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| English | **Tigrinya** |
| New Patient Questionnaire for newly arrived migrants in the UK | ናይ ሓደስቲ ሕሙማት ዳህሳስ ሕቶታት ናብ ዓዲ እንግሊዝ ሓደስቲ ንዝመጹ ስደተኛታት |
| 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. | ኩሉ ሰብ ኣብ GP (ሓፈሻዊ ሓኪም) ናይ ምምዝጋብ መሰል ኣለዎ። ምስ ሓፈሻዊ ሓኪም ንምምዝጋብ ናይ ኣድራሻ መረጋገጺ፣ ኩነታት ኢሚግሬሽን፣ መለለዪ መንነት ወይ ቁጽሪ NHS ኣየድልየካን እዩ።  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 ዝኽእል ንምርዳእ ብዛዕባ ጥዕናኹም ሓበሬታ ንምእካብ እዩ።  ሓፈሻዊ ሓኪምካ እትህቦ ዝኾነ ይኹን ሓበሬታ ካብ ቀጥታዊ ክንክንካ ወጻኢ ንኻልእ ዕላማታት ኣይገልጽን እዩ፣ እዚ ግን ፍቓድ እንተሂብካ (ንኣብነት ንሕክምናዊ ምርምር ንምድጋፍ)፤ ወይ ብሕጊ ከምኡ ክገብሩ እንተተገዲዱ (ንኣብነት ንኻልኦት ሰባት ካብ ከቢድ ጉድኣት ንምክልኻል)፤ ወይ ድማ ልዕሊ ኩሉ ህዝባዊ ረብሓ ስለዘሎ (ንኣብነት ብተመሓላላፊ ሕማም ትሳቐ እንተ ኣሊኻ) ሓበሬታኻ ክገልጽ ይኽእል። ብዛዕባ እቲ ሓፈሻዊ ሓኪምካ ንሓበሬታኻ ብኸመይ ከም ዝጥቀመሉ ተወሳኺ ሓበሬታ ኣብ ናይ ሓፈሻዊ ሓኪም ትካልካ ይርከብ።  መልስታትካ ናብ ናይ ሓፈሻዊ ሓኪም ልምምድካ ምለስ። |
| Section one: Personal details | ቀዳማይ ክፋል፡ ውልቃዊ ዝርዝር ሓበሬታ |
| Full name: | ሙሉእ ሽም፡ |
| Address: | ኣድራሻ፡ |
| Telephone number: | ቁጽሪ ተሌፎን፡ |
| Email address: | ኢመይል ኣድራሻ፡ |
| **Please complete all questions and tick all the answers that apply to you.** | **በጃኹም ኩሉ ሕቶታት መሊእኩም ወድኡ ንኹሉ ዝምልከተኩም መልስታት ድማ ምልክት ግበሩ።** |
| * 1. Date questionnaire completed: | 1.1እዝ ዳህሳስ ዝተዛዘመሉ ዕለት፡ |
| 1.2 Which of the following best describes you?  Male  Female  Other  Prefer not to say | 1.2 ካብዞም ዝስዕቡ ዝበለጸ ዝገልጸካ ኣየናይ እዩ?  ተባዕታይ  ኣንስታይ  ካልእ  ዘይምምላስ ይመርጽ |
| 1.3 Is this the same gender you were given at birth?  No  Yes  Prefer not to say | 1.3 እዚ ኣብ እዋን ልደት ዝተዋህበካ ጾታ ድዩ?  ኣይፋልን  እወ  ዘይምምላስ ይመርጽ |
| Date of birth:  Date\_\_\_\_\_\_ Month \_\_\_\_\_\_\_ Year \_\_\_\_\_\_ | * 1. ዕለተ ልደት፡  ዕለት\_\_\_\_\_\_ ወርሒ \_\_\_\_\_\_\_ ዓመት \_\_\_\_\_\_ |
| 1.5 Religion:  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Other religion  No religion | 1.5 ሃይማኖት:  ቡድሂስት  ክርስትያን  ሂንዱ  ኣይሁድ  ሙስሊም  ሲክ  ካልእ ሃይማኖት  ሃይማኖት ኣልቦ |
