

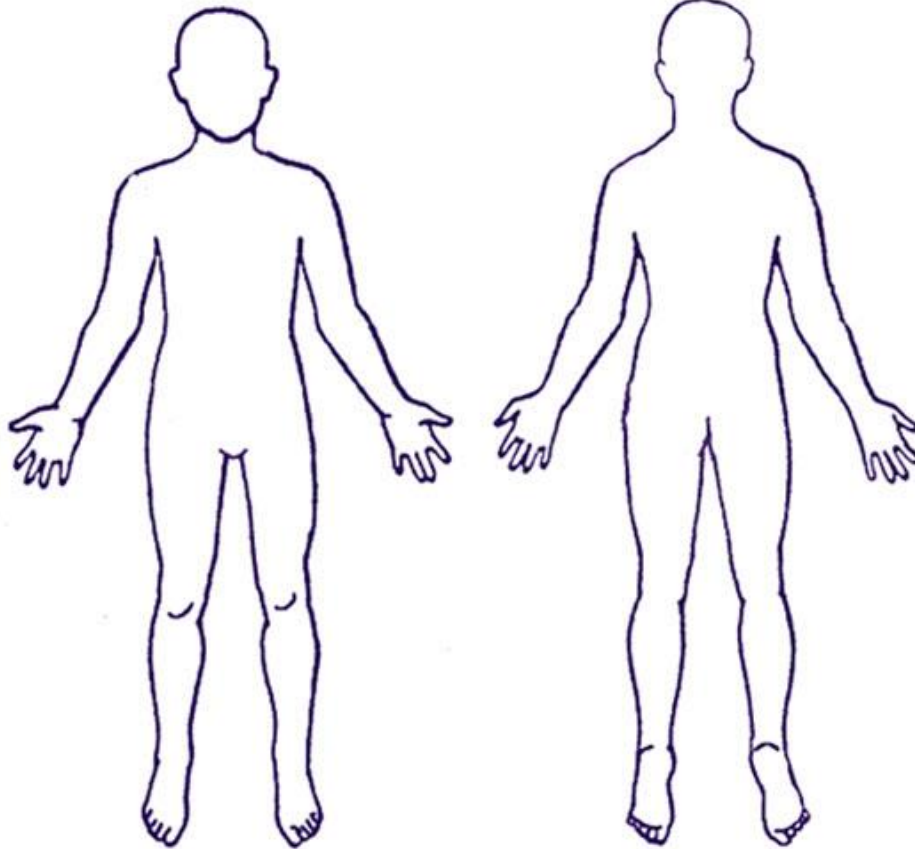
English	Shona
<p>New Patient Questionnaire for newly arrived migrants in the UK</p>	<p>Mibvunzo Mitsva yeMurwere kuvapoteri vatsva vachangosvika kuUK</p>
<p>Everyone has a right to register with a GP. You do not need proof of address, immigration status, ID or an NHS number to register with a GP.</p> <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>Munhu wese ane kodzero yekunyoresa naChiremba. Haude umbowo hweadhiresi, mamiriro ekupotera, nhamba yeID kana yeNHS pakunyoresa naChiremba.</p> <p>Mibvunzo iyi ndeyekuunganidza mashoko pamusoro pehutano hwako kuitira kuti nyanzvi dzehutano dzinzwisise kuti nderwupi rutsigiro, kurapwa uye basa reunyanzvi raungada maererano nemitemo wekugovera yezvakavanzika uye mashoko eNational Health Service.</p> <p>Chiremba wako haasi kuzobuditsa chero mashoko aunopa nezvinangwa zvisina kutarisira kwako kwakananga kunze kwekuti: wabvumira (e.g. kutsigira tsvakurudzo yekurapwa); zvinodiwa nemutemo (e.g. kuchengetedza vamwe vanhu kubva kunjodzi yakanyanya); kana nekuti pane kudarikira kufarira kweruzhinji (e.g. uri kurwara nechirwere chinotapurika). Mamwe mashoko maererano nekuti Chiremba wako anoshandisa sei mashoko ako anowanika kubva kuna Chiremba wako.</p> <p>Dzosera mhinduro kuna Chiremba wako.</p>
<p>Section one: Personal details</p>	<p>Chikamu chekutanga: Mashoko emunhu</p>
<p>Full name:</p>	<p>Zita rakazara:</p>
<p>Address:</p>	<p>Adhiresi:</p>
<p>Telephone number:</p>	<p>Nhamba dzenhare:</p>

Email address:	Adhiresi yeimeiri:
Please complete all questions and tick all the answers that apply to you.	Tapota zadza mibvunzo yese uye tika mhinduro dzese dzinoshanda kwauri.
