

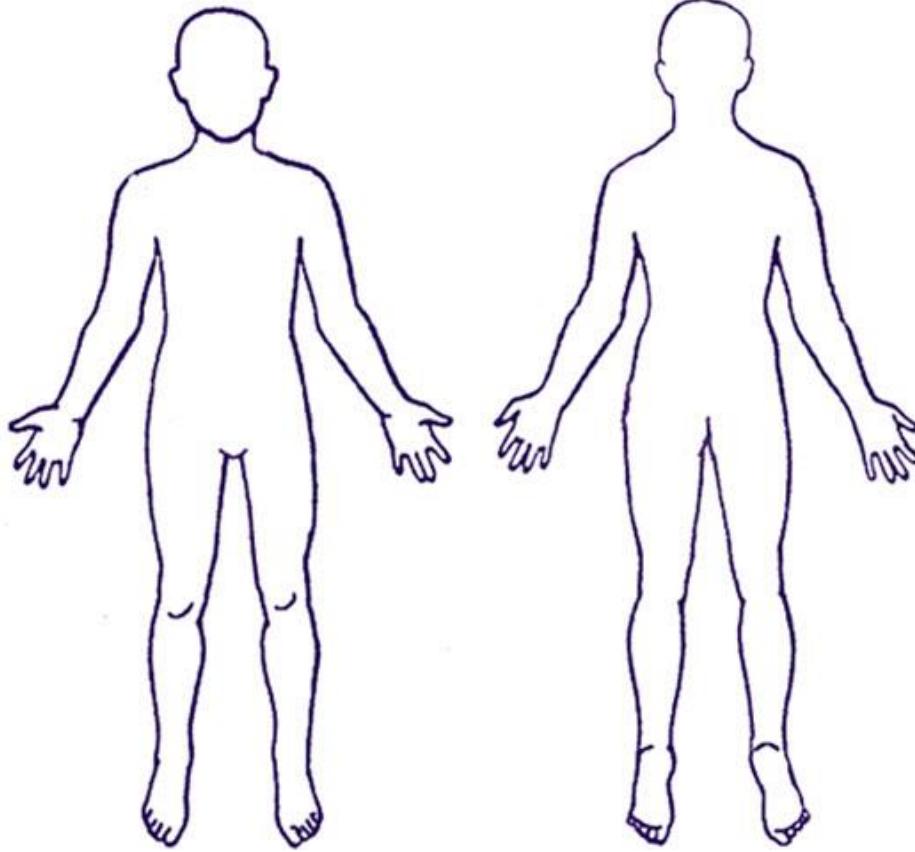
English	Tigrinya
<p>New Patient Questionnaire for newly arrived migrants in the UK</p> <p>Everyone has a right to register with a GP. You do not need proof of address, immigration status, ID or an NHS number to register with a GP.</p> <p>This questionnaire is to collect information about your health 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>ናይ ሓደስቲ ሕሙማት ዳህሳስ ሕቶታት ናብ ዓዲ እንግሊዝ ሓደስቲ ንዝመጹ ስደተኛታት</p> <p>ኩሉ ሰብ ኣብ GP (ሓፈሻዊ ሓኪም) ናይ ምምዘጋብ መሰል ኣለዎ። ምስ ሓፈሻዊ ሓኪም ንምምዘጋብ ናይ ኣድራሻ መረጋገጺ፣ ኩነታት ኢሚግሬሽን፣ መለለዩ መንነት ወይ ቁጽሪ NHS ኣየድልዎኻን እዩ።</p> <p>እዚ ዳህሳስ ሕቶታት እዚ፣ እቶም ኣብ ትካል ሓፈሻዊ ሕክምናኹም ዘለዉ ሰብ ሞያ ጥዕና፣ ብመሰረት ፖሊሲታት ምስጢራዊነትን ምክፋል መረዳእታን ሃገራዊ ኣገልግሎት ጥዕና እንታይ ዓይነት ደገፍ፣ ሕክምናን ስፔሻሊስት ኣገልግሎታትን ከድልዮም ከም ዝኸለል ንምርዳእ ብዛዕባ ጥዕናኹም ሓበሬታ ንምእካብ እዩ።</p> <p>ሓፈሻዊ ሓኪምካ እትህቦ ዝኾነ ይኹን ሓበሬታ ካብ ቀጥታዊ ክንክንካ ወጻኢ ንኸልእ ዕላማታት ኣይገልጽን እዩ፣ እዚ ግን ፍቓድ እንተሂብካ (ንኣብነት ንሕክምናዊ ምርምር ንምድጋፍ)፣ ወይ ብሕጊ ከምኡ ከገብሩ እንተተገዲዱ (ንኣብነት ንኸልእት ሰባት ካብ ከቢድ ጉድኣት ንምክልኻል)፣ ወይ ድማ ልዕሊ ኩሉ ህዝባዊ ረብሓ ስለዘሎ (ንኣብነት ብተመሓላፊ ሕማም ትሳቕ እንተ ኣሊኻ) ሓበሬታኻ ክገልጽ ይኸእል። ብዛዕባ እቲ ሓፈሻዊ ሓኪምካ ንሓበሬታኻ ብኸመይ ከም ዝጥቀሙሉ ተወሳኺ ሓበሬታ ኣብ ናይ ሓፈሻዊ ሓኪም ትካልካ ይርከብ።</p> <p>መልስታትካ ናብ ናይ ሓፈሻዊ ሓኪም ልምምድካ ምለስ።</p>
<p>Section one: Personal details</p>	<p>ቀዳማይ ክፋል: ውልቃዊ ዝርዝር ሓበሬታ</p>
<p>Full name:</p>	<p>ሙሉእ ሽም:</p>
<p>Address:</p>	<p>ኣድራሻ:</p>
<p>Telephone number:</p>	<p>ቁጽሪ ተሌፎን:</p>

Email address:	ኢሜይል አድራሻ:
Please complete all questions and tick all the answers that apply to you.	በጽኑነትም ኩሉ ሕቶታት መሊእኩም ወድኡ ንኹሉ ዝምልከተኩም መልስታት ድማ ምልክት ግበሩ።
1.1 Date questionnaire completed:	1.1 እዝ ዳህሳስ ዝተዛዘመሉ ዕለት:
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 ካብዞም ዝስዕቡ ዝበለጸ ዝገልጸካ ኣየናይ እዩ? <input type="checkbox"/> ተባዕታይ <input type="checkbox"/> ኣንስታይ <input type="checkbox"/> ካልእ <input type="checkbox"/> ዘይምምላስ ይመርጽ
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 እዚ ኣብ እዋን ልደት ዝተዋህበካ ጾታ ድዩ? <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ <input type="checkbox"/> ዘይምምላስ ይመርጽ
Date of birth: Date _____ Month _____ Year _____	1.4 ዕለተ ልደት: ዕለት _____ ወርሒ _____ ዓመት _____
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 ሃይማኖት: <input type="checkbox"/> ቡድሂስት <input type="checkbox"/> ክርስትያን <input type="checkbox"/> ሂንዱ <input type="checkbox"/> ኣይሁድ <input type="checkbox"/> ሙስሊም <input type="checkbox"/> ሲክ <input type="checkbox"/> ካልእ ሃይማኖት <input type="checkbox"/> ሃይማኖት ኣልቦ
1.6 Marital status: <input type="checkbox"/> Married/civil partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> None of the above	1.6 ኩነታት ሓዳር: <input type="checkbox"/> በዓል ሓዳር/ሲቪላዊ መጻምድቲ <input type="checkbox"/> ዝተፋትሐ <input type="checkbox"/> መጻምዲ ዝሞተቶ/ዝሞታ <input type="checkbox"/> ካብዚ ኣብ ላዕሊ ዝተጠቐሱ ዘይኮነ
1.7 Sexual Orientation: <input type="checkbox"/> Heterosexual (attracted to the opposite sex)	1.7 ጾታዊ ዝንባሌ: <input type="checkbox"/> ሄተሮሴክሹዋል (ተጻራሪ ጾታ ዝመርጽ)

<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	<input type="checkbox"/> ግብረሰዶማዊ (ተመሳሳሊ ጾታ ዝመርጽ) <input type="checkbox"/> ክልቲኡ ጾታ (ደቂ ተባዕትዮን ደቂ ኣንስትዮን ዝመርጽ) <input type="checkbox"/> ዘይምምላስ ይመርጽ <input type="checkbox"/> ካልእ
