

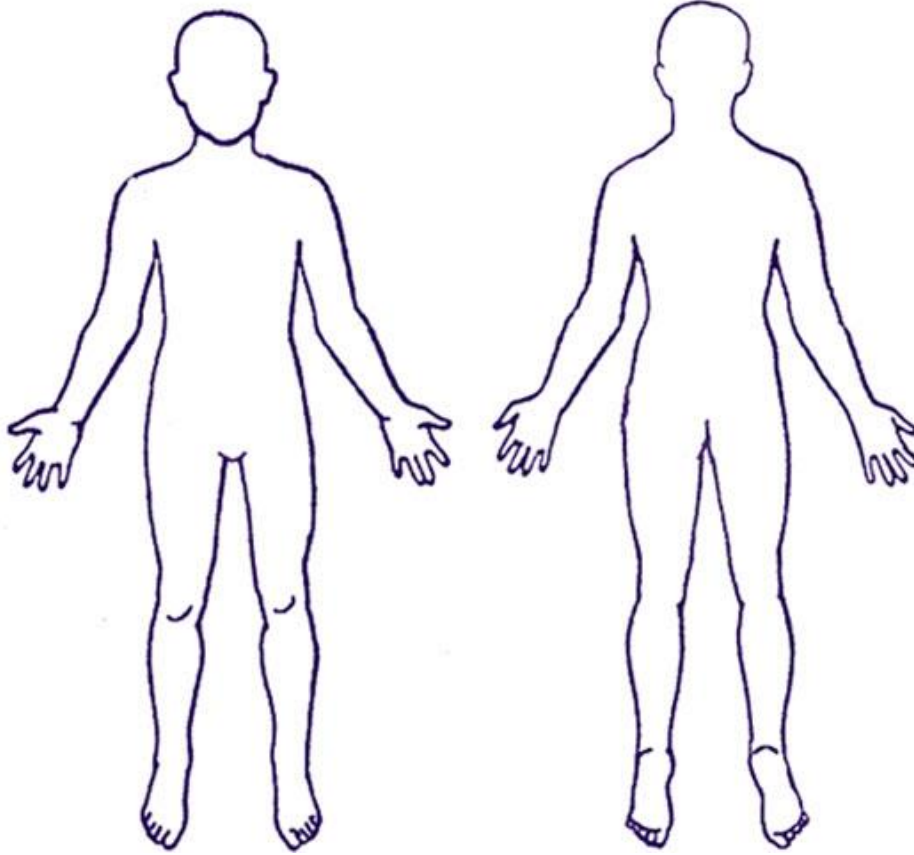
| English | Tigrinya |
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| <p>Patient Questionnaire for newly arrived migrants in the UK: Children and Young People</p> | <p>ናይ ሕሙማት ዳህሳስ ሕቶታት ናብ ዓዲ እንግሊዝ ሓደስቲ ንዝመጹ ስደተኛታት፡ ህጻናትን መንእሰያትን</p> |
| <p>Everyone has a right to register with a GP. You do not 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 children’s health so that the health professionals at your GP practice can understand what support, treatment and specialist services they may need in accordance with the confidentiality and data sharing policies of the National Health Service.</p> <p>Competent young people aged under 18 may complete the adult version for themselves.</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>ኩሉ ሰብ ኣብ GP (ሓፈሻዊ ሓኪም) ናይ ምምዘጋብ መሰል ኣለዎ። ምስ ሓፈሻዊ ሓኪም ንምምዘጋብ ናይ ኣድራሻ መረጋገጺ፣ ኩነታት ኢሚግሬሽን፣ መለለዪ መንነት ወይ ቁጽሪ NHS ኣይድልዎን 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 ጥዕና ህጻናት ሓበሬታ ንምእካብ እዩ።</p> <p>ትሕቲ 18 ዓመት ዝዕድሚኦም ብቛዓት መንእሰያት ነቲ ናይ ዓበይቲ ስሪት ባዕሎም ክመልኡእዎ ይኸእሉ እዮም።</p> <p>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 ንኻልኣት ሰባት ካብ ከቢድ ጉድኣት ንምክልኻል)፣ ወይ ድማ ልዕሊ ኩሉ ህዝባዊ ረብሓ ስለዘሎ (ንኣብነት ብተመሓላሌ ሕማም ትሳቕ እንተ ኣሊኻ) ሓበሬታኻ ክገልጽ ይኸእል። ብዛዕባ እቲ ሓፈሻዊ ሓኪምካ ንሓበሬታኻ ብኸመይ ከም ዝጥቀመሉ ተወሳኺ ሓበሬታ ኣብ ናይ ሓፈሻዊ ሓኪም ትካልካ ይርከብ።</p> <p>መልስታትካ ናብ ናይ ሓፈሻዊ ሓኪም ልምምድካ ምለስ።</p> |

