

<input type="checkbox"/> I have difficulty reading		<input type="checkbox"/> Waxa igu adag akhrinta									
1.13 Are you able to write in your own language? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I have difficulty writing		1.13 Miyaad awoodaa inaad wax ku qortid luuqadaada? <input type="checkbox"/> Maya <input type="checkbox"/> Haa <input type="checkbox"/> Waxa igu adag qoraalka									
1.14 Do you need sign language support? <input type="checkbox"/> No <input type="checkbox"/> Yes		1.14 Miyaad u baahan tahay taageerada luuqada naafada maqalka? <input type="checkbox"/> Maya <input type="checkbox"/> Haa									
1.15 Please give details of your next of kin and/or someone we can contact in an emergency:		1.15 Fadlan sheeg xogta qaraabadaada iyo/ama qof aan la xidhiidhi karno xaalad degdega:									
<table border="1"> <tr> <td>Name:</td> <td rowspan="3"><u>Next of kin</u></td> </tr> <tr> <td>Contact telephone number:</td> </tr> <tr> <td>Address:</td> </tr> </table>		Name:	<u>Next of kin</u>	Contact telephone number:	Address:	<table border="1"> <tr> <td>Magaca:</td> <td rowspan="3"><u>Qaraabada</u></td> </tr> <tr> <td>Lambarka taleefanka lagala xidhiidhayo:</td> </tr> <tr> <td>Ciwaanka:</td> </tr> </table>		Magaca:	<u>Qaraabada</u>	Lambarka taleefanka lagala xidhiidhayo:	Ciwaanka:
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<table border="1"> <tr> <td>Name:</td> <td rowspan="3">Emergency contact (if different)</td> </tr> <tr> <td>Contact telephone number:</td> </tr> <tr> <td>Address:</td> </tr> </table>		Name:	Emergency contact (if different)	Contact telephone number:	Address:	<table border="1"> <tr> <td>Magaca:</td> <td rowspan="3">Xidhiidhka xaalada degdega (haddii uu ka duwan yahay)</td> </tr> <tr> <td>Lambarka taleefanka lagala xidhiidhayo:</td> </tr> <tr> <td>Ciwaanka:</td> </tr> </table>		Magaca:	Xidhiidhka xaalada degdega (haddii uu ka duwan yahay)	Lambarka taleefanka lagala xidhiidhayo:	Ciwaanka:
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Lambarka taleefanka lagala xidhiidhayo:											
Ciwaanka:											

Section two: Health questions	Qeybta labaad: Su'aalaha caafimaadka
<p>2.1 Are you currently feeling unwell or ill?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>2.1 Miyaad dareemaysaa xanuun ama jirro?</p> <p><input type="checkbox"/> Maya</p> <p><input type="checkbox"/> Haa</p>
<p>2.2 Do you need an urgent help for your health problem?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>2.2 Miyaad uga baahan tahay caawimo degdeg ah dhibkaaga caafimaad?</p> <p><input type="checkbox"/> Maya</p> <p><input type="checkbox"/> Haa</p>
<p>2.3 Do you currently have any of the following symptoms? <i>Please tick all that apply</i></p> <p><input type="checkbox"/> Weight loss</p> <p><input type="checkbox"/> Cough</p> <p><input type="checkbox"/> Coughing up blood</p> <p><input type="checkbox"/> Night sweats</p> <p><input type="checkbox"/> Extreme tiredness</p> <p><input type="checkbox"/> Breathing problems</p> <p><input type="checkbox"/> Fevers</p> <p><input type="checkbox"/> Diarrhoea</p> <p><input type="checkbox"/> Skin complaints or rashes</p> <p><input type="checkbox"/> Blood in your urine</p> <p><input type="checkbox"/> Blood in your stool</p> <p><input type="checkbox"/> Headache</p> <p><input type="checkbox"/> Pain</p> <p><input type="checkbox"/> Low mood</p> <p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Distressing flashbacks or nightmares</p> <p><input type="checkbox"/> Difficulty sleeping</p> <p><input type="checkbox"/> Feeling like you can't control your thoughts or actions</p> <p><input type="checkbox"/> Feeling that you want to harm yourself or give up on life</p> <p><input type="checkbox"/> Other</p>	