<p>1.8 Main spoken language:</p> <input type="checkbox"/> Albanian <input type="checkbox"/> Russian <input type="checkbox"/> Arabic <input type="checkbox"/> Tigrinya <input type="checkbox"/> Dari <input type="checkbox"/> Ukrainian <input type="checkbox"/> English <input type="checkbox"/> Urdu <input type="checkbox"/> Persian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other	<p>1.8 ቀንዲ እትዛረቦ ቋንቋ:</p> <input type="checkbox"/> ኣልባንያ <input type="checkbox"/> ሩሲያ <input type="checkbox"/> ዓረብኛ <input type="checkbox"/> ትግርኛ <input type="checkbox"/> ዳሪ <input type="checkbox"/> ዩክሬን <input type="checkbox"/> እንግሊዝኛ <input type="checkbox"/> ኡርዱ <input type="checkbox"/> ፕሮሺያ <input type="checkbox"/> ቪየትናም <input type="checkbox"/> ካልእ
<p>1.9 Second spoken language:</p> <input type="checkbox"/> Albanian <input type="checkbox"/> Russian <input type="checkbox"/> Arabic <input type="checkbox"/> Tigrinya <input type="checkbox"/> Dari <input type="checkbox"/> Ukrainian <input type="checkbox"/> English <input type="checkbox"/> Urdu <input type="checkbox"/> Persian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other <input type="checkbox"/> None	<p>1.9 ካልኣይ ዝዛረብ ቋንቋ:</p> <input type="checkbox"/> ኣልባንያ <input type="checkbox"/> ሩሲያ <input type="checkbox"/> ዓረብኛ <input type="checkbox"/> ትግርኛ <input type="checkbox"/> ዳሪ <input type="checkbox"/> ዩክሬን <input type="checkbox"/> እንግሊዝኛ <input type="checkbox"/> ኡርዱ <input type="checkbox"/> ፕሮሺያ <input type="checkbox"/> ቪየትናም <input type="checkbox"/> ካልእ <input type="checkbox"/> ዋላ ሓዲ
<p>1.10 Do you need an interpreter?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>1.10 ተርጓሚ የድልየካ ድዩ?</p> <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ
<p>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.</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I don't mind	<p>1.11 ወይ ተባዕታይ'ዶ ወይስ ጓል ኣንስተይቲ ተርጓሚ ትመርጽ? ናይ ተርጓሚ ምህላወ ማለት ኩሉ ጊዜ ምርጫኹም ክሕሎ ከምዘይከኣል ማለት ክኸውን ከምዘኸኣል ኣስተውዕሉ።</p> <input type="checkbox"/> ተባዕታይ <input type="checkbox"/> ኣንስታይ <input type="checkbox"/> ምርጫ የብለይን
<p>1.12 Are you able to read in your own language?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I have difficulty reading	<p>1.12 ብቋንቋኻ ከተንብብ ትኸእል ዲኻ?</p> <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ <input type="checkbox"/> ናይ ምንባብ ጸገም ኣለኒ
<p>1.13 Are you able to write in your own language?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I have difficulty writing	<p>1.13 ብቋንቋኻ ክትጽሕፍ ትኸእል ዲኻ?</p> <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ <input type="checkbox"/> ናይ ምጽሓፍ ጸገም ኣለኒ

<p>1.14 Do you need sign language support?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>1.14 ናይ ምልክት ቋንቋ ደገፍ የድልየካ ድዩ?</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</p>				
<p>1.15 Please give details of your next of kin and/or someone we can contact in an emergency:</p>					