1.1 Date questionnaire completed:	Zuva rakapindurwa mibvunzo:
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 Ndezvipi zvezvinotevera zvinokutsanangura? <input type="checkbox"/> Murume <input type="checkbox"/> Mukadzi <input type="checkbox"/> Zvimwe <input type="checkbox"/> Handidi kutaura
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 Ndiyo here yawakapihwa pawakazvarwa? <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu <input type="checkbox"/> Handidi kutaura
1.4 Date of birth: Date _____ Month _____ Year _____	1.4 Zuva rekuzvarwa: Zuva _____ Mwedzi _____ Gore _____
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 Chitendero; <input type="checkbox"/> Mubhudha <input type="checkbox"/> Mukirisitu <input type="checkbox"/> Muhindu <input type="checkbox"/> Mujudha <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Chimwe chitendero <input type="checkbox"/> Handina chitendero
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 Mamiriro ezvevanano: <input type="checkbox"/> Muchato/kuchaya mapoto <input type="checkbox"/> Kurambana <input type="checkbox"/> Kufirwa <input type="checkbox"/> Hapana pane zviru pamusoro
1.7 Sexual Orientation: <input type="checkbox"/> Heterosexual (attracted to the opposite sex)	1.7 Zvekudanana:

<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"/> Heterosexual (kukwezviwa nemunhurume uri mukadzi kana munhukadzi uri murume) <input type="checkbox"/> Homosexual (ungochani) <input type="checkbox"/> Bisexual (kukwezva nevarume nevakadzi) <input type="checkbox"/> Handidi kutaura <input type="checkbox"/> Zvimwewo
<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>1.8Mutauro waamai:</p> <p>1.9</p> <input type="checkbox"/> ChiAlbanian <input type="checkbox"/> ChiRussian <input type="checkbox"/> ChiArabic <input type="checkbox"/> ChiTigrinya <input type="checkbox"/> ChiDari <input type="checkbox"/> ChiUkrainian <input type="checkbox"/> Chirungu <input type="checkbox"/> ChiUrdu <input type="checkbox"/> ChiPersian <input type="checkbox"/> ChiVietnamese <input type="checkbox"/> Mumwewo
<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>1.9Mutauro wechipiri unotaurwa:</p> <p>1.10</p> <input type="checkbox"/> ChiAlbanian <input type="checkbox"/> ChiRussian <input type="checkbox"/> ChiArabic <input type="checkbox"/> ChiTigrinya <input type="checkbox"/> ChiDari <input type="checkbox"/> ChiUkrainian <input type="checkbox"/> Chirungu <input type="checkbox"/> ChiUrdu <input type="checkbox"/> ChiPersian <input type="checkbox"/> ChiVietnamese <input type="checkbox"/> Mumwewo <input type="checkbox"/> Hapana
<p>1.10Do you need an interpreter?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>1.10Unoda muturikiri here?</p> <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu
<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>1.11Ungada kuti muturikiri wako ave murume here kana mukadzi? Tapota ziva kuti kuvapo kwemuturikiri kungareva kuti anogona kusava waunotarisa.</p> <input type="checkbox"/> Murume <input type="checkbox"/> Mukadzi <input type="checkbox"/> Chero
<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>1.12Unokwanisa kuverenga mumutauro wako here?</p> <input type="checkbox"/> Aiwa <input type="checkbox"/> Ehe <input type="checkbox"/> Ndinonetseka nekuverenga
<p>1.13 Are you able to write in your own language?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>1.13Unokwanisa kunyora mumutauro wako here?</p> <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu

<input type="checkbox"/> I have difficulty writing		<input type="checkbox"/> Ndinonetseka nekunyora									
1.14 Do you need sign language support? <input type="checkbox"/> No <input type="checkbox"/> Yes		1.14 Unoda kubatsirwa nemutauro wemasaini here? <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu									
1.15 Please give details of your next of kin and/or someone we can contact in an emergency:		1.15 Tapota tipe mashoko nezvehama yako kana mumwe munhu watinogona kutaura naye kana pane zvaitika zvinoda kukurumidzirwa:									
<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>Zita:</td> <td rowspan="3"><u>Hama yako</u></td> </tr> <tr> <td>Nhamba dzenhare:</td> </tr> <tr> <td>Adhiresi:</td> </tr> </table>		Zita:	<u>Hama yako</u>	Nhamba dzenhare:	Adhiresi:
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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>Zita:</td> <td rowspan="3">Wekufonera panodiwa kukurumidzirwa (kana ari mumwewo)</td> </tr> <tr> <td>Nhamba dzenhare:</td> </tr> <tr> <td>Adhiresi:</td> </tr> </table>		Zita:	Wekufonera panodiwa kukurumidzirwa (kana ari mumwewo)	Nhamba dzenhare:	Adhiresi:
Name:	Emergency contact (if different)										
Contact telephone number:											
Address:											
Zita:	Wekufonera panodiwa kukurumidzirwa (kana ari mumwewo)										
Nhamba dzenhare:											
Adhiresi:											
		1.16									

<p>Section two: Health questions</p>	<p>Chikamu chechipiri: Mibvunzo yezveutano</p>
<p>2.1 Are you currently feeling unwell or ill? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.1 Parizvino hausi kunzwa zvakakanaka kana kuti uri kurwa here? <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu</p>
<p>2.2 Do you need an urgent help for your health problem? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.2 Unoda rubatsiro rwekukurumidza rweutano hwako here? <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu</p>
<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 Parizvino une chero zviratidzo zvinotevera here? <i>Tapota tika pese panoenderana</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Kuonda <input type="checkbox"/> Chikosoro <input type="checkbox"/> Kukosora ropa <input type="checkbox"/> Kudikitira husiku <input type="checkbox"/> Kuneta zvakanyanya <input type="checkbox"/> Kunetseka nekufema <input type="checkbox"/> Fivha <input type="checkbox"/> Manyoka <input type="checkbox"/> Kupatirwa <input type="checkbox"/> Kusanaka kweganda kana mapundu <input type="checkbox"/> Ropa muweti <input type="checkbox"/> Ropa mutsvina <input type="checkbox"/> Kutemwa nemusoro <input type="checkbox"/> Kurwadziwa <input type="checkbox"/> Kusuruvara <input type="checkbox"/> Kufunga zvakanyanya <input type="checkbox"/> Zviroti zvinoshungurudza kana hope dzinotyisa <input type="checkbox"/> Kunetsekana nekurara <input type="checkbox"/> Kunzwa kuda kuzvikuvadza kana kuzviuraya <input type="checkbox"/> Zvimwe
<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 Tapota maka pamufananidzo wemuviri nzvimbo idzo uri kunzwa kutambura pahutano hwako</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 Une chero matambudzoko ehutano anozivikanwa ari kuenderera mberi here?</p> <p><input type="checkbox"/> Kwete</p> <p><input type="checkbox"/> Hongu</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 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"/> Chirwere cheropa</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"/> Kenza</p> <p><input type="checkbox"/> Matambudziko emazino</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Epilepsy</p> <p><input type="checkbox"/> Matambudziko emaziso</p> <p><input type="checkbox"/> Matambudziko emwoyo</p> <p><input type="checkbox"/> Hepatitis B</p> <p><input type="checkbox"/> Hepatitis C</p> <p><input type="checkbox"/> HIV kana AIDS</p> <p><input type="checkbox"/> BP</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"/> Matambudziko eitsvo <input type="checkbox"/> Matambudziko echiropa <input type="checkbox"/> Matambudziko enguva refu emapapu kana kunetseka nekufema <input type="checkbox"/> Matambudziko emupfungwa <ul style="list-style-type: none"> <input type="checkbox"/> Kupera moyo/depression <input type="checkbox"/> Kufungisisa <input type="checkbox"/> Post-traumatic stress disorder (PTSD) <input type="checkbox"/> Kumbova wakazvikuvadza <input type="checkbox"/> Kuedza kuzviuraya <input type="checkbox"/> Zvimwe <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Chirwere cheganda <input type="checkbox"/> Sitiroko <input type="checkbox"/> Chirwere cheThyroid <input type="checkbox"/> Tuberculosis (TB) <input type="checkbox"/> Zvimwe
<p>2.7 Have you ever had any operations / surgery?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>2.7Wakambovhiyiwa here kana kuti kuoparetwa?</p> <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu
<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>2.8Kana wakambovhiyiwa kana kuoparetwa, ndezvariini?</p> <input type="checkbox"/> Mumwedzi 12 yapfuura <input type="checkbox"/> Makore 1 – 3 apfuura <input type="checkbox"/> Makore anopfuura 3 adarika
<p>2.9 Do you have any physical injuries from war, conflict or torture?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>2.9Une chero kukuvara kwemuhondo, mhirizhonga kana kurwadziwa here?</p> <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu
<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>2.10Une chero matambudziko emupfungwa here? Aya anogona kukonzerwa nehondo, mhirizhonga, kurwadziwa kana kumanikidzwa kutiza munyika yako?</p> <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu
<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>2.11Mamwe matambudziko ehutano anogona kuva emumhuri. Pane nhengo yepedyo yemumhuri mako (baba, amai, vaunozvarwa navo, uye vanasekuru nanambuya) vakamborwara nechero</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>chezvinotevera here? Tapota tika zvinoenderana</p> <input type="checkbox"/> Kenza <input type="checkbox"/> Diabetes <input type="checkbox"/> Depression/Kurwara pfungwa <input type="checkbox"/> Heart attack <input type="checkbox"/> BP <input type="checkbox"/> Sitiroko <input type="checkbox"/> Zvimwe								
<p>2.12 Are you on any prescribed medicines?</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 <table border="1" data-bbox="150 857 777 1227"> <thead> <tr> <th>Name</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Dose			<p>2.12 Uri pachero mishonga yakanyorwa nachiremba here?</p> <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu – <i>tapota nyora mishonga uye madhosi acho mubhokisi riri pasi apa</i> Tapota huya nemarayiro yemishonga kana mishonga kuapoidimendi yako <table border="1" data-bbox="826 929 1453 1301"> <thead> <tr> <th>Zita</th> <th>Dhosi</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Zita	Dhosi		
Name	Dose								
Zita	Dhosi								
<p>2.13 Are you worried about running out of any these medicines in the next few weeks?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>2.13 Unonetseka kuti ungapererwa nechero mishonga iyi mumavhiki mashoma anotevera here?</p> <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu								
<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> <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 <table border="1" data-bbox="150 1928 777 1966"> <thead> <tr> <th>Name</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Dose			<p>2.14 Unotora chero mishonga isina kunyorwa nenyanzvi yezvehutano here, semuenzaniso mishonga yawakatenga kuchitiro chemishonga, chitiro, paidaneti kana kutumirwa kubva mhiri kwemakungwa?</p> <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu – <i>tapota nyora mishonga nemadhosi mubhokisi riri pazasi</i> Tapota huya nechero mishonga kuapoidimendi yako				
Name	Dose								

		Zita	Dhosi
		2.15	
2.15 Are you allergic to any medicines? <input type="checkbox"/> No <input type="checkbox"/> Yes		2.15 Une mishonga yausingapindirani nayo here? <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu	
2.16 Are you allergic to anything else? (e.g. food, insect stings, latex gloves)? <input type="checkbox"/> No <input type="checkbox"/> Yes		2.16 Une chero chausingapindirani nacho here? (semuenzaniso, chikafu, kurumwa netupukanana, magirovhosi elatex)? <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu	
2.17 Do you have any physical disabilities or mobility difficulties? <input type="checkbox"/> No <input type="checkbox"/> Yes		2.17 Une pawakaremara kana kunetseka nekufamba here? <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu	
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		2.18 Une zvinokunetsa pane zvinotevera here? <i>Tapota tika zvinoenderana</i> <input type="checkbox"/> Handina <input type="checkbox"/> Upofu <input type="checkbox"/> Kunyatsoona zvakanaka <input type="checkbox"/> Kusatonzwa zvachose <input type="checkbox"/> Kusanyatsonzwa zvakanaka <input type="checkbox"/> Matambudziko ekunhuhwidza kana kuravidza	
2.19 Do you have any learning difficulties? <input type="checkbox"/> No <input type="checkbox"/> Yes		2.19 Unonetseka nekudzidza here? <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu	
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		2.20 Pane imwe nyaya yakavanzika yaungada kukurukura kana kutaura paapoimendi yako inotevera newezveutano here? <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu	

Section three: Lifestyle questions	Chikamu chechitatu: Mibvunzo yezvemaramiro
<p>3.1 How often do you drink alcohol?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Monthly or less</p> <p><input type="checkbox"/> 2-4 times per month</p> <p><input type="checkbox"/> 2-3 times per week</p> <p><input type="checkbox"/> 4 or more times per week</p> <p><i>There is 1 unit of alcohol in:</i></p> <div style="display: flex; flex-direction: column; align-items: center; gap: 20px;"> <div style="display: flex; align-items: center;">  </div> <p><i>½ pint glass of beer</i></p> <div style="display: flex; align-items: center;">  </div> <p><i>1 small glass of wine</i></p> <div style="display: flex; align-items: center;">  </div> <p><i>1 single measure of spirits</i></p> </div>	<p>3.1 Unonwa alcohol kakawanda zvakadini?</p> <p><input type="checkbox"/> Handinwi</p> <p><input type="checkbox"/> Pamwedzi zvichikwira</p> <p><input type="checkbox"/> Ka2-4 pamwedzi</p> <p><input type="checkbox"/> Ka2-3 pavhiki</p> <p><input type="checkbox"/> Ka4 kana kupfuura pavhiki</p> <p><i>Mune 1 unit yealcohol mu:</i></p> <div style="display: flex; flex-direction: column; align-items: center; gap: 20px;"> <div style="display: flex; align-items: center;">  </div> <p><i>½ paindi yegirazi redoro</i></p> <div style="display: flex; align-items: center;">  </div> <p><i>1 girazi diki yewaini</i></p> <div style="display: flex; align-items: center;">  </div> <p><i>1 chiyero chimwe chete chemaspirits</i></p> </div>
<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</p> <p><input type="checkbox"/> 3-4</p> <p><input type="checkbox"/> 5-6</p> <p><input type="checkbox"/> 7-9</p> <p><input type="checkbox"/> 10 or more</p>	<p>3.2 Maunits manganic ealcohol aunonwa pazuva raunenge uchinwa?</p> <p><input type="checkbox"/> 0-2</p> <p><input type="checkbox"/> 3-4</p> <p><input type="checkbox"/> 5-6</p> <p><input type="checkbox"/> 7-9</p> <p><input type="checkbox"/> 10 kana kupfuura</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</p> <p><input type="checkbox"/> Less than monthly</p>	<p>3.3 Kakawanda zvakadii pawakanwa maunits 6 kana kupfuura kana uri mukadzi, kana kuti 8 kana kupfuura kana uri murume, pachiitiko chimwe chete mugore rapfuura?</p> <p><input type="checkbox"/> Hazvina kumboitika</p>

<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily	<input type="checkbox"/> Mwedzi umwe zvichikwira <input type="checkbox"/> Mwedzi nemwedzi <input type="checkbox"/> Vhiki nevhiki <input type="checkbox"/> Zuva nezuva kana kudarika mamwe mazuva
<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 Unoshandisa madhiragi anogona kukanganisa utano hwako here, semuenzaniso, mbanji, cocaine, heroin?</p> <input type="checkbox"/> Handina kumbobvira ndaashandisa <input type="checkbox"/> Ndakamira kushandisa madhiragi anogona kukuvadza <input type="checkbox"/> Hongu
<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 Unoputa here?</p> <input type="checkbox"/> Handina kumbobvira ndaputa <input type="checkbox"/> Ndakamira kuputa <input type="checkbox"/> Hongu
<p>How many per day? _____</p> <p>How many years have you smoked for? _____</p> <input type="checkbox"/> Cigarettes <input type="checkbox"/> Tobacco	<p>Mingani pazuva? _____</p> <p>Waputa kwemakore mangani? _____</p> <input type="checkbox"/> Midzanga <input type="checkbox"/> Tobacco
<p>Would you like help to stop smoking?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Ungada here kubatsirwa kumira kuputa?</p> <input type="checkbox"/> Hongu <input type="checkbox"/> Kwete
<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 Unotsenga tobacco here?</p> <input type="checkbox"/> Handina kumbobvira ndatsenga <input type="checkbox"/> Ndakamira kutsenga tobacco a. <input type="checkbox"/> Hongu
<p>Section four: Vaccinations</p>	<p>Chikamu chechina: Vaccinations</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	<p>4.1 Mwana wako akabairwa mishonga yese here inopihwa kunyika yake yemakore ake?</p> <p><i>Kana une nhorondo yekubaiwa mishonga yacho, tapota huya nayo kuapoidimendi yako.</i></p> <input type="checkbox"/> Kwete

<input type="checkbox"/> Yes <input type="checkbox"/> I don't know	<input type="checkbox"/> Hongu <input type="checkbox"/> Handizive
<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>4.2Wakabaiwa kudzivirira Tuberculosis (TB) here?</p> <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu <input type="checkbox"/> Handizive
<p>4.3 Have you been vaccinated against COVID-19?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <ul style="list-style-type: none"> <input type="checkbox"/> 1 dose <input type="checkbox"/> 2 doses <input type="checkbox"/> 3 doses <input type="checkbox"/> More than 3 doses <input type="checkbox"/> I don't know	<p>4.3Wakabaiwa kudzivirira COVID-19 here?</p> <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu <input type="checkbox"/> Dhosi 1 <input type="checkbox"/> Madhosi 2 <input type="checkbox"/> Madhosi 3 <input type="checkbox"/> Kupfuura madhosi 3 <input type="checkbox"/> Handizive
<p>Section five: Questions for female patients only</p>	<p>Chikamu chechishanu: Mibvunzo yevakadzi chete</p>
<p>5.1 Are you pregnant?</p> <input type="checkbox"/> No <input type="checkbox"/> I might be pregnant <input type="checkbox"/> Yes How many weeks pregnant are you? _____	<p>5.1Une pamuviri here?</p> <input type="checkbox"/> Kwete <input type="checkbox"/> Ndinogona kunge ndine pamuviri <input type="checkbox"/> Ehe Une nhumbu masvondo mangani?_ _____
<p>5.2 Do you use contraception?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes What method do you use? <ul style="list-style-type: none"> <input type="checkbox"/> Barrier contraception e.g. <i>condoms, gel</i> <input type="checkbox"/> Oral contraceptive pill <input type="checkbox"/> Copper Coil/Intrauterine device (IUD) <input type="checkbox"/> Hormonal coil/Intrauterine System (IUS) e.g. <i>Mirena</i> <input type="checkbox"/> Contraceptive injection <input type="checkbox"/> Contraceptive implant <input type="checkbox"/> Other 	<p>5.2Unoshandisa zvekudzivirira pamuviri here?</p> <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu Unoshandisa nzira ipi? <ul style="list-style-type: none"> <input type="checkbox"/> Dziviro yekudzivirira pamuviri eg <i>makondomu, gel</i> <input type="checkbox"/> Piriti rekudzivirira pamuviri <input type="checkbox"/> Copper Coil / Intrauterine mudziyo (IUD) <input type="checkbox"/> Hormonal coil / Intrauterine System (IUS) <i>semuenzaniso Mirena</i> <input type="checkbox"/> Jekiseni rekudzivirira pamuviri

	<input type="checkbox"/> Kuiswa chekudzivirira pamuviri <input type="checkbox"/> Zvimwe
5.3 Do you urgently need any contraception? <input type="checkbox"/> No <input type="checkbox"/> Yes	5.3 Unoda kudzivirira pamuviri nokukurumidza here? <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu
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	5.4 Wakamboongororwa cervical smear here kana kuti smear test? Iyi iongororo yekutarisa hutano hwemuromo wako wechibereko uye kubatsira kudzivirira gomarara remuromo wechibereko. <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu <input type="checkbox"/> Ndinoda kupiwa mamwe mashoko
5.5 Have you had a hysterectomy (operation to remove your uterus and cervix)? <input type="checkbox"/> No <input type="checkbox"/> Yes	5.5 Wakamboitwa hysterectomy (kuvhiyiwa kubvisa chibereko chako nemuromo wechibereko)? <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu
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 Semurwere wechikadzi pane here nyaya yakavanzika yaungade kukurukura/kusimudza pakusangana kwako kunotevera nenyanzvi yezvehutano? <input type="checkbox"/> Kwete <input type="checkbox"/> Hongu
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.	Kana paine chimwe chinhu chausinganzwe wakasununguka kugovera mufomu iri uye uchida kukurukura nachiremba, tapota fonera Chiremba wako uye bhuka apoindimendi.