| 1.6 Marital status:  Married/civil partner  Divorced  Widowed  None of the above | 1.6 ኩነታት ሓዳር:  በዓል ሓዳር/ሲቪላዊ መጻምድቲ  ዝተፋትሐ  መጻምዲ ዝሞተቶ/ዝሞታ  ካብዚ ኣብ ላዕሊ ዝተጠቕሱ ዘይኮነ |
| * 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 | 1.7 ጾታዊ ዝንባለ፡  ሄተሮሴክሹዋል (ተጻራሪ ጾታ ዝመርጽ)  ግብረሰዶማዊ (ተመሳሳሊ ጾታ ዝመርጽ)  ክልቲኡ ጾታ (ደቂ ተባዕትዮን ደቂ ኣንስትዮን ዝመርጽ)  ዘይምምላስ ይመርጽ  ካልእ |
| * 1. Main spoken language:  |  |  | | --- | --- | | Albanian | Russian | | Arabic | Tigrinya | | Dari | Ukrainian | | English | Urdu | | Persian | Vietnamese | | Other |  | | 1.8 ቀንዲ እትዛረቦ ቋንቋ፡   |  |  | | --- | --- | | ኣልባንያ | ሩስያ | | ዓረብኛ | ትግርኛ | | ዳሪ | ዩክሬን | | እንግሊዝኛ | ኡርዱ | | ፐርሽያ | ቪየትናም | | ካልእ |  | |
| * 1. Second spoken language:  |  |  | | --- | --- | | Albanian | Russian | | Arabic | Tigrinya | | Dari | Ukrainian | | English | Urdu | | Persian | Vietnamese | | Other | None | | 1.9 ካልኣይ ዝዝረብ ቋንቋ፡   |  |  | | --- | --- | | ኣልባንያ | ሩስያ | | ዓረብኛ | ትግርኛ | | ዳሪ | ዩክሬን | | እንግሊዝኛ | ኡርዱ | | ፐርሽያ | ቪየትናም | | ካልእ | ዋላ ሓደ | |
| * 1. Do you need an interpreter?   No  Yes | 1.10ተርጓሚ የድልየካ ድዩ?  ኣይፋልን  እወ |
| * 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 | 1.11ወዲ ተባዕታይ'ዶ ወይስ ጓል ኣንስተይቲ ተርጓሚ ትመርጽ? ናይ ተርጓሚ ምህላዉ ማለት ኩሉ ግዜ ምርጫኹም ክሕሎ ከምዘይከኣል ማለት ክኸውን ከምዝኽእል ኣስተውዕሉ።  ተባዕታይ  ኣንስታይ  ምርጫ የብለይን |
| 1.12 Are you able to read in your own language?  No  Yes  I have difficulty reading | 1.12 ብቋንቋኻ ከተንብብ ትኽእል ዲኻ?  ኣይፋልን  እወ  ናይ ምንባብ ጸገም ኣለኒ |
| * 1. Are you able to write in your own language?   No  Yes  I have difficulty writing | 1.13ብቋንቋኻ ክትጽሕፍ ትኽእል ዲኻ?  ኣይፋልን  እወ  ናይ ምጽሓፍ ጸገም ኣለኒ |
| * 1. Do you need sign language support?   No  Yes | 1.14ናይ ምልክት ቋንቋ ደገፍ የድልየካ ድዩ?  ኣይፋልን  እወ |
| * 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) | | 1.15በጃኹም ዝርዝር ናይ ቀረባ ዘመድኩምን/ወይ ኣብ ህጹጽ እዋን ክንረኽቦ እንኽእል ሰብን ሃቡ፡   |  |  | | --- | --- | | ሽም፡  ናይ ርክብ ቴሌፎን ቁጽሪ፡  ኣድራሻ፡ | ናይ ቀረባ ዘመድ | | ሽም፡  ናይ ርክብ ቴሌፎን ቁጽሪ፡  ኣድራሻ፡ | ናይ ህጹጽ እዋን ርክብ (ዝተፈላለየ እንተኾይኑ) | |