<table border="1"> <tr> <td data-bbox="134 454 432 1081"> <p>Name:</p> <p>Contact telephone number:</p> <p>Address:</p> </td> <td data-bbox="432 454 807 1081"> <p><u>Next of kin</u></p> </td> </tr> </table>	<p>Name:</p> <p>Contact telephone number:</p> <p>Address:</p>	<p><u>Next of kin</u></p>	<table border="1"> <tr> <td data-bbox="807 454 1107 1081"> <p>ሽም:</p> <p>ናይ ርክብ ቴሌፎን ቁጽሪ:</p> <p>ኣድራሻ:</p> </td> <td data-bbox="1107 454 1490 1081"> <p><u>ናይ ቀረባ ዘመድ:</u></p> </td> </tr> </table>	<p>ሽም:</p> <p>ናይ ርክብ ቴሌፎን ቁጽሪ:</p> <p>ኣድራሻ:</p>	<p><u>ናይ ቀረባ ዘመድ:</u></p>
<p>Name:</p> <p>Contact telephone number:</p> <p>Address:</p>	<p><u>Next of kin</u></p>				
<p>ሽም:</p> <p>ናይ ርክብ ቴሌፎን ቁጽሪ:</p> <p>ኣድራሻ:</p>	<p><u>ናይ ቀረባ ዘመድ:</u></p>				
<table border="1"> <tr> <td data-bbox="134 1081 432 1671"> <p>Name:</p> <p>Contact telephone number:</p> <p>Address:</p> </td> <td data-bbox="432 1081 807 1671"> <p>Emergency contact (if different)</p> </td> </tr> </table>	<p>Name:</p> <p>Contact telephone number:</p> <p>Address:</p>	<p>Emergency contact (if different)</p>	<table border="1"> <tr> <td data-bbox="807 1081 1107 1671"> <p>ሽም:</p> <p>ናይ ርክብ ቴሌፎን ቁጽሪ:</p> <p>ኣድራሻ:</p> </td> <td data-bbox="1107 1081 1490 1671"> <p>ናይ ህጹጽ እዋን ርክብ (ዝተፈላለየ እንተኾይኑ)</p> </td> </tr> </table>	<p>ሽም:</p> <p>ናይ ርክብ ቴሌፎን ቁጽሪ:</p> <p>ኣድራሻ:</p>	<p>ናይ ህጹጽ እዋን ርክብ (ዝተፈላለየ እንተኾይኑ)</p>
<p>Name:</p> <p>Contact telephone number:</p> <p>Address:</p>	<p>Emergency contact (if different)</p>				
<p>ሽም:</p> <p>ናይ ርክብ ቴሌፎን ቁጽሪ:</p> <p>ኣድራሻ:</p>	<p>ናይ ህጹጽ እዋን ርክብ (ዝተፈላለየ እንተኾይኑ)</p>				
<p>Section two: Health questions</p>	<p>ካልኣይ ክፋል: ሕቶታት ጥዕና</p>				
<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 ኣብዚ እዋን እዚ ሓሚምካ ወይ ጥዕና ስኢንካ ዲኻ?</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</p>				
<p>2.2 Do you need an urgent help for your health problem?</p> <p><input type="checkbox"/> No</p>	<p>2.2 ናይ ጥዕና ጸገምካ ህጹጽ ሓገዝ የድልየካ ድዩ?</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</p>				

<input type="checkbox"/> Yes	
<p>2.3 Do you currently have any of the following symptoms? <i>Please tick all that apply</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Weight loss <input type="checkbox"/> Cough <input type="checkbox"/> Coughing up blood <input type="checkbox"/> Night sweats <input type="checkbox"/> Extreme tiredness <input type="checkbox"/> Breathing problems <input type="checkbox"/> Fevers <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Skin complaints or rashes <input type="checkbox"/> Blood in your urine <input type="checkbox"/> Blood in your stool <input type="checkbox"/> Headache <input type="checkbox"/> Pain <input type="checkbox"/> Low mood <input type="checkbox"/> Anxiety <input type="checkbox"/> Distressing flashbacks or nightmares <input type="checkbox"/> Difficulty sleeping <input type="checkbox"/> Feeling like you can't control your thoughts or actions <input type="checkbox"/> Feeling