<p>2.3 Miyaad hadda leedahay mid ka mida astaamahan soo socda? <i>Fadlan calaamadi dhammaan inta khusaysa</i></p> <p><input type="checkbox"/> Miisaan hoos-udhacay</p> <p><input type="checkbox"/> Qufac</p> <p><input type="checkbox"/> Qufaca dhiig leh</p> <p><input type="checkbox"/> Dhidid habeenkii ah</p> <p><input type="checkbox"/> Daal xad-dhaaf ah</p> <p><input type="checkbox"/> Caqabado neef-sasho</p> <p><input type="checkbox"/> Xumad</p> <p><input type="checkbox"/> Shuban</p> <p><input type="checkbox"/> Cuncun ama finan maqaarka ah</p> <p><input type="checkbox"/> Dhiig kaadidaada kujira</p> <p><input type="checkbox"/> Dhiig kujira saxarada</p> <p><input type="checkbox"/> Madax-xanuun</p> <p><input type="checkbox"/> Xanuun</p> <p><input type="checkbox"/> Shucuur hoosaysa</p> <p><input type="checkbox"/> Warwar</p> <p><input type="checkbox"/> Sas ama argagax xun</p> <p><input type="checkbox"/> Hurdo la'aan</p> <p><input type="checkbox"/> Inaad dareentid sidii oo aanad xakameyn karin fikirkaaga ama ficilkaaga</p> <p><input type="checkbox"/> Inaad dareentid inaad rabtid inaad waxyeeshid naftaada ama ka quusatid nolosha</p> <p><input type="checkbox"/> Waxkale</p>
<p>2.4 Please mark on the body image the area(s) where you are experiencing your current health problem(s)</p>	<p>2.4 Fadlan ku calaamadi sawirka jidhka qeybta aad ka dareemaysid dhibaatooyinkaaga caafimaad ee hadda</p>









<p>2.5 Do you have any known health problems that are ongoing?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>2.5 Miyaad leedahay wax dhibaatooyin caafimaad oo la yaqaan oo jira?</p> <p><input type="checkbox"/> Maya</p> <p><input type="checkbox"/> Haa</p>
<p>2.6 Do you have or have you ever had any of the following? Please tick all that apply</p> <p><input type="checkbox"/> Arthritis</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Blood disorder</p> <p style="padding-left: 20px;"><input type="checkbox"/> Sickle cell anaemia</p> <p style="padding-left: 20px;"><input type="checkbox"/> Thalassaemia</p> <p><input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> Dental problems</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Epilepsy</p> <p><input type="checkbox"/> Eye problems</p> <p><input type="checkbox"/> Heart problems</p> <p><input type="checkbox"/> Hepatitis B</p> <p><input type="checkbox"/> Hepatitis C</p> <p><input type="checkbox"/> HIV or AIDS</p> <p><input type="checkbox"/> High blood pressure</p>	<p>2.6 Miyaad leedahay ama waligaa ma yeelatay mid ka mida kuwan soo socda? Fadlan calaamadi dhammaan inta khusaysa</p> <p><input type="checkbox"/> Caabuqa-laabatooyinka</p> <p><input type="checkbox"/> Xiiq</p> <p><input type="checkbox"/> Xanuun dhiiga ah</p> <p style="padding-left: 20px;"><input type="checkbox"/> Xanuunada dhiiga-cas</p> <p style="padding-left: 20px;"><input type="checkbox"/> Xanuunka-dhiig-yaraanta</p> <p><input type="checkbox"/> Kansarka</p> <p><input type="checkbox"/> Dhibaatooyin ilkaha</p> <p><input type="checkbox"/> Macaanka</p> <p><input type="checkbox"/> Suuxitaanka</p> <p><input type="checkbox"/> Dhibaatooyinka indhaha</p> <p><input type="checkbox"/> Dhibaatooyinka wadnaha</p> <p><input type="checkbox"/> Jooniska B</p> <p><input type="checkbox"/> Jooniska C</p>