| Section two: Health questions | ካልኣይ ክፋል፡ ሕቶታት ጥዕና |
| * 1. Are you currently feeling unwell or ill?   No  Yes | 2.1ኣብዚ እዋን እዚ ሓሚምካ ወይ ጥዕና ስኢንካ ዲኻ?  ኣይፋልን  እወ |
| Do you need an urgent help for your health problem?  No  Yes | 2.2ንናይ ጥዕና ጸገምካ ህጹጽ ሓገዝ የድልየካ ድዩ?  ኣይፋልን  እወ |
| * 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 | 2.3ኣብዚ እዋን እዚ ዝኾነ ካብዞም ዝስዕቡ ምልክታት ኣለካ ድዩ? *በጃኹም ኣብ ዝምልከቶ ኩሉ ምልክት ግበሩ*  ምንካይ ክብደት ሰብነት  ሰዓል  ደም ምስዓል  ናይ ለይቲ ረሃጽ  ልዑል ድኻም  ናይ ምስትንፋስ ጸገም  ረስኒ  ተቕማጥ/ውጽኣት  ናይ ቆርበት ሽፍታ ወይ ስሓ  ሽንቲ ኣብ ደም  ሽንቲ ኣብ ሰገራ  ሕማም ርእሲ  ቃንዛ  ስምዒት ምስኣን  ውጥረት  ዘጨንቑ ዝኽርታት ወይ ዝርብሽ ሕልሚ  ጸገም ምድቃስ  ሓሳባትካ ወይ ተግባራትካ ክትቆጻጸሮ ከም ዘይትኽእል ኮይኑ ይስምዓካ  ንነብስኻ ክትጎድእ ወይ ምንባር ክትገድፎ ከም እትደሊ ይስምዓካ  ካልእ |
| * 1. Please mark on the body image the area(s) where you are experiencing your current health problem(s) | 2.4በጃኻ ኣብቲ ናይ ሰብነት ኣካላት ዘርኢ ምስሊ ኣብቲ ሕጂ ዘለካ ናይ ጥዕና ጸገም(ማት) ዘጋጥመካ ከባቢ(ታት) ምልክት ግበር |

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Description automatically generated

|  |  |
| --- | --- |
| * 1. Do you have any known health problems that are ongoing?   No  Yes | 2.5ቀጻሊ ዝኾነ ዝፍለጥ ናይ ጥዕና ጸገማት ኣለካ ድዩ?  ኣይፋልን  እወ |
| * 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 | 2.6ዝኾነ ካብዞም ዝስዕቡ ኣለካ ወይ ኣጋጢሙካ ይፈልጥ ድዩ? በጃኹም ኣብ ዝምልከቶ ኩሉ ምልክት ግበሩ  ሕማም ኣርትራይተስ  ኣዝማ/ኣስሚ  ናይ ደም ጸገም  ዋሕዲ ደም ሲክል ሴል  ታላሲምያ  ካንሰር  ናይ ስኒ ጸገማት  ሕማም ሽኮር  ዘውድቕ ሕማም  ናይ ዓይኒ ጸገማት  ናይ ልቢ ጸገማት  ሄፓቲትስ ቢ  ሄፓቲትስ ሲ  ኤችኣይቪ ወይ ኤድስ  ልዑል ጸቕጢ ደም  ጸገማት ኩሊት  ጸገም ጸላም ከብዲ  ንነዊሕ እዋን ዝጸንሕ ጸገም ሳንቡእ/ጸገም ምስትንፋስ  ኣእምሮኣዊ ጸገማት  ትሑት ስምዒት/ጭንቀት  ውጥረት  ድሕሪ ዘሰንብድ ፍጻመ ዝመጽእ ጸቕጢ (PTSD)  ቅድሚ ሕጂ ንባዕሉ ጎዲኡ ዝፈልጥ  ፈተነ ነብሰ ቅትለት  ካልእ  ኦስቲዮፖሮሲስ  ናይ ቆርበት ሕማም  ወቕዒ  ሕማም ታይሮይድ  ሕማም ዓባይ ሰዓል (ቲቢ)  ካልእ |
| * 1. Have you ever had any operations / surgery?   No  Yes | 2.7ዝኾነ መጥባሕቲ ጌርካ ትፈልጥ'ዶ?  ኣይፋልን  እወ |
| * 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 | 2.8መጥባሕቲ ገይርካ እንተኔርካ፣ መዓዝ እዩ ነይሩ?  ኣብ ዝሓለፉ 12 ኣዋርሕ  ቅድሚ 1-3 ዓመታት  ቅስሚ ልዕሊ 3 ዓመታት |