that you want to harm yourself or give up on life <input type="checkbox"/> Other 	<p>2.3 ኣብዚ እዋን እዚ ዝኾነ ካብዘም ዝሰዕቡ ምልክታት ኣለካ ድዩ? በጃኹም ኣብ ዝምልከቶ ኩሉ ምልክት ግበሩ</p> <ul style="list-style-type: none"> <input type="checkbox"/> ምንካይ ክብደት ሰብነት <input type="checkbox"/> ሰዓል <input type="checkbox"/> ደም ምስዓል <input type="checkbox"/> ናይ ለይቲ ረሃጽ <input type="checkbox"/> ልዑል ድኻም <input type="checkbox"/> ናይ ምስትንፋስ ጸገም <input type="checkbox"/> ረስኒ <input type="checkbox"/> ተቐማጥ/ውጽኣት <input type="checkbox"/> ናይ ቆርበት ሽፍታ ወይ ስሓ <input type="checkbox"/> ሽንቲ ኣብ ደም <input type="checkbox"/> ሽንቲ ኣብ ሰገራ <input type="checkbox"/> ሕማም ርእሲ <input type="checkbox"/> ቃንዛ <input type="checkbox"/> ስምዒት ምስኣን <input type="checkbox"/> ውጥረት <input type="checkbox"/> ዘጨንቐ ዝኸርታት ወይ ዝርብሽ ሕልሚ <input type="checkbox"/> ጸገም ምድቃስ <input type="checkbox"/> ኣሳባትካ ወይ ተግባራትካ ክትቆጸጸሮ ከም ዘይትኽእል ኮይኑ ይስምዓካ <input type="checkbox"/> ንክብሰኻ ክትጎድእ ወይ ምንባር ክትጎድፎ ከም እትደሊ ይስምዓካ <input type="checkbox"/> ካልእ
<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 በጃኹም ኣብቲ ናይ ሰብነት ኣካላት ዘርኢ ምስሊ ኣብቲ ሕጂ ዘለካ ናይ ጥዕና ጸገም(ማት) ዘጋጥመካ ክባቢ(ታት) ምልክት ግበር</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 ቀጸሊ ዝኾነ ዝፍለጥ ናይ ጥዕና ጸገማት ኣለካ ድዩ?</p> <p><input type="checkbox"/> ኣይኣልን</p> <p><input type="checkbox"/> እወ</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 ዝኾነ ካብዞም ዝስዕቡ ኣለካ ወይ ኣጋጢሙካ ይፈልጥ ድዩ? በጃኹም ኣብ ዝምልከቶ ኩሉ ምልክት ግበሩ</p> <p><input type="checkbox"/> ሕማም ኣርትራይተስ</p> <p><input type="checkbox"/> ኣዝማ/ኣስሚ</p> <p><input type="checkbox"/> ናይ ደም ጸገም</p> <p style="padding-left: 20px;"><input type="checkbox"/> ዋሕዲ ደም ሲክል ሴል</p> <p style="padding-left: 20px;"><input type="checkbox"/> ታላሲምያ</p> <p><input type="checkbox"/> ካንሰር</p> <p><input type="checkbox"/> ናይ ስኒ ጸገማት</p> <p><input type="checkbox"/> ሕማም ሸኮር</p> <p><input type="checkbox"/> ዘውድቕ ሕማም</p> <p><input type="checkbox"/> ናይ ዓይን ጸገማት</p> <p><input type="checkbox"/> ናይ ልቢ ጸገማት</p> <p><input type="checkbox"/> ሄፓቲትስ ቢ</p> <p><input type="checkbox"/> ሄፓቲትስ ሲ</p> <p><input type="checkbox"/> ኤችአይቪ ወይ ኤድስ</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"/> ልዑል ጸቕጢ ደም <input type="checkbox"/> ጸገማት ኩሊት <input type="checkbox"/> ጸገም ጸላም ከብዲ <input type="checkbox"/> ንዝዊሕ እዋን ዝጸንሕ ጸገም ሳንቡእ/ጸገም ምስትንፋስ <input type="checkbox"/> ኣእምሮአዊ ጸገማት <ul style="list-style-type: none"> <input type="checkbox"/> ትሑት ስምዒት/ጭንቀት <input type="checkbox"/> ውጥረት <input type="checkbox"/> ድሕሪ ዘሰንብድ ፍጻመ ዝመጽእ ጸቕጢ (PTSD) <input type="checkbox"/> ቅድሚ ሕጂ ንባዕሉ ጎዲኡ ዝፈልጥ <input type="checkbox"/> ፈተነ ነብስ ቅትለት <input type="checkbox"/> ካልእ <input type="checkbox"/> አስተዮፖርሲስ <input type="checkbox"/> ናይ ቆርበት ሕማም <input type="checkbox"/> ወቕዲ <input type="checkbox"/> ሕማም ታይሮይድ <input type="checkbox"/> ሕማም ዓባይ ሰዓል (ቲቢ) <input type="checkbox"/> ካልእ
<p>2.7 Have you ever had any operations / surgery?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>2.7 ዝኾነ መጥባሕቲ ጌርካ ትፈልጥ'ዶ?</p> <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ
<p>2.8 If you have had an operation / surgery, how long ago was this?</p> <input type="checkbox"/> In the last 12 months <input type="checkbox"/> 1 – 3 years ago <input type="checkbox"/> Over 3 years ago	<p>2.8 መጥባሕቲ ጌርካ እንተኔርካ፣ መዓዝ እዩ ነይሩ?</p> <input type="checkbox"/> ኣብ ዝሓለፉ 12 ኣዋርሕ <input type="checkbox"/> ቅድሚ 1-3 ዓመታት <input type="checkbox"/> ቅስሚ ልዕሊ 3 ዓመታት
<p>2.9 Do you have any physical injuries from war, conflict or torture?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>2.9 ካብ ኩናት፣ ግጭት ወይ ስቅያት ዝነቐለ ዝኾነ ኣካላዊ መጉዳእቲ ኣለካ ድዩ?</p> <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ
<p>2.10 Do you have any mental health problems? These could be from war, conflict, torture or being forced to flee your country?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>2.10 ዝኾነ ናይ ኣእምሮ ጥዕና ጸገም ኣለካ ድዩ? እዚ እም ብሰንኪ ኩናት፣ ግጭት፣ ስቅያት ወይ ካብ ሃገርካ ንክትሃድም ምስ እትግደድ ዝፍጠሩ ክኾኑ ይኽእሉ?</p> <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ
<p>2.11 Some medical problems can run in families. Has a member of your immediate family (father, mother, siblings, and grandparents) had or suffered from any of the following? Please tick all that apply</p>	<p>2.11 ሕክምናዊ ጸገማት ኣብ ስድራቤታት ብዘርኢ ክሓልፉ ይኽእሉ። ሓደ ኣባል ናይ ቀረባ ስድራቤትካ (አብ፣ ኣደ፣ ኣሕዋትን አቦ ሓጎታት/ እነ ሓጎታትን) ካብዞም ዝሰዕቡ ዝኾነ ይኹን ኣለዎም ወይ ነይሩዎም ድዩ? በጃኹም ኣብ ዝምልከቶ ኩሉ ምልክት ግበሩ</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	<input type="checkbox"/> ካንሰር <input type="checkbox"/> ሕመም ሽኮር <input type="checkbox"/> ጭንቀት/ናይ ኣእምሮ ጥዕና ጸገማት <input type="checkbox"/> ወቕዲ ልቢ <input type="checkbox"/> ልዑል ጸቕጢ ደም <input type="checkbox"/> ወቕዲ <input type="checkbox"/> ካልእ								
<p>2.12 Are you on any prescribed medicines? <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" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 40%;">Dose</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> </tr> </tbody> </table>	Name	Dose			<p>2.12 ዝኾነ ዝተኣዘዘልካ መድሃኒት ትወስድ ኣለኻ ዲኻ? <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ –<i>በጃኹም ኣብዚ ታሕቲ ዘሎ ሳጹን ዝተኣዘዘኩም መድሃኒታትን ዓቕንን ዘርዝሩ ዝኾነ ትእዛዝ ሓኪም ወይ መድሃኒት ናብ ቆጶራኹም ሒ ዝኩም ክትመጹ ንላቦ</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">ሽም</th> <th style="width: 40%;">ዓቕን/ደዝ</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> </tr> </tbody> </table>	ሽም	ዓቕን/ደዝ		
Name	Dose								
ሽም	ዓቕን/ደዝ								
<p>2.13 Are you worried about running out of any these medicines in the next few weeks? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.13 ኣብ ዝቐጽሉ ሒ ደገት ሰሙናት ዝኾነ ካብዘም መድሃኒታት ከይውደኣካ ትጭነቕ ዲኻ? <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ</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? <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> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 40%;">Dose</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> </tr> </tbody> </table>	Name	Dose			<p>2.14 ብባዕል ሞያ ጥዕና ዘይተኣዘዘ መድሃኒት ትወስድ ዲኻ፣ ንኣብነት ኣብ ፋርማሲ/ድኳን/ ወይ ብመገዲ ኢንተርኔት ዝገዛእኩ ወይ ካብ ወጻኢ ሃገራት ዝተላእከ መድሃኒታት? <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ –<i>በጃኹም እቶም መድሃኒታትን ዓቕንን ኣብዚ ኣብ ታሕቲ ዘሎ ሳጹን ዘርዝሩ ዝኾነ እትወስድዎ መድሃኒት ናብ ቆጶራኹም ሒ ዝኩም ክትመጹ ንላቦ</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">ሽም</th> <th style="width: 40%;">ዓቕን/ደዝ</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> </tr> </tbody> </table>	ሽም	ዓቕን/ደዝ		