<input type="checkbox"/> Kidney problems <input type="checkbox"/> Liver problems <input type="checkbox"/> Long-term lung problem/breathing difficulties <input type="checkbox"/> Mental health problems <ul style="list-style-type: none"> <input type="checkbox"/> Low mood/depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Post-traumatic stress disorder (PTSD) <input type="checkbox"/> Previously self-harmed <input type="checkbox"/> Attempted suicide <input type="checkbox"/> Other <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Skin disease <input type="checkbox"/> Stroke <input type="checkbox"/> Thyroid disease <input type="checkbox"/> Tuberculosis (TB) <input type="checkbox"/> Other	<input type="checkbox"/> HIV ama AYDHIS <input type="checkbox"/> Dhiig-karka <input type="checkbox"/> Dhibaatooyinka kalyaha <input type="checkbox"/> Dhibaatooyinka beerka <input type="checkbox"/> Dhibaatada mudada dheer ee sanbabka/caqabado neefsasho <input type="checkbox"/> Dhibaatooyinka caafimaadka maskaxda <ul style="list-style-type: none"> <input type="checkbox"/> Shucuur-hooseyn/niyadjab <input type="checkbox"/> Warwar <input type="checkbox"/> Xanuunka walaaca argagax kadib (PTSD) <input type="checkbox"/> Iswaxyeelayn hore <input type="checkbox"/> Iskuday isdil <input type="checkbox"/> Waxkale <input type="checkbox"/> Lafo-jilayca <input type="checkbox"/> Cudurada maqaarka <input type="checkbox"/> Faaluga <input type="checkbox"/> Cudurada cunaha <input type="checkbox"/> Qaaxada (TB) <input type="checkbox"/> Waxkale
2.7 Have you ever had any operations / surgery? <input type="checkbox"/> No <input type="checkbox"/> Yes	2.7Miyaad waligaa martay qaliino / qaliin? <input type="checkbox"/> Maya <input type="checkbox"/> Haa
2.8 If you have had an operation / surgery, how long ago was this? <input type="checkbox"/> In the last 12 months <input type="checkbox"/> 1 – 3 years ago <input type="checkbox"/> Over 3 years ago	2.8Miyaad waligaa martay qaliino / qaliin, intee inleeg kahor ayuu ahaa kani? <input type="checkbox"/> 12 kii bilood ee u danbeeyey <input type="checkbox"/> 1 - 3 sano kahor <input type="checkbox"/> In kabadan 3 sano
2.9 Do you have any physical injuries from war, conflict or torture? <input type="checkbox"/> No <input type="checkbox"/> Yes	2.9Miyaad leedahay wax dhaawac jidheed oo kasoo gaadhay dagaal, khilaaf, ama jidhdil? <input type="checkbox"/> Maya <input type="checkbox"/> Haa
2.10 Do you have any mental health problems? These could be from war, conflict, torture or being forced to flee your country? <input type="checkbox"/> No <input type="checkbox"/> Yes	2.10Miyaad leedahay wax dhibaatooyin caafimaadka maskaxda ah? Tani waxay ka iman kartaa dagaal, khilaaf, jidhdil ama in lagugu khasbay inaad ka qaxdid dalkaaga? <input type="checkbox"/> Maya <input type="checkbox"/> Haa
2.11 Some medical problems can run in families. Has a member of your	2.11Qaar ka mida dhibaatooyinka caafimaad ayaa ay isku gudbin karaan

<p>immediate family (father, mother, siblings, and grandparents) had or suffered from any of the following? Please tick all that apply</p> <p> <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Depression/Mental health illness <input type="checkbox"/> Heart attack <input type="checkbox"/> High blood pressure <input type="checkbox"/> Stroke <input type="checkbox"/> Other </p>	<p>qoysasku. Miyaa xubin ka tirsan qoyskaaga dhow (aabe, hooyo, walaalo, iyo waalidiintood) lahaa ama ka cowday mid ka mida kuwan soo socda? Fadlan calaamadi dhammaan inta khusaysa</p> <p> <input type="checkbox"/> Kansarka <input type="checkbox"/> Macaanka <input type="checkbox"/> Niyadjab/Xanuun caafimaadka maskaxda ah <input type="checkbox"/> Wadne xanuun <input type="checkbox"/> Dhiig-karka <input type="checkbox"/> Faaluga <input type="checkbox"/> Waxkale </p>								