| * 1. Do you have any physical injuries from war, conflict or torture?   No  Yes | 2.9ካብ ኲናት፣ ግጭት ወይ ስቅያት ዝነቐለ ዝኾነ ኣካላዊ መጉዳእቲ ኣለካ ድዩ?  ኣይፋልን  እወ |
| * 1. Do you have any mental health problems? These could be from war, conflict, torture or being forced to flee your country?   No  Yes | 2.10ዝኾነ ናይ ኣእምሮ ጥዕና ጸገም ኣለካ ድዩ? እዚኦም ብሰንኪ ኲናት፣ ግጭት፣ ስቅያት ወይ ካብ ሃገርካ ንክትሃድም ምስ እትግደድ ዝፍጠሩ ክኾኑ ይኽእሉ?  ኣይፋልን  እወ |
| * 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 | 2.11ገለ ሕክምናዊ ጸገማት ኣብ ስድራቤታት ብዘርኢ ክሓልፉ ይኽእሉ። ሓደ ኣባል ናይ ቀረባ ስድራቤትካ (ኣቦ፣ ኣደ፣ ኣሕዋትን ኣቦ ሓጎታት/ እነ ሓጎታትን) ካብዞም ዝስዕቡ ዝኾነ ይኹን ኣለዎም ወይ ነይሩዎም ድዩ? በጃኹም ኣብ ዝምልከቶ ኩሉ ምልክት ግበሩ  ካንሰር  ሕማም ሽኮር  ጭንቀት/ናይ ኣእምሮ ጥዕና ጸገማት  ወቕዒ ልቢ  ልዑል ጸቕጢ ደም  ወቕዒ  ካልእ |
| * 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* | |  |  | | 2.12ዝኾነ ዝተኣዘዘልካ መድሃኒት ትወስድ ኣለኻ ዲኻ?  ኣይፋልን  እወ *–በጃኹም ኣብዚ ታሕቲ ዘሎ ሳጹን* *ዝተኣዘዝኩም መድሃኒታትን ዓቐንን ዘርዝሩ*  ***ዝኾነ ትእዛዝ ሓኪም ወይ መድሃኒት ናብ ቆጸራኹም ሒዝኩም ክትመጹ ንላቦ***   |  |  | | --- | --- | | *ሽም* | *ዓቐን/ዶዝ* | |  |  | |
| * 1. Are you worried about running out of any these medicines in the next few weeks?   No  Yes | 2.13ኣብ ዝቕጽሉ ሒደት ሰሙናት ዝኾነ ካብዞም መድሃኒታት ከይውደኣካ ትጭነቕ ዲኻ?  ኣይፋልን  እወ |
| * 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* | |  |  | | 2.14ብበዓል ሞያ ጥዕና ዘይተኣዘዘ መድሃኒት ትወስድ ዲኻ፣ ንኣብነት ኣብ ፋርማሲ/ድኳን/ ወይ ብመገዲ ኢንተርነት ዝገዛእካዮ ወይ ካብ ወጻኢ ሃገራት ዝተላእከ መድሃኒታት?  ኣይፋልን  እወ*–በጃኹም እቶም መድሃኒታትን ዓቐንን ኣብዚ ኣብ ታሕቲ ዘሎ ሳጹን ዘርዝሩ*  ***ዝኾነ እትወስድዎ መድሃኒት ናብ ቆጸራኹም ሒዝኩም ክትመጹ ንላቦ***   |  |  | | --- | --- | | *ሽም* | *ዓቐን/ዶዝ* | |  |  | |
| * 1. Are you allergic to any medicines?   No  Yes | 2.15ንዝኾነ መድሃኒት ኣለርጂ ኣለካ ድዩ?  ኣይፋልን  እወ |
| * 1. Are you allergic to anything else? (e.g. food, insect stings, latex gloves)?   No  Yes | 2.16ካልእ ኣለርጂ ኣለካ ድዩ? (ንኣብነት መግቢ፣ ነፍሳት፣ ጓንቲ ላቴክስ)?  ኣይፋልን  እወ |
| * 1. Do you have any physical disabilities or mobility difficulties?   No  Yes | 2.17ዝኾነ ኣካላዊ ስንክልና ወይ ናይ ምንቅስቓስ ጸገም ኣለካ ድዩ?  ኣይፋልን  እወ |
