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| English | **Somali** |
| New Patient Questionnaire for newly arrived migrants in the UK | Xog-ururinta Cusub ee Bukaanka ee loogu talogalay muhaajiriinta dhawaan soo-galay Boqortooyada Ingiriiska |
| 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.  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.  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.  Return your answers to your GP practice. | 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.  Xog-ururintani waxa loogu talogalay 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.  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 sdiaasi (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.  Kusoo celi jawaabahaaga xeerkaaga GP. |
| Section one: Personal details | Qeybta koobaad: Xogta shakhsiga |
| Full name: | Magaca oo dhammeystiran: |
| Address: | Ciwaanka: |
| 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. Date questionnaire completed: | 2.1Taariikhda xog-ururinta la dhammeysiray: |
| 1.2 Which of the following best describes you?  Male  Female  Other  Prefer not to say | 1.2 Kuwan soo socda keebaa si fiican kuu sharxaya?  Lab  Dhedig  Waxkale  Ma rabo inaan sheego |
| 1.3 Is this the same gender you were given at birth?  No  Yes  Prefer not to say | 1.3 Kani ma isla jinsigii lagu siiyey markaad dhalataa?  Maya  Haa  Ma rabo inaan sheego |
| Date of birth:  Date\_\_\_\_\_\_ Month \_\_\_\_\_\_\_ Year \_\_\_\_\_\_ | * 1. Taariikhda dhalashada:  Taariikhda\_\_\_\_\_\_ Bisha \_\_\_\_\_\_\_ Sanadka \_\_\_\_\_\_ |
| 1.5 Religion:  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Other religion  No religion | 1.5 Diinta:  Buudhisti  Kiristiyaan  Hindi  Yuhuud  Muslim ah  Sikh ah  Diin kale  Bilaa diin |
| 1.6 Marital status:  Married/civil partner  Divorced  Widowed  None of the above | 1.6 Xaalada guurka:  Guursaday/lamaane shacab ah  Lafuray  Carmal  Midnaba |
| * 1. Sexual Orientation:   Heterosexual (attracted to the opposite sex)  Homosexual (attracted to the same sex)  Bisexual (attracted to males and females)  Prefer not to say  Other | 1.7Rabitaanka Galmo:  Hetro-sekshuwal (raba jinsi ka duwan)  Homosekshuwal (raba jinsi la mida)  Baysakshuwal (raba lab iyo dhedigba)  Ma rabo inaan sheego  Waxkale |
| * 1. Main spoken language:  |  |  | | --- | --- | | Albanian | Russian | | Arabic | Tigrinya | | Dari | Ukrainian | | English | Urdu | | Persian | Vietnamese | | Other |  | | 1.8 Luuqada koobaad ee hadalka:   |  |  | | --- | --- | | Albaaniyaan | Ruush | | Carabi | Tigrinyaa | | Daari | Ukreyniyaan | | Ingiriisi | Urduu | | Beershiyaan | Fiyadnaamiis | | Waxkale |  | |
| * 1. Second spoken language:  |  |  | | --- | --- | | Albanian | Russian | | Arabic | Tigrinya | | Dari | Ukrainian | | English | Urdu | | Persian | Vietnamese | | Other | None | | 1.9 Luuuqada labaad ee hadalka:   |  |  | | --- | --- | | Albaaniyaan | Ruush | | Carabi | Tigrinyaa | | Daari | Ukreyniyaan | | Ingiriisi | Urduu | | Beershiyaan | Fiyadnaamiis | | Waxkale | Midnaba | |
| * 1. Do you need an interpreter?   No  Yes | 1.10Miyaad u baahan tahay turjumaan?  Maya  Haa |
| * 1. 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.   Male  Female  I don’t mind | 1.11Keebaad jeclaan lahayd turjumaan lab ama dhedig ah? Fadlan ogow in helitaanka turjumaanku ka dhigan tahay in aanay markasta macquul ahayn in la helo dookhaaga.  Lab  Dhedig  Waxba kama qabo |
| 1.12 Are you able to read in your own language?  No  Yes  I have difficulty reading | 1.12 Miyaad awoodaa inaad wax ku akhridid luuqadaada?  Maya  Haa  Waxa igu adag akhrinta |
| * 1. Are you able to write in your own language?   No  Yes  I have difficulty writing | 1.13Miyaad awoodaa inaad wax ku qortid luuqadaada?  Maya  Haa  Waxa igu adag qoraalka |
| * 1. Do you need sign language support?   No  Yes | 1.14Miyaad u baahan tahay taageerada luuqada naafada maqalka?  Maya  Haa |
| * 1. Please give details of your next of kin and/or someone we can contact in an emergency:  |  |  | | --- | --- | | Name:  Contact telephone number:  Address: | Next of kin | | Name:  Contact telephone number:  Address: | Emergency contact (if different) | | 1.15Fadlan sheeg xogta qaraabadaada iyo/ama qof aan la xidhiidhi karno xaalad degdega:   |  |  | | --- | --- | | Magaca:  Lambarka taleefanka lagala xidhiidhayo:  Ciwaanka: | Qaraabada | | Magaca:  Lambarka taleefanka lagala xidhiidhayo:  Ciwaanka: | Xidhiidhka xaalada degdega (haddii uu ka duwan yahay) | |
| Section two: Health questions | Qeybta labaad: Su'aalaha caafimaadka |
| * 1. Are you currently feeling unwell or ill?   No  Yes | 2.1Miyaad dareemaysaa xanuun ama jirro?  Maya  Haa |
| Do you need an urgent help for your health problem?  No  Yes | 2.2Miyaad uga baahan tahay caawimo degdeg ah dhibkaaga caafimaad?  Maya  Haa |
| * 1. Do you currently have any of the following symptoms? *Please tick all that apply*   Weight loss  Cough  Coughing up blood  Night sweats  Extreme tiredness  Breathing problems  Fevers  Diarrhoea  Skin complaints or rashes  Blood in your urine  Blood in your stool  Headache  Pain  Low mood  Anxiety  Distressing flashbacks or nightmares  Difficulty sleeping  Feeling like you can’t control your thoughts or actions  Feeling that you want to harm yourself or give up on life  Other | 2.3Miyaad hadda leedahay mid ka mida astaamahan soo socda? *Fadlan calaamadi dhammaan inta khusaysa*  Miisaan hoos-udhacay  Qufac  Qufaca dhiig leh  Dhidid habeenkii ah  Daal xad-dhaaf ah  Caqabado neef-sasho  Xumad  Shuban  Cuncun ama finan maqaarka ah  Dhiig kaadidaada kujira  Dhiig kujira saxarada  Madax-xanuun  Xanuun  Shucuur hoosaysa  Warwar  Sas ama argagax xun  Hurdo la'aan  Inaad dareentid sidii oo aanad xakameyn karin fikirkaaga ama ficilkaaga  Inaad dareentid inaad rabtid inaad waxyeeshid naftaada ama ka quusatid nolosha  Waxkale |
| * 1. Please mark on the body image the area(s) where you are experiencing your current health problem(s) | 2.4Fadlan ku calaamadi sawirka jidhka qeybta aad ka dareemaysid dhibaatooyinkaaga caafimaad ee hadda |

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| * 1. Do you have any known health problems that are ongoing?   No  Yes | 2.5Miyaad leedahay wax dhibaatooyin caafimaad oo la yaqaan oo jira?  Maya  Haa |
| * 1. Do you have or have you ever had any of the following? Please tick all that apply   Arthritis  Asthma  Blood disorder  Sickle cell anaemia  Thalassaemia  Cancer  Dental problems  Diabetes  Epilepsy  Eye problems  Heart problems  Hepatitis B  Hepatitis C  HIV or AIDS  High blood pressure  Kidney problems  Liver problems  Long-term lung problem/breathing difficulties  Mental health problems  Low mood/depression  Anxiety  Post-traumatic stress disorder (PTSD)  Previously self-harmed  Attempted suicide  Other  Osteoporosis  Skin disease  Stroke  Thyroid disease  Tuberculosis (TB)  Other | 2.6Miyaad leedahay ama waligaa ma yeelatay mid ka mida kuwan soo socda? Fadlan calaamadi dhammaan inta khusaysa  Caabuqa-laabatooyinka  Xiiq  Xanuun dhiiga ah  Xanuunada dhiiga-cas  Xanuunka-dhiig-yaraanta  Kansarka  Dhibaatooyin ilkaha  Macaanka  Suuxitaanka  Dhibaatooyinka indhaha  Dhibaatooyinka wadnaha  Jooniska B  Jooniska C  HIV ama AYDHIS  Dhiig-karka  Dhibaatooyinka kalyaha  Dhibaatooyinka beerka  Dhibaatada mudada dheer ee sanbabka/caqabado neefsasho  Dhibaatooyinka caafimaadka maskaxda  Shucuur-hooseyn/niyadjab  Warwar  Xanuunka walaaca argagax kadib (PTSD)  Iswaxyeelayn hore  Iskuday isdil  Waxkale  Lafo-jilayca  Cudurada maqaarka  Faaluga  Cudurada cunaha  Qaaxada (TB)  Waxkale |
| * 1. Have you ever had any operations / surgery?   No  Yes | 2.7Miyaad waligaa martay qaliino / qaliin?  Maya  Haa |
| * 1. If you have had an operation / surgery, how long ago was this?   In the last 12 months  1 – 3 years ago  Over 3 years ago | 2.8Miyaad waligaa martay qaliino / qaliin, intee inleeg kahor ayuu ahaa kani?  12 kii bilood ee u danbeeyey  1 - 3 sano kahor  In kabadan 3 sano |
| * 1. Do you have any physical injuries from war, conflict or torture?   No  Yes | 2.9Miyaad leedahay wax dhaawac jidheed oo kasoo gaadhay dagaal, khilaaf, ama jidhdil?  Maya  Haa |
| * 1. Do you have any mental health problems? These could be from war, conflict, torture or being forced to flee your country?   No  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?  Maya  Haa |
| * 1. 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   Cancer  Diabetes  Depression/Mental health illness  Heart attack  High blood pressure  Stroke  Other | 2.11Qaar ka mida dhibaatooyinka caafimaad ayaa ay isku gudbin karaan 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  Kansarka  Macaanka  Niyadjab/Xanuun caafimaadka maskaxda ah  Wadne xanuun  Dhiig-karka  Faaluga  Waxkale |
| * 1. Are you on any prescribed medicines?   No  Yes *–please list your prescribed medicines and doses in the box below*  ***Please bring any prescriptions or medications to your appointment***   |  |  | | --- | --- | | *Name* | *Dose* | |  |  | | 2.12Miyaad qaadataa wax daawooyin laguu qoray ah?  Maya  Haa *–fadlan ku tax* *daawooyinkaaga laguu qoray iyo xadiga sanduuqa hoose.*  ***Fadlan usoo qaad wixii qoritaan ama daawooyinka ballantaada***   |  |  | | --- | --- | | *Magaca* | *Xadiga* | |  |  | |
| * 1. Are you worried about running out of any these medicines in the next few weeks?   No  Yes | 2.13Miyaad ka warwaraysaa inay kaa dhammaadaan daawooyinkan qaar ka mida todobaadada soo socda?  Maya  Haa |
| * 1. 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?   No  Yes *–please list medicines and doses in the box below*  ***Please bring any medications to your appointment***   |  |  | | --- | --- | | *Name* | *Dose* | |  |  | | 2.14Miyaad qaadataa wax daawooyin ah oo aanu kuu qorin xirfadle caafimaad sida daawooyinka aad ka iibsatay farmasi/dukaan/intarnadka ama dibada lagaaga keenay?  Maya  Haa *–fadlan ku tax liiska daawooyinka iyo xadiga sanduuqa hoose*  ***Fadlan usoo qaado daawooyinka ballantaada***   |  |  | | --- | --- | | *Magaca* | *Xadiga* | |  |  | |
| * 1. Are you allergic to any medicines?   No  Yes | 2.15Miyaad xasaasiyad ku leedahay daawooyinka?  Maya  Haa |
| * 1. Are you allergic to anything else? (e.g. food, insect stings, latex gloves)?   No  Yes | 2.16Miyaad xasaasiyad ku leedahay shay kale? (sida cuntada, cayayaanka, golofisyada)?  Maya  Haa |
| * 1. Do you have any physical disabilities or mobility difficulties?   No  Yes | 2.17Miyaad leedahay wax naafo jidheed ah ama caqabad socodka ah?  Maya  Haa |
| * 1. Do you have any sensory impairments? *Please tick all that apply*   No  Blindness  Partial sight loss  Full hearing loss  Partial hearing loss  Smell and/or taste problems | 2.18Miyaad leedahay naafo araga ah? *Fadlan calaamadi dhammaan inta khusaysa*  Maya  Indho la'aan  Waayida qeyb ka mida araga  Waayida dhammaan maqalka  Waayida kaqeyb ka mida maqalka  Urta iyo/ama caqabado dhadhanka ah |
| * 1. Do you have any learning difficulties?   No  Yes | 2.19Miyad leedahay caqabado waxbarasho?  Maya  Haa |
| * 1. Is there any particular private matter you would like to discuss/raise at your next appointment with a healthcare professional?   No  Yes | 2.20Miyey jirtaa arin gaara oo aad jeclaan lahayd inaad kala hadashid/ugudbisid ballantaada xigta xirfadle daryeelka caafimaadka ah?  Maya  Haa |
| Section three: Lifestyle questions | Qeybta saddexaad: Su'aalaha qaab-nololeedka |
| * 1. How often do you drink alcohol?   Never  Monthly or less  2-4 times per month  2-3 times per week  4 or more times per week  *There is* ***1 unit*** *of alcohol in:*    *½ pint glass of beer*    *1 small glass of wine*     1. *single measure of spirits* | 3.1Imisa jeer ayaad cabtaa alkahoosha?  Waligay-macabin  Bile ama in kayar  2-4 jeer bishiiba  2-3 jeer todobaadkiiba  4 ama in ka badan todobaadkii  *Waxa ku jira* ***1 hal-beeg*** *oo alkahool ah:*    *½ pint galaaska khamriga ah*    *1 galaas yar oo khamri ah*     1. *cabirka yar* |
| 3.2 How many units of alcohol do you drink in a typical day when you are drinking?  0-2  3-4  5-6  7-9  10 or more | * 1. Imisa hal-beeg oo alkahool ah ayaad cabtaa maalintii markaad cabaysid?   0-2  3-4  5-6  7-9  10 ama kabadan |
| * 1. 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?   Never  Less than monthly  Monthly  Weekly  Daily or almost daily | 3.3Intee 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?  Waligay-macabin  Inka yar bil  Bile  Todobaadle  Maalinle ama maalinkasta |
| * 1. Do you take any drugs that may be harmful to your health e.g. cannabis, cocaine, heroin?   Never  I have quit taking drugs that might be harmful  Yes | 3.4Miyaad qaadataa daroogooyinka halis ku keeni kara caafimaadkaaga, sida xashiishada, kookayn ama hirowiin?  Waligay-macabin  Waxaan joojiyey qaadashada daroogooyinka halis noqon kara  Haa |
| * 1. Do you smoke?   Never  I have quit smoking  Yes  Cigarettes  How many per day? \_\_\_\_\_\_\_\_\_\_\_  How many years have you smoked for? \_\_\_\_\_\_\_\_\_  Tobacco    Would you like help to stop smoking?  Yes  No | 3.5Miyaad cabtaa sigaarka?  Waligay-macabin  Waan joojiyey cabista sigaarka  Haa  Sigaarka  Imisa jeer maalintii? \_\_\_\_\_\_\_\_\_\_\_  Imisa jeer sanadkii ayaad cabtay? \_\_\_\_\_\_\_\_\_  Tubaako    Miyaad jeclaan lahayd in lagaa caawiyo joojinta cabitaanka?  Haa  Maya |
| * 1. Do you chew tobacco?   Never  I have quit chewing tobacco  Yes | 3.6Miyaad cuntaa tubaakada?  Waligay-macabin  Waan joojiyey cunista tubaakada  Haa |
| Section four: Vaccinations | Qeybta afraad: Tallaalada |
| * 1. Have you had all the childhood vaccinations offered in your country of origin?   ***If you have a record of your vaccination history please bring this to your appointment.***  No  Yes  I don’t know | 4.1Miyaad qaadatay dhammaan tallaalkaagii caruurnimo ee laga bixiyey dalka asal ahaan aad kasoo jeedid?  ***Haddii aad haysid diwaanga taariikhda tallaalkaaga fadlan usoo qaado kan ballantaada.***  Maya  Haa  Ma garanaayo |
| * 1. Have you been vaccinated against Tuberculosis (TB)?   No  Yes  I don’t know | 4.2Miyaa waligaa lagaa tallaalay Qaaxada (TB)?  Maya  Haa  Ma garanaayo |
| * 1. Have you been vaccinated against COVID-19?   No  Yes  1 dose  2 doses  3 doses  More than 3 doses  I don’t know | 4.3Miyaa waligaa lagaa tallaalay COVID-19?  Maya  Haa  1 irbad  2 irbadood  3 irbadood  Inka badan 3 irbadood  Ma garanaayo |
| Section five: Questions for female patients only | Qeybta shanaad: Su'aalaha loogut talogalay bukaanka dhediga kaliya |
| * 1. Are you pregnant?   No  I might be pregnant  Yes  How many weeks pregnant are you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5.1Miyaad leedahay uur?  Maya  Waan yeelan karaa uur  Haa  Imisa todobaad ayaad leedahay uur?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Do you use contraception?   No  Yes  What method do you use?  Barrier contraception *e.g. condoms, gel*  Oral contraceptive pill  Copper Coil/Intrauterine device (IUD)  Hormonal coil/Intrauterine System (IUS) *e.g. Mirena*  Contraceptive injection  Contraceptive implant  Other | 5.2Miyaad isticmaashaa kala korinta?  Maya  Haa  Qaabkee ayaad isticmaashaa?  Qalabka kala-korinta *tusaale, kondhomka, gel*  Kiniinka kala korinta ee afka  Copper Coil/Aalada makaanka-lagaliyo (IUD)  Agabka Dheecaanka/Nidaamka Makaanka (IUS) *tusaale. Mirena*  Irbada kala-korinta  Caaga kalakorinta  Waxkale |
| * 1. Do you urgently need any contraception?   No  Yes | 5.3Miyaad u baahan tahay wax kala korin degdega?  Maya  Haa |
| * 1. 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.   No  Yes  I would like to be given more information | 5.4Miyaad waligaa martay baadhista makaanka ama ilmo-galeenka? Baadhistani waxa lagu hubiyaa makaankaaga waxaanay ka hortagtaa kansarka makaanka.  Maya  Haa  Waxaan jeclaan lahaa in la isiiyo macluumaad badan |
| * 1. Have you had a hysterectomy (operation to remove your uterus and cervix)?   No  Yes | 5.5Miyaad martay qaliin-makaan (qaliinka lagaga saaro makaanka dumarka)?  Maya  Haa |
| * 1. As a female patient is there any particular private matter you would like to discuss/raise at your next appointment with a healthcare professional?   No  Yes | 5.6Dhedig bukaan ah ahaan miyey jirtaa arin gaara oo aad jeclaan lahayd inaan kala hadashid/ugudbisid ballantaada xigta xirfadle daryeel-caafimaad?  Maya  Haa |
| 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. | 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. |