<p>2.12 Are you on any prescribed medicines?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes –<i>please list your prescribed medicines and doses in the box below</i> Please bring any prescriptions or medications to your appointment </p> <table border="1" data-bbox="150 1003 775 1373"> <thead> <tr> <th data-bbox="150 1003 564 1043">Name</th> <th data-bbox="564 1003 775 1043">Dose</th> </tr> </thead> <tbody> <tr> <td data-bbox="150 1043 564 1373"></td> <td data-bbox="564 1043 775 1373"></td> </tr> </tbody> </table>	Name	Dose			<p>2.12Miyaad qaadataa wax daawooyin laguu qoray ah?</p> <p> <input type="checkbox"/> Maya <input type="checkbox"/> Haa –<i>fadlan ku tax daawooyinkaaga laguu qoray iyo xadiga sanduuqa hoose.</i> Fadlan usoo qaad wixii qoritaan ama daawooyinka ballantaada </p> <table border="1" data-bbox="823 1077 1453 1447"> <thead> <tr> <th data-bbox="823 1077 1241 1117">Magaca</th> <th data-bbox="1241 1077 1453 1117">Xadiga</th> </tr> </thead> <tbody> <tr> <td data-bbox="823 1117 1241 1447"></td> <td data-bbox="1241 1117 1453 1447"></td> </tr> </tbody> </table>	Magaca	Xadiga		
Name	Dose								
Magaca	Xadiga								
<p>2.13 Are you worried about running out of any these medicines in the next few weeks?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes </p>	<p>2.13Miyaad ka warwaraysaa inay kaa dhammaadaan daawooyinkan qaar ka mida todobaadada soo socda?</p> <p> <input type="checkbox"/> Maya <input type="checkbox"/> Haa </p>								
<p>2.14 Do you take any medicines that have not been prescribed by a health professional e.g medicines you have bought at a pharmacy/shop/on the internet or had delivered from overseas?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes –<i>please list medicines and doses in the box below</i> Please bring any medications to your appointment </p>	<p>2.14Miyaad qaadataa wax daawooyin ah oo aanu kuu qorin xirfadle caafimaad sida daawooyinka aad ka iibsatay farmasi/dukaan/intarnadka ama dibada lagaaga keenay?</p> <p> <input type="checkbox"/> Maya <input type="checkbox"/> Haa –<i>fadlan ku tax liiska daawooyinka iyo xadiga sanduuqa hoose</i> </p>								

Name		Dose		Fadlan usoo qaado daawooyinka ballantaada	
				Magaca	Xadiga
2.15	Are you allergic to any medicines?	<input type="checkbox"/> No <input type="checkbox"/> Yes		2.15Miyaad xasaasiyad ku leedahay daawooyinka?	<input type="checkbox"/> Maya <input type="checkbox"/> Haa
2.16	Are you allergic to anything else? (e.g. food, insect stings, latex gloves)?	<input type="checkbox"/> No <input type="checkbox"/> Yes		2.16Miyaad xasaasiyad ku leedahay shay kale? (sida cuntada, cayayaanka, golofisyada)?	<input type="checkbox"/> Maya <input type="checkbox"/> Haa
2.17	Do you have any physical disabilities or mobility difficulties?	<input type="checkbox"/> No <input type="checkbox"/> Yes		2.17Miyaad leedahay wax naafo jidheed ah ama caqabad socodka ah?	<input type="checkbox"/> Maya <input type="checkbox"/> Haa
2.18	Do you have any sensory impairments? <i>Please tick all that apply</i>	<input type="checkbox"/> No <input type="checkbox"/> Blindness <input type="checkbox"/> Partial sight loss <input type="checkbox"/> Full hearing loss <input type="checkbox"/> Partial hearing loss <input type="checkbox"/> Smell and/or taste problems		2.18Miyaad leedahay naafo araga ah? <i>Fadlan calaamadi dhammaan inta khusaysa</i>	<input type="checkbox"/> Maya <input type="checkbox"/> Indho la'aan <input type="checkbox"/> Waayida qeyb ka mida araga <input type="checkbox"/> Waayida dhammaan maqalka <input type="checkbox"/> Waayida kaqeyb ka mida maqalka <input type="checkbox"/> Urta iyo/ama caqabado dhadhanka ah
2.19	Do you have any learning difficulties?	<input type="checkbox"/> No <input type="checkbox"/> Yes		2.19Miyad leedahay caqabado waxbarasho?	<input type="checkbox"/> Maya <input type="checkbox"/> Haa
2.20	Is there any particular private matter you would like to discuss/raise at your next appointment with a healthcare professional?			2.20Miyey jirtaa arin gaara oo aad jeclaan lahayd inaad kala hadashid/ugudbisid ballantaada xigta xirfadle daryeelka caafimaadka ah?	

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Maya <input type="checkbox"/> Haa
<p>Section three: Lifestyle questions</p>	<p>Qeybta saddexaad: Su'aalaha qaab-nololeedka</p>
<p>3.1 How often do you drink alcohol?</p> <input type="checkbox"/> Never <input type="checkbox"/> Monthly or less <input type="checkbox"/> 2-4 times per month <input type="checkbox"/> 2-3 times per week <input type="checkbox"/> 4 or more times per week <p>There is 1 unit of alcohol in:</p> <div style="text-align: center;">  <p><i>½ pint glass of beer</i></p> </div> <div style="text-align: center;">  <p><i>1 small glass of wine</i></p> </div> <div style="text-align: center;">  <p><i>1 single measure of spirits</i></p> </div>	<p>3.1 Imisa jeer ayaad cabtaa alkahoosha?</p> <input type="checkbox"/> Waligay-macabin <input type="checkbox"/> Bile ama in kayar <input type="checkbox"/> 2-4 jeer bishiiba <input type="checkbox"/> 2-3 jeer todobaadkiiba <input type="checkbox"/> 4 ama in ka badan todobaadkii <p>Waxa ku jira 1 hal-beeg oo alkahool ah:</p> <div style="text-align: center;">  <p><i>½ pint galaaska khamriga ah</i></p> </div> <div style="text-align: center;">  <p><i>1 galaas yar oo khamri ah</i></p> </div> <div style="text-align: center;">  <p><i>1 cabirka yar</i></p> </div>
<p>3.2 How many units of alcohol do you drink in a typical day when you are drinking?</p> <input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10 or more	<p>3.2 Imisa hal-beeg oo alkahool ah ayaad cabtaa maalintii markaad cabaysid?</p> <input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10 ama kabadan
<p>3.3 How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?</p> <input type="checkbox"/> Never	<p>3.3 Intee inleeg ayaad heshay 6 hal-beeg ama kabadan haddii dhedig aad tahay, ama 8 ama ka badan haddii lab aad tahay, hal mar sanadkii u danbeeyey?</p>

<input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily	<input type="checkbox"/> Waligay-macabin <input type="checkbox"/> Inka yar bil <input type="checkbox"/> Bile <input type="checkbox"/> Todobaadle <input type="checkbox"/> Maalinle ama maalinkasta
<p>3.4 Do you take any drugs that may be harmful to your health e.g. cannabis, cocaine, heroin?</p> <input type="checkbox"/> Never <input type="checkbox"/> I have quit taking drugs that might be harmful <input type="checkbox"/> Yes	<p>3.4 Miyaad qaadataa daroogooyinka halis ku keeni kara caafimaadkaaga, sida xashiishada, kookayn ama hirowiin?</p> <input type="checkbox"/> Waligay-macabin <input type="checkbox"/> Waxaan joojiyey qaadashada daroogooyinka halis noqon kara <input type="checkbox"/> Haa
<p>3.5 Do you smoke?</p> <input type="checkbox"/> Never <input type="checkbox"/> I have quit smoking <input type="checkbox"/> Yes	<p>3.5 Miyaad cabtaa sigaarka?</p> <input type="checkbox"/> Waligay-macabin <input type="checkbox"/> Waan joojiyey cabista sigaarka <input type="checkbox"/> Haa
<p>3.6 Do you chew tobacco?</p> <input type="checkbox"/> Never <input type="checkbox"/> I have quit chewing tobacco <input type="checkbox"/> Yes	<p>3.6 Miyaad cuntaa tubaakada?</p> <input type="checkbox"/> Waligay-macabin <input type="checkbox"/> Waan joojiyey cunista tubaakada <input type="checkbox"/> Haa
<p>Section four: Vaccinations</p>	<p>Qeybta afraad: Tallaalada</p>
<p>4.1 Have you had all the childhood vaccinations offered in your country of origin?</p> <p><i>If you have a record of your vaccination history please bring this to your appointment.</i></p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<p>4.1 Miyaad qaadatay dhammaan tallaalkaagii caruurnimo ee laga bixiyey dalka asal ahaan aad kasoo jeedid?</p> <p><i>Haddii aad haysid diwaanga taariikhda tallaalkaaga fadlan usoo qaado kan ballantaada.</i></p> <input type="checkbox"/> Maya <input type="checkbox"/> Haa <input type="checkbox"/> Ma garanaayo

<p>4.2 Have you been vaccinated against Tuberculosis (TB)?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> I don't know</p>	<p>4.2Miyaa waligaa lagaa tallaalay Qaaxada (TB)?</p> <p><input type="checkbox"/> Maya</p> <p><input type="checkbox"/> Haa</p> <p><input type="checkbox"/> Ma garanaayo</p>
<p>4.3 Have you been vaccinated against COVID-19?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> 1 dose</p> <p><input type="checkbox"/> 2 doses</p> <p><input type="checkbox"/> 3 doses</p> <p><input type="checkbox"/> More than 3 doses</p> <p><input type="checkbox"/> I don't know</p>	<p>4.3Miyaa waligaa lagaa tallaalay COVID-19?</p> <p><input type="checkbox"/> Maya</p> <p><input type="checkbox"/> Haa</p> <p><input type="checkbox"/> 1 irbad</p> <p><input type="checkbox"/> 2 irbadood</p> <p><input type="checkbox"/> 3 irbadood</p> <p><input type="checkbox"/> Inka badan 3 irbadood</p> <p><input type="checkbox"/> Ma garanaayo</p>
<p>Section five: Questions for female patients only</p>	<p>Qeybta shanaad: Su'aalaha loogut talogalay bukaanka dhediga kaliya</p>
<p>5.1 Are you pregnant?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I might be pregnant</p> <p><input type="checkbox"/> Yes</p> <p>How many weeks pregnant are you? _____</p>	<p>5.1Miyaad leedahay uur?</p> <p><input type="checkbox"/> Maya</p> <p><input type="checkbox"/> Waan yeelan karaa uur</p> <p><input type="checkbox"/> Haa</p> <p>Imisa todobaad ayaad leedahay uur? _____</p>
<p>5.2 Do you use contraception?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>What method do you use?</p> <p><input type="checkbox"/> Barrier contraception e.g. condoms, gel</p> <p><input type="checkbox"/> Oral contraceptive pill</p> <p><input type="checkbox"/> Copper Coil/Intrauterine device (IUD)</p> <p><input type="checkbox"/> Hormonal coil/Intrauterine System (IUS) e.g. Mirena</p> <p><input type="checkbox"/> Contraceptive injection</p> <p><input type="checkbox"/> Contraceptive implant</p> <p><input type="checkbox"/> Other</p>	<p>5.2Miyaad isticmaashaa kala korinta?</p> <p><input type="checkbox"/> Maya</p> <p><input type="checkbox"/> Haa</p> <p>Qaabkee ayaad isticmaashaa?</p> <p><input type="checkbox"/> Qalabka kala-korinta tusaale, kondhomka, gel</p> <p><input type="checkbox"/> Kiniinka kala korinta ee afka</p> <p><input type="checkbox"/> Copper Coil/Aalada makaanka-lagaliyo (IUD)</p> <p><input type="checkbox"/> Agabka Dheecaanka/Nidaamka Makaanka (IUS) tusaale. Mirena</p> <p><input type="checkbox"/> Irbada kala-korinta</p> <p><input type="checkbox"/> Caaga kalakorinta</p> <p><input type="checkbox"/> Waxkale</p>

<p>5.3 Do you urgently need any contraception? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>5.3Miyaad u baahan tahay wax kala korin degdega? <input type="checkbox"/> Maya <input type="checkbox"/> Haa</p>
<p>5.4 Have you ever had a cervical smear or a smear test? This is a test to check the health of your cervix and help prevent cervical cancer. <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I would like to be given more information</p>	<p>5.4Miyaad waligaa martay baadhista makaanka ama ilmo-galeenka? Baadhistani waxa lagu hubiyaa makaankaaga waxaanay ka hortagtaa kansarka makaanka. <input type="checkbox"/> Maya <input type="checkbox"/> Haa <input type="checkbox"/> Waxaan jeclaan lahaa in la isiyo macluumaad badan</p>
<p>5.5 Have you had a hysterectomy (operation to remove your uterus and cervix)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>5.5Miyaad martay qaliin-makaan (qaliinka lagaga saaro makaanka dumarka)? <input type="checkbox"/> Maya <input type="checkbox"/> Haa</p>
<p>5.6 As a female patient is there any particular private matter you would like to discuss/raise at your next appointment with a healthcare professional? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>5.6Dhedig bukaan ah ahaan miyey jirtaa arin gaara oo aad jeclaan lahayd inaan kala hadashid/ugudbisid ballantaada xigta xirfadle daryeel-caafimaad? <input type="checkbox"/> Maya <input type="checkbox"/> Haa</p>
<p>If there is something that you do not feel comfortable sharing in this form and you would like to discuss it with a doctor, please call your GP and book an appointment.</p>	<p>Haddii uu jiro wax aanad ku dareemin nafis inaad nagula wadaagtid foomkan oo aad jeclaan lahay inaad kala hadashid dhakhtarka, fadlan wac GP kaaga oo qabso ballan.</p>