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| Person completing | ነዚ ዳህሳስ ዝመልእ ዘሎ ውልቀ ሰብ |
| Who is completing this form: <input type="checkbox"/> Child's Parent <input type="checkbox"/> Child's legal guardian/carer | ነዚ ቅጥዒ ዝመልእ ዘሎ ሰብ: <input type="checkbox"/> ናይ ህጻን ወላዲ <input type="checkbox"/> ናይ ህጻን ሕጋዊ አላዩ/መዕበዩ |
| Section one: Personal details | ቀዳማይ ክፋል: ውልቃዊ ዝርዝር ሓበሬታ |
| Child's full name: | ምሉእ ስም ህጻን: |
| Child's date of birth: Date _____ Month _____ Year _____ | ዕለተ ልደት ህጻን: ዕለት _____ ወርሒ _____ ዓመት _____ |
| Child's address: | አድራሻ ህጻን: |
| Mother's name: | ናይ አደ ስም: |
| Father's name: | ናይ አባ ስም: |
| Contact telephone number(s): | ቁጽሪ ተሌፎን(ናት) ርክብ: |
| Email address: | ኢሜይል አድራሻ: |
| Please tick all the answer boxes that apply to your child. | በጃኹም አብ ኩሎምን ውላድኩም ዝምልከቱ ናይ መልሲ ሳጹናት ምልክት ግበሩ። |