Name	Dose								
ሽም	ዓቕን/ደዝ								

<p>2.15 Are you allergic to any medicines? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>2.15 ንዝኾነ መድሃኒት ኣለርጂ ኣለካ ድዩ? <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ</p>	
<p>2.16 Are you allergic to anything else? (e.g. food, insect stings, latex gloves)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>2.16 ካልእ ኣለርጂ ኣለካ ድዩ? (ንኡብነት መግቢ፣ ነፍሳት፣ ጓንቲ፣ ላቲክስ)? <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ</p>	
<p>2.17 Do you have any physical disabilities or mobility difficulties? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>2.17 ዝኾነ ኣካላዊ ስንክልና ወይ ናይ ምንቅስቓስ ጸገም ኣለካ ድዩ? <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ</p>	
<p>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</p>		<p>2.18 ዝኾነ ናይ ህዋሳት ጸገም ኣለካ ድዩ? <i>በጃኹም ኣብ ዝምልከቶ ኩሉ ምልክት ግበሩ</i> <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> ዓይነ ስውርነት <input type="checkbox"/> ብኸፋል ናይ ምር ኣይጸገም <input type="checkbox"/> ሙሉእ ናይ ምስማዕ ጸገም <input type="checkbox"/> ብኸፋል ናይ ምስማዕ ጸገም <input type="checkbox"/> ናይ ምሽታትን ጣዕምን ጸገማት</p>	
<p>2.19 Do you have any learning difficulties? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>2.19 ናይ ምምሃር ጸገም ኣለካ ድዩ? <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ</p>	
<p>2.20 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>2.20 ኣብ ዝቐጽል ቆጶራኻ ምስ በዓል ሞያ ክንክን ጥዕና ክትዛተየሉ/ክተልዕሎ እትደሊ ፍሉይ ውልቃዊ ጉዳይ ኣሎ ድዩ? <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ</p>	
<p>Section three: Lifestyle questions</p>		<p>ሳልሳይ ክፋል: ሕቶታት ኣነባብራ</p>	
<p>3.1 How often do you drink alcohol? <input type="checkbox"/> Never</p>		<p>3.1 ኣልኮላዊ መስተ ክንደይ ዝኸውን ግዜ ትሰቲ? <input type="checkbox"/> ፍጹም</p>	

<p> <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> <p>There is 1 unit of alcohol in:</p> <p> 1/2 pint glass of beer</p> <p> 1 small glass of wine</p> <p> 1 single measure of spirits</p>	<p> <input type="checkbox"/> ወርሓዊ ወይ ትሕተኡ <input type="checkbox"/> 2-4 ጊዜ አብ ወርሒ <input type="checkbox"/> 2-3 ጊዜ አብ ሰሙን <input type="checkbox"/> አብ ሰሙን 4 ጊዜን ልዕሊኡን </p> <p>1 መዐቀን ዩኒት አልኮሎል አብ:</p> <p> 1/2 ፓይንት ብርጭቆ ቢራ</p> <p> 1 ንእሽተይ ብርጭቆ ወይኒ</p> <p> 1 ንጽል መለከዳ ስፒሪትስ</p>
<p>3.2 How many units of alcohol do you drink in a typical day when you are drinking?</p> <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>	<p>3.2 አብ እትሰትየሉ እዋን፣ አብ ሓደ ልሙድ መዓልቲ ከንደይ ዩኒት አልኮሎል መስተ ትወስድ?</p> <p> <input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10ን ልዕሊኡን </p>
<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> <p> <input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily </p>	<p>3.3 አብ ዝሓለፈ ሓደ ዓመት አብ ሓደ አጋጣሚ ከንደይ ጊዜ ኢኻ 6 ወይ ልዕሊኡ ዩኒት (ንጻል አንስተይቲ)፣ ወይ 8 ወይ ልዕሊኡ (ንደቂ ተባዕትዮ) አልኮሎል ስቲቪ/ስቲኻ?</p> <p> <input type="checkbox"/> ፍጹም <input type="checkbox"/> ካብ ወርሓዊ ዝንእስ <input type="checkbox"/> ወርሓዊ <input type="checkbox"/> ሰሙናዊ <input type="checkbox"/> መዓልታዊ ወይ ዳርጋ መዓልታዊ </p>
<p>3.4 Do you take any drugs that may be harmful to your health e.g. cannabis, cocaine, heroin?</p> <p><input type="checkbox"/> ፍጹም</p>	<p>3.4 ንጥዕናኻ ከንድእ ዝኸለል ዝኾነ መወኒ ሓሽሽ ትወስድ ዲኻ፣ ንኡብነት ካናቢስ፣ ኮኬይን፣ ሂሮይን?</p> <p><input type="checkbox"/> ፍጹም</p>

<input type="checkbox"/> Never <input type="checkbox"/> I have quit taking drugs that might be harmful <input type="checkbox"/> Yes	<input type="checkbox"/> ንጥዕና ከጎድእ ዝኸለል ሓሽሽ ምውሳድ ኣቋሪጸዮ ኣለኹ <input type="checkbox"/> እወ
<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 ሽጋራ ተትከኽ ዲኻ?</p> <input type="checkbox"/> ፍጹም <input type="checkbox"/> ሽጋራ ምትካኽ ኣቋሪጸዮ ኣለኹ <input type="checkbox"/> እወ
<input type="checkbox"/> Cigarettes How many per day? _____ How many years have you smoked for? _____ <input type="checkbox"/> Tobacco Would you like help to stop smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ሽጋራ ኣብ መዓልቲ ክንደይ? _____ ንክንደይ ዓመት ሽጋራ ኣትኪኽካ? _____ <input type="checkbox"/> ትምባኽ ሽጋራ ምትካኽ ንኸተቋርጽ ሓገዝ ትደሊዮ? <input type="checkbox"/> እወ <input type="checkbox"/> ኣይፋልን
<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 ትምባኽ ትሓይኽ ዲኻ?</p> <input type="checkbox"/> ፍጹም <input type="checkbox"/> ትምባኽ ምሕያኽ ኣቋሪጸ ኣለኹ <input type="checkbox"/> እወ
<p>Section four: Vaccinations</p>	<p>ራብዓይ ክፋል: ክታባታት</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 ኩሉ እቲ ኣብ መባቆል ሃገርካ ዝቐርብ ናይ ቁልዕነት ክታባት ረኺብካ ዲኻ?</p> <p><i>ናይ ክታባት ታሪኽኩም መዝገብ እ ንተሃልዩኩም በጃኹም ነዚ ናብ ቆጸራኹም ሒ ዝኩም ምዱ።</i></p> <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ <input type="checkbox"/> ኣይፈልጥን
<p>4.2 Have you been vaccinated against Tuberculosis (TB)?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<p>4.2 ኣንጻር ሕማም ዓባይ ሰዓል (ቲቢ) ተኸተብካዮ?</p> <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ <input type="checkbox"/> ኣይፈልጥን

<p>4.3 Have you been vaccinated against COVID-19?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p style="padding-left: 20px;"><input type="checkbox"/> 1 dose</p> <p style="padding-left: 20px;"><input type="checkbox"/> 2 doses</p> <p style="padding-left: 20px;"><input type="checkbox"/> 3 doses</p> <p style="padding-left: 20px;"><input type="checkbox"/> More than 3 doses</p> <p><input type="checkbox"/> I don't know</p>	<p>4.3 ኣንጻር ኮቪድ-19 ተኸተብካ'ዶ?</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</p> <p style="padding-left: 20px;"><input type="checkbox"/> 1 ዓቕን/ዶዝ</p> <p style="padding-left: 20px;"><input type="checkbox"/> 2 ዓቕን/ዶዝ</p> <p style="padding-left: 20px;"><input type="checkbox"/> 3 ዓቕን/ዶዝ</p> <p style="padding-left: 20px;"><input type="checkbox"/> ልዕሊ 3 ዓቕን/ዶዝ</p> <p><input type="checkbox"/> ኣይፈልጥን</p>
<p>Section five: Questions for female patients only</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 style="padding-left: 20px;">How many weeks pregnant are you? _____</p>	<p>5.1 ጥንሰቲ ዲኺ?</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> ምናልባት ጥንሰቲ ክኸውን ይኽእል እየ</p> <p><input type="checkbox"/> እወ</p> <p style="padding-left: 20px;">ናይ ክንደይ ሰሙን ጥንሲ ኣለኪ? _____</p>
<p>5.2 Do you use contraception?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p style="padding-left: 20px;">What method do you use?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Barrier contraception e.g. condoms, gel</p> <p style="padding-left: 20px;"><input type="checkbox"/> Oral contraceptive pill</p> <p style="padding-left: 20px;"><input type="checkbox"/> Copper Coil/Intrauterine device (IUD)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Hormonal coil/Intrauterine System (IUS) e.g. Mirena</p> <p style="padding-left: 20px;"><input type="checkbox"/> Contraceptive injection</p> <p style="padding-left: 20px;"><input type="checkbox"/> Contraceptive implant</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other</p>	<p>5.2 መከላኸሊ ጥንሲ ትጥቀሚ ዲኺ?</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</p> <p style="padding-left: 20px;">ኣየናይ መከላኸሊ ሜላ ኢኺ እትጥቀሚ?</p> <p style="padding-left: 20px;"><input type="checkbox"/> ዘርኢ ወዲ ተባዕታይ ዝከልኸል ሜላ ኣብነት፡ ኮንዶም፣ ጄል</p> <p style="padding-left: 20px;"><input type="checkbox"/> ብኣፍ ዝውሰድ መከላኸሊ ጥንሲ ከኒና</p> <p style="padding-left: 20px;"><input type="checkbox"/> ኮፐር ኮይል/መሳርሒ ውሽጢ ማህጸን (IUD)</p> <p style="padding-left: 20px;"><input type="checkbox"/> ሆርሞናዊ ኮይል/ስርዓት ውሽጢ ማህጸን (IUS) ንኣብነት፡ ሚሪና</p> <p style="padding-left: 20px;"><input type="checkbox"/> ናይ መርፍእ መከላኸሊ</p> <p style="padding-left: 20px;"><input type="checkbox"/> ኢምፕላንት/ዝቕበር መከላኸሊ</p> <p style="padding-left: 20px;"><input type="checkbox"/> ካልእ</p>
<p>5.3 Do you urgently need any contraception?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>5.3 ዝኸነ መከላኸሊ ጥንሲ ብህጹጽ የድልየኪ ድዩ?</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</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.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>5.4 ናይ ማህጸን ስሚር ወይ መርመራ ስሚር ጌርኪ ትፈልጡ'ዶ? እዚ መርመራ ጥዕና ማህጸንኪ ንምፍታሽን ንመንሸሮ ማህጸን ንምክልኻል ዝሕግዝን እዩ።</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</p> <p><input type="checkbox"/> ተወሳኺ ሓበሬታ እንተዝወሃበኒ ደስ ይብለኒ።</p>

<input type="checkbox"/> I would like to be given more information	
5.5 Have you had a hysterectomy (operation to remove your uterus and cervix)? <input type="checkbox"/> No <input type="checkbox"/> Yes	5.5 መጥባሕት ማህጸን (ሂስተረክቶሚ) (ማህጸን ንምእላይ ዝግበር መጥባሕት) ጌርኪ ኔርኪ ዲኺ? <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ
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	5.6 ከም ጓል ኣንስተይት ተሓካሚት መጠን ኣብ ዝቐጽል ቆጸራኺ ምስ በዓል ሞያ ከንክን ጥዕና ክትዛተይሉ/ክተልዕልሉ እትደልዩ ፍሉይ ውልቃዊ ጉዳይ ኣሎ ድዩ? <input type="checkbox"/> ኣይፋልን <input type="checkbox"/> እወ
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.	ኣብዚ ቅጥዒ ንምክፋል ምቹእ ኮይኑ ዘይስምዓኩም ነገር እንተሃልዩን ምስ ሓኪም ክትዘራረበሉ ምስ እትደልዩን፣ በጃኹም ናብ ሓፈሻዊ ሓኪምኩም ደዊልኩም ቆጸራ ግበሩ።