| * 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 | 2.18ዝኾነ ናይ ህዋሳት ጸገም ኣለካ ድዩ? *በጃኹም ኣብ ዝምልከቶ ኩሉ ምልክት ግበሩ*  ኣይፋልን  ዓይነ ስውርነት  ብኽፋል ናይ ምር ኣይጸገም  ሙሉእ ናይ ምስማዕ ጸገም  ብኽፋል ናይ ምስማዕ ጸገም  ናይ ምሽታትን ጣዕምን ጸገማት |
| * 1. Do you have any learning difficulties?   No  Yes | 2.19ናይ ምምሃር ጸገም ኣለካ ድዩ?  ኣይፋልን  እወ |
| * 1. Is there any particular private matter you would like to discuss/raise at your next appointment with a healthcare professional?   No  Yes | 2.20ኣብ ዝቕጽል ቆጸራኻ ምስ በዓል ሞያ ክንክን ጥዕና ክትዛተየሉ/ክተልዕሎ እትደሊ ፍሉይ ውልቃዊ ጉዳይ ኣሎ ድዩ?  ኣይፋልን  እወ |
| Section three: Lifestyle questions | ሳልሳይ ክፋል፡ ሕቶታት ኣነባብራ |
| * 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* | 3.1ኣልኮላዊ መስተ ክንደይ ዝኸውን ግዜ ትሰቲ?  ፍጹም  ወርሓዊ ወይ ትሕቲኡ  2-4 ግዜ ኣብ ወርሒ  2-3 ግዜ ኣብ ሰሙን  ኣብ ሰሙን 4 ግዜን ልዕሊኡን  ***1 መዐቀኒ ዩኒት*** *ኣልኮሆል ኣብ:*    *½ ፓይንት ብርጭቆ ቢራ*    *1 ንእሽተይ ብርጭቆ ወይኒ*     1. *ንጽል መለክዒ ስፒሪትስ* |
| 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. ኣብ እትሰትየሉ እዋን፣ ኣብ ሓደ ልሙድ መዓልቲ ክንደይ ዩኒት ኣልኮላዊ መስተ ትወስድ?   0-2  3-4  5-6  7-9  10ን ልዕሊኡን |
| * 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 | * 1. ኣብ ዝሓለፈ ሓደ ዓመት ኣብ ሓደ ኣጋጣሚ ክንደይ ግዜ ኢኻ 6 ወይ ልዕሊኡ ዩኒት (ንጓል ኣንስተይቲ)፣ ወይ 8 ወይ ልዕሊኡ (ንደቂ ተባዕትዮ) ኣልኮሆል ሰቲኺ/ሰቲኻ?   ፍጹም  ካብ ወርሓዊ ዝንእስ  ወርሓዊ  ሰሙናዊ  መዓልታዊ ወይ ዳርጋ መዓልታዊ |
| * 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 | * 1. ንጥዕናኻ ክጎድእ ዝኽእል ዝኾነ መዐወኒ ሓሽሽ ትወስድ ዲኻ፣ ንኣብነት ካናቢስ፣ ኮኬይን፣ ሂሮይን?   ፍጹም  ንጥዕና ክጎድእ ዝኽእል ሓሽሽ ምውሳድ ኣቋሪጸዮ ኣለኹ  እወ |
| * 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 | 3.5ሽጋራ ተትክኽ ዲኻ?  ፍጹም  ሽጋራ ምትካኽ ኣቋሪጸዮ ኣለኹ  እወ  ሽጋራ  ኣብ መዓልቲ ክንደይ?\_\_\_\_\_\_\_\_\_\_  ንክንደይ ዓመት ሽጋራ ኣትኪኽካ? \_\_\_\_\_\_\_\_\_  ትምባኾ    ሽጋራ ምትካኽ ንኸተቋርጽ ሓገዝ ትደሊዶ?  እወ  ኣይፋልን |
| * 1. Do you chew tobacco?   Never  I have quit chewing tobacco  Yes | 3.6ትምባኾ ትሓይኽ ዲኻ?  ፍጹም  ትምባኾ ምሕያኽ ኣቋሪጸ ኣለኹ  እወ |
| Section four: Vaccinations | ራብዓይ ክፋል፡ ክታበታት |
| * 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 | 4.1ኩሉ እቲ ኣብ መበቆል ሃገርካ ዝቐርብ ናይ ቁልዕነት ክታበት ረኺብካ ዲኻ?  ***ናይ ክታበት ታሪኽኩም መዝገብ እንተሃልዩኩም በጃኹም ነዚ ናብ ቆጸራኹም ሒዝኩሞ ምጹ።***  ኣይፋልን  እወ  ኣይፈልጥን |
| * 1. Have you been vaccinated against Tuberculosis (TB)?   No  Yes  I don’t know | 4.2ኣንጻር ሕማም ዓባይ ሰዓል (ቲቢ) ተኸቲብካ'ዶ?  ኣይፋልን  እወ  ኣይፈልጥን |
| * 1. Have you been vaccinated against COVID-19?   No  Yes  1 dose  2 doses  3 doses  More than 3 doses  I don’t know | 4.3ኣንጻር ኮቪድ-19 ተኸቲብካ'ዶ?  ኣይፋልን  እወ  1 ዓቐን/ዶዝ  2 ዓቐን/ዶዝ  3 ዓቐን/ዶዝ  ልዕሊ 3 ዓቐን/ዶዝ  ኣይፈልጥን |
| Section five: Questions for female patients only | ሓሙሻይ ክፋል፡ ሕቶታት ንደቂ ኣንስትዮ ተሓከምቲ ጥራይ |
| * 1. Are you pregnant?   No  I might be pregnant  Yes  How many weeks pregnant are you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5.1ጥንስቲ ዲኺ?  ኣይፋልን  ምናልባት ጥንስቲ ክኸውን ይኽእል እየ  እወ  ናይ ክንደይ ሰሙን ጥንሲ ኣለኪ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 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 | 5.2መከላኸሊ ጥንሲ ትጥቀሚ ዲኺ?  ኣይፋልን  እወ  ኣየናይ መከላኸሊ ሜላ ኢኺ እትጥቀሚ?  ዘርኢ ወዲ ተባዕታይ ዝከልኸል ሜላ *ኣብነት፡ ኮንደም፣ ጄል*  ብኣፍ ዝውሰድ መከላኸሊ ጥንሲ ከኒና  ኮፐር ኮይል/መሳርሒ ውሽጢ ማህጸን (IUD)  ሆርሞናዊ ኮይል/ስርዓት ውሽጢ ማህጸን (IUS) *ንኣብነት፡ ሚረና*  ናይ መርፍእ መከላኸሊ  ኢምፕላንት/ዝቕበር መከላኸሊ  ካልእ |
| * 1. Do you urgently need any contraception?   No  Yes | 5.3ዝኾነ መከላኸሊ ጥንሲ ብህጹጽ የድልየኪ ድዩ?  ኣይፋልን  እወ |
| * 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 | 5.4ናይ ማህጸን ስሚር ወይ መርመራ ስሚር ጌርኪ ትፈልጢ'ዶ? እዚ መርመራ ጥዕና ማህጸንኪ ንምፍታሽን ንመንሽሮ ማህጸን ንምክልኻል ዝሕግዝን እዩ።  ኣይፋልን  እወ  ተወሳኺ ሓበሬታ እንተዝወሃበኒ ደስ ይብለኒ። |
| * 1. Have you had a hysterectomy (operation to remove your uterus and cervix)?   No  Yes | 5.5መጥባሕቲ ማህጸን (ሂስተረክቶሚ) (ማህጸን ንምእላይ ዝግበር መጥባሕቲ) ጌርኪ ኔርኪ ዲኺ?  ኣይፋልን  እወ |
| * 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 | 5.6ከም ጓል ኣንስተይቲ ተሓካሚት መጠን ኣብ ዝቕጽል ቆጸራኺ ምስ በዓል ሞያ ክንክን ጥዕና ክትዛተይሉ/ክተልዕልዮ እትደልዪ ፍሉይ ውልቃዊ ጉዳይ ኣሎ ድዩ?  ኣይፋልን  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። |