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| <p>1.1 Which of the following best describes your child:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Prefer not to say</p> | <p>1.1 ካብዞም ዝሰዕቡ ኣየናይ እዩ ንውላድካ ዝበለጸ ዝገልጽ:</p> <p><input type="checkbox"/> ተባዕታይ</p> <p><input type="checkbox"/> ኣንስታይ</p> <p><input type="checkbox"/> ካልእ</p> <p><input type="checkbox"/> ዘይምምላስ ይመርጽ</p> |
| <p>1.2 Religion:</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Christian</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Other religion</p> <p><input type="checkbox"/> No religion</p> | <p>1.2 ሃይማኖት:</p> <p><input type="checkbox"/> ቡድሂስት</p> <p><input type="checkbox"/> ክርስትያን</p> <p><input type="checkbox"/> ሂንዱ</p> <p><input type="checkbox"/> ኣይሁድ</p> <p><input type="checkbox"/> ሙስሊም</p> <p><input type="checkbox"/> ሲክ</p> <p><input type="checkbox"/> ካልእ ሃይማኖት</p> <p><input type="checkbox"/> ሃይማኖት ኣልቦ</p> |
| <p>1.3 Main spoken language:</p> <p><input type="checkbox"/> Albanian</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Dari</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Persian</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Tigrinya</p> <p><input type="checkbox"/> Ukrainian</p> <p><input type="checkbox"/> Urdu</p> <p><input type="checkbox"/> Vietnamese</p> | <p>1.3 ቀንዲ ዝዘረብ ቋንቋ:</p> <p><input type="checkbox"/> ኣልባንያ</p> <p><input type="checkbox"/> ዓረብኛ</p> <p><input type="checkbox"/> ዳሪ</p> <p><input type="checkbox"/> እንግሊዝኛ</p> <p><input type="checkbox"/> ፐርሺያ</p> <p><input type="checkbox"/> ካልእ</p> <p><input type="checkbox"/> ሩስያ</p> <p><input type="checkbox"/> ትግርኛ</p> <p><input type="checkbox"/> ዩክሬን</p> <p><input type="checkbox"/> ኡርዱ</p> <p><input type="checkbox"/> ቪየትናም</p> |
| <p>1.4 Second spoken language:</p> <p><input type="checkbox"/> Albanian</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Dari</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Persian</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Tigrinya</p> <p><input type="checkbox"/> Ukrainian</p> <p><input type="checkbox"/> Urdu</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> None</p> | <p>1.4 ካልኣይ ዝዘረብ ቋንቋ:</p> <p><input type="checkbox"/> ኣልባንያ</p> <p><input type="checkbox"/> ዓረብኛ</p> <p><input type="checkbox"/> ዳሪ</p> <p><input type="checkbox"/> እንግሊዝኛ</p> <p><input type="checkbox"/> ፐርሺያ</p> <p><input type="checkbox"/> ካልእ</p> <p><input type="checkbox"/> ሩስያ</p> <p><input type="checkbox"/> ትግርኛ</p> <p><input type="checkbox"/> ዩክሬን</p> <p><input type="checkbox"/> ኡርዱ</p> <p><input type="checkbox"/> ቪየትናም</p> <p><input type="checkbox"/> ዋላ ሓዲ</p> |
| <p>1.5 Does your child need an interpreter?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p>1.5 ውላድካ ተርጓሚ የድልዮ ድዩ?</p> <p><input type="checkbox"/> እወ</p> <p><input type="checkbox"/> ኣይፋልን</p> |
| <p>1.6 Does your child need sign language support?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>1.6 ውላድካ ናይ ምልክት ቋንቋ ደገፍ የድልዮ ድዩ?</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</p> |
| <p>1.7 Who lives in the same household as your child now in the UK?</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p> | <p>1.7 መን እዩ ምስ ውላድካ ሕጂ ኣብ ዓዲ እንግሊዝ ኣብ ሓዲ ዝዘነበር?</p> <p><input type="checkbox"/> ኣደ</p> <p><input type="checkbox"/> ኣባ</p> |

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| <input type="checkbox"/> Brother(s) How many? _____ What age(s)? _____ <input type="checkbox"/> Sister(s) <input type="checkbox"/> How many? _____ <input type="checkbox"/> What age(s)? _____ <input type="checkbox"/> Other <input type="checkbox"/> How many? _____ | <input type="checkbox"/> ሐው(አሕዋት) ከንደይ? _____ ዕድመ(አም) ከንደይ እየ? _____ <input type="checkbox"/> ሐፍቲ(አሐት) <input type="checkbox"/> ከንደይ? _____ <input type="checkbox"/> ዕድመ(አን) ከንደይ እየ? _____ <input type="checkbox"/> ካልእ <input type="checkbox"/> ከንደይ? _____ |
| 1.8 Does your child attend nursery or school? <input type="checkbox"/> No <input type="checkbox"/> My child is under 2 years of age <input type="checkbox"/> We have applied for a place but have not yet been allocated a nursery/school <input type="checkbox"/> I would like information on where I can get support to apply for a nursery or school place <input type="checkbox"/> Yes – please give name of nursery or school _____ | 1.8ውላድካ አብ መዋእለ ህጻናት ወይ ቤት ትምህርቲ ይመሃር ድዩ? <input type="checkbox"/> አይፋልን <input type="checkbox"/> ውላደይ ትሕቲ 2 ዓመት እዩ <input type="checkbox"/> ቦታ ንምርካብ አመልኪትና ግን ገና መዋእለ ህጻናት/ቤት ትምህርቲ አይተመደበልና? <input type="checkbox"/> ንመዋእለ ህጻናት ወይ ናይ ቤት ትምህርቲ ቦታ ንምምልካት አበይ ደገፍ ክረክብ ከም ዝኸእል ዝምልከት ሓበሬታ ይደሊ እዩ <input type="checkbox"/> እወ – በጃኹም ስም ናይ መዋእለ ህጻናት ወይ ቤት ትምህርቲ ሃቡኒ _____ |
| Section two: Health questions | ካልኣይ ክፋል: ሕቶታት ጥዕና |
| 2.1 Do you have any concerns about your child? <input type="checkbox"/> No <input type="checkbox"/> Yes | 2.1ብዛዕባ ውላድካ ዝኸኑ ናይ ጥዕና ስክፍታታት አለውኻ ድዮም? <input type="checkbox"/> አይፋልን <input type="checkbox"/> እወ |
| 2.2 Is your child currently unwell or ill? <input type="checkbox"/> No <input type="checkbox"/> Yes | 2.2አብዚ እዋን እዚ ውላድካ ሓሚሙ ወይ ጥዕና ስኢኑ ድዩ? <input type="checkbox"/> አይፋልን <input type="checkbox"/> እወ |
| 2.3 Does your child need an urgent help for a health problem? <input type="checkbox"/> No <input type="checkbox"/> Yes | 2.3ውላድካ ንዝኸነ ጸገም ጥዕና ህጹጽ ሓገዝ የድልዮ ድዩ? <input type="checkbox"/> አይፋልን <input type="checkbox"/> እወ |
| 2.4 Does your child currently have any of the following symptoms? Please tick all that apply <input type="checkbox"/> Weight loss | 2.4አብዚ እዋን እዚ ውላድካ ዝኸነ ካብዘም ዝሰዕቡ ምልክታት አለዎ ድዩ? በጃኹም ኣብ ዝምልከቶ ኩሉ ምልክት ግበሩ <input type="checkbox"/> ምንካይ ክብደት ሰብነት <input type="checkbox"/> ሰዓል |

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| <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"/> Constipation <input type="checkbox"/> Skin complaints or rashes <input type="checkbox"/> Blood in their urine <input type="checkbox"/> Blood in their 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 that they want to harm themselves or give up on life <input type="checkbox"/> Other | <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"/> ተቕማጥ/ውጽኣት <input type="checkbox"/> ድርቀት <input type="checkbox"/> ናይ ቆርበት ሸፍታ 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"/> ዘጨንቑ ዝኸርታት ወይ ዝርብሽ ሕልሚ <input type="checkbox"/> ጸገም ምድቃስ <input type="checkbox"/> ንነብሶም ክጎድኡ ወይ ኣብ ህይወት ተስፋ ዝቐርጹ ኮይኑ ምስ ዝስምዖም <input type="checkbox"/> ካልእ |
| <p>2.5 Please mark on the body image the area(s) where they are experiencing their current health problem(s)</p> | <p>2.5በጃኻ ኣብቲ ናይ ሰብነት ኣካላት ዘርኢ ምስሊ ኣብቲ ሕጂ ዘለዎ ናይ ጥዕና ጸገም(ማት) ዘጋጥሞ ከባቢ(ታት) ምልክት ግበር</p> |



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| <p>2.6 Was your child born prematurely (delivered early – before 37 weeks/8.5 months of pregnancy)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>2.6 ውላድካ ቅድሚያ ጊዜ አድርጎ ደብዳቤ ተወለዱ ነይሩ (ዝቅደመ ሕርሲ – ቅድሚያ 37 ሰሙን/8.5 ወርሐ ጥንሲ)?</p> <p><input type="checkbox"/> አይቀጥልን <input type="checkbox"/> እወ</p> |
| <p>2.7 Did your child have any health problems soon after delivery e.g. breathing problems, infection, brain injury?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>2.7 ውላድካ ድሕሪ ሕርሲ አብ ሓጺር ጊዜ ዝኾነ ናይ ጥዕና ጸገም ነይርዎ ደብዳቤ ንኣብነት፡ ከም ጸገም ምስትንፋስ፣ ረኽሲ፣ መጉዳእቲ ሓንጎል?</p> <p><input type="checkbox"/> አይቀጥልን <input type="checkbox"/> እወ</p> |
| <p>2.8 New babies only (up to 3 months old): Has your child had a 6-8 week post delivery health check by a GP (doctor)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>2.8 ሓደስቲ ዕሸላት ጥራይ (ከሳብ 3 ወርሐ ንዝዕድሚኦም): ውላድካ ድሕሪ ሕርሲ ናይ 6-8 ሰሙን ብGP (ዶክተር) ናይ ጥዕና መርመራ/ክትትል ተገይሩሉ ደብዳቤ?</p> <p><input type="checkbox"/> አይቀጥልን <input type="checkbox"/> እወ</p> |
| <p>2.9 Does your child have any known health problems?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>2.9 ውላድካ ዝኾነ ዝፍለጥ ናይ ጥዕና ጸገም ኣለዎ ደብዳቤ?</p> <p><input type="checkbox"/> አይቀጥልን <input type="checkbox"/> እወ</p> |

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| <p>2.10 Does your child have any of the following? Please tick all that apply</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"/> Ears, nose or throat</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</p> <p><input type="checkbox"/> Kidney problems</p> <p><input type="checkbox"/> Liver problems</p> <p><input type="checkbox"/> Mental health problems</p> <p style="padding-left: 20px;"><input type="checkbox"/> Low mood/depression</p> <p style="padding-left: 20px;"><input type="checkbox"/> Anxiety</p> <p style="padding-left: 20px;"><input type="checkbox"/> Post-traumatic stress disorder (PTSD)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Previously self-harmed</p> <p style="padding-left: 20px;"><input type="checkbox"/> Attempted suicide</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Skin disease</p> <p><input type="checkbox"/> Thyroid disease</p> <p><input type="checkbox"/> Tuberculosis (TB)</p> <p><input type="checkbox"/> Other</p> | <p>2.10ውላድካ ዝኾነ ካብዞም ዝስዕቡ ኣለዎ ድዩ? በጃኹም ኣብ ዝምልከቶ ኩሉ ምልክት ግበሩ</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 እዝኒ፣ ኣፍንጫ ወይ ጎሮሮ</p> <p><input type="checkbox"/> ናይ ልቢ ጸገማት</p> <p><input type="checkbox"/> ሄፓቲቲስ ቢ</p> <p><input type="checkbox"/> ሄፓቲቲስ ሲ</p> <p><input type="checkbox"/> ኤች ኣይ ቪ</p> <p><input type="checkbox"/> ጸገማት ኩሊት</p> <p><input type="checkbox"/> ጸገም ጸላም ኩብዲ</p> <p><input type="checkbox"/> ኣእምሮአዊ ጸገማት</p> <p style="padding-left: 20px;"><input type="checkbox"/> ትሑት ስምዒት/ጭንቀት</p> <p style="padding-left: 20px;"><input type="checkbox"/> ውጥረት</p> <p style="padding-left: 20px;"><input type="checkbox"/> ድሕሪ ዘሰንብድ ፍጻመ ዝመጸእ ጸቕጢ (PTSD)</p> <p style="padding-left: 20px;"><input type="checkbox"/> ቅድሚ ሕጂ ንባዕሉ ጎዲኡ ዝፈልጥ</p> <p style="padding-left: 20px;"><input type="checkbox"/> ፈተነ ነብሰ ቅትለት</p> <p style="padding-left: 20px;"><input type="checkbox"/> ካልእ</p> <p><input type="checkbox"/> ናይ ቆርባት ሕማም</p> <p><input type="checkbox"/> ሕማም ታይሮይድ</p> <p><input type="checkbox"/> ሕማም ዓባይ ሰዓል (ቲቢ)</p> <p><input type="checkbox"/> ካልእ</p> |
| <p>2.11 Has your child ever had any operations / surgery?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>2.11ውላድካ ዝኾነ መጥባሕቲ ተገይሩሉ ይፈልጥ ድዩ?</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</p> |
| <p>2.12 Does your child have any physical injuries due to war, conflict or torture?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>2.12ውላድካ ብሰንኪ ኩናት፣ ግጭት ወይ ስቅያት ዝኾነ ኣካላዊ መጉዳእቲ በጺሑዎ ድዩ?</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</p> |
| <p>2.13 Does your child have any mental health problems? These could be from war, conflict, torture or being forced to flee your country?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>2.13ውላድካ ዝኾነ ናይ ኣእምሮ ጥዕና ጸገም ኣለዎ ድዩ? እዚኦም ብሰንኪ ኩናት፣ ግጭት፣ ስቅያት ወይ ካብ ሃገርካ ንክትሃድም ምስ እትግደድ ዝፍጠሩ ክኾኑ ይኽእሉ?</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</p> |
| <p>2.14 Does your child have any physical disabilities or mobility difficulties?</p> | <p>2.14ውላድካ ዝኾነ ኣካላዊ ስንክልና ወይ ናይ ምንቅስቃስ ጸገም ኣለዎ ድዩ?</p> |

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| <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> አይቀጥል? <input type="checkbox"/> እወ |
| <p>2.15 Does your child have any sensory impairments? Please tick all that apply</p> <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>2.15ውላድካ ዝኾነ ናይ ህዋሳት ጸገም ኣለዎ ድዩ? በጃኹም ኣብ ዝምልከቶ ኩሉ ምልክት ግበሩ</p> <input type="checkbox"/> አይቀጥል? <input type="checkbox"/> ዓይነ ስውርነት <input type="checkbox"/> ብኸፋል ናይ ምር ኣይጸገም <input type="checkbox"/> ሙሉ-እ ናይ ምስማዕ ጸገም <input type="checkbox"/> ብኸፋል ናይ ምስማዕ ጸገም <input type="checkbox"/> ናይ ምሽታትን ጣዕምን ጸገማት |
| <p>2.16 Do you think your child has any learning difficulties or behaviour problems?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes | <p>2.16ውላድካ ዝኾነ ናይ ትምህርቲ ወይ ናይ ባህሪ ጸገም ዘለዎ'ዶ ይመስለካ?</p> <input type="checkbox"/> አይቀጥል? <input type="checkbox"/> እወ |
| <p>2.17 Do you have any concerns about your child's growth e.g. their weight/height?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes | <p>2.17-ብዛዕባ ዕብየት ውላድካ ዝኾነ ስክፍታ ኣለካ ድዩ? ንኣብነት ክብደቶም/ቁመቶም?</p> <input type="checkbox"/> አይቀጥል? <input type="checkbox"/> እወ |
| <p>2.18 Babies only: Is your child experiencing any feeding problems e.g. vomiting, reflux, refusing milk?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes | <p>2.18ንዕሽላት ጥራይ: ውላድካ ዝኾነ ናይ ምምጋብ ጸገም የጋጥም ድዩ? ንኣብነት ተምላስ፣ ንዓቀብ ምምላስ፣ ጸባ ምእባይ?</p> <input type="checkbox"/> አይቀጥል? <input type="checkbox"/> እወ |
| <p>2.19 Has a member of your child's immediate family (father, mother, siblings, and grandparents) had or suffered from any of the following?</p> <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Depression/Mental health illness <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart attack <input type="checkbox"/> Hepatitis B <input type="checkbox"/> High blood pressure <input type="checkbox"/> HIV <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Stroke <input type="checkbox"/> Tuberculosis (TB) <input type="checkbox"/> Other | <p>2.19ሓደ ኣባል ናይ ቀረባ ስድራቤት ውላድካ (አባ፣ አደ፣ ኣእዋትን ኣቦ ሓጎታት/ እነ ሓጎታትን) ካብዘም ዝሰዕቡ ዝኾነ ይኹን ኣለዎም ወይ ነይሩዎም ድዩ?</p> <input type="checkbox"/> ኣዘማ/ኣስሚ <input type="checkbox"/> ካንሰር <input type="checkbox"/> ጭንቀት/ናይ ኣእምሮ ጥዕና ጸገማት <input type="checkbox"/> ሕማም ሸኮር <input type="checkbox"/> ወቕዲ ልቢ <input type="checkbox"/> ሄፓቲቲስ ቢ <input type="checkbox"/> ልዑል ጸቕጢ ደም <input type="checkbox"/> ኤች ኣይ ቪ <input type="checkbox"/> ናይ ምምሃር ጸገማት <input type="checkbox"/> ወቕዲ <input type="checkbox"/> ሕማም ዓባይ ሰዓል (ቲቢ) <input type="checkbox"/> ካልእ |
| <p>2.20 Is your child on any prescribed medicines?</p> | <p>2.20ውላድካ ዝኾነ ዝተኣዘዘ መድሃኒት ይወስድ ኣሎ ድዩ?</p> <input type="checkbox"/> አይቀጥል? |

No
 Yes –please list your child’s prescribed medicines and doses in the box below

Please bring any prescriptions or medicines to your child’s appointment

| Name | Dose |
|------|------|
| | |

እው-በጃኹም ውላድኩም ዝተኣዘዘሉ መድሃኒታትን ዓቕንን ኣብዚ ኣብ ታሕቲ ዘሎ ሳጹን ዘርዝሩ

ዝኾኑ ትእዛዛት ወይ መድሃኒት ናብ ቆጶራ ውላድካ ሒ ዝካ ምጻእ

| ሽም | ዓቕን/ዶዝ |
|----|--------|
| | |

2.21 Are you worried about running out of any these medicines in the next few weeks?

No
 Yes

2.21 ኣብ ዝቐጽሉ ሒ ደት ሰሙናት ዝኾነ ካብዘም መድሃኒታት ከይውደኣካ ትጭነቕ ዲኻ?

ኣይፋልን
 እው

2.22 Does your child 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 medicines to your child’s appointment

| Name | Dose |
|------|------|
| | |

2.22 ውላድካ ብበዓል ሞያ ጥዕና ዘይተኣዘዘ መድሃኒት ይወስድ ድዩ ንኣብነት ኣብ ፋርማሲ/ድኳን/ ወይ ብመገዲ ኢንተርኒት ዝገዛእካዮ ወይ ካብ ወጻኢ ሃገራት ዝተላእከ መድሃኒታት?

ኣይፋልን
 እው-በጃኹም እቶም መድሃኒታትን ዓቕንን ኣብዚ ኣብ ታሕቲ ዘሎ ሳጹን ዘርዝሩ

ዝኾኑ መድሃኒታት ናብ ቆጶራ ውላድካ ሒ ዝካ ምጻእ

| ሽም | ዓቕን/ዶዝ |
|----|--------|
| | |

| | | | |
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| | | | |
| <p>2.23 Does your child have allergy to any medicines?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | | <p>2.23ውላድካ ንዝኾነ መድሃኒት ኣለርጂ ኣለዎ ድዩ?</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</p> | |
| <p>2.24 Does your child have allergy to anything else? (e.g. food, insect stings, latex gloves)?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | | <p>2.24ውላድካ ንኻልእ ነገር ኣለርጂ ኣለዎ ድዩ? (ንኣብነት መግቢ፣ ነፍሳት፣ ጓንቲ ላቴክስ)?</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</p> | |
| <p>Section three: Vaccinations</p> | | <p>ሳልሳይ ክፋል: ክታቦታት</p> | |
| <p>3.1 Has your child had all the childhood vaccinations offered in their country of origin for their age?</p> <p><i>If you have a record of your vaccination history, please bring this to your appointment.</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> I don't know</p> | | <p>3.1ውላድካ ኩሉ እቲ ኣብ መበቆል ሃገሩ ንዕድሚኡ ዝቐርብ ናይ ቁልዕነት ክታቦታት ረኺቡ ድዩ?</p> <p><i>ናይ ክታቦታት ሪከርድ ምዃንብኩም እንተሃልዩኩም፣ በጃኹም ነዚ እውን ናብ ቆጸራኹም ሒዝኩም ምዱ።</i></p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</p> <p><input type="checkbox"/> ኣይፈልጥን</p> | |
| <p>3.2 Has your child been vaccinated against Tuberculosis (TB)?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> I don't know</p> | | <p>3.2ውላድካ ኣንጻር ሕማም ዓባይ ሰዓል (ቲቢ) ተኸቲቡ ድዩ?</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</p> <p><input type="checkbox"/> ኣይፈልጥን</p> | |
| <p>3.3 Has your child been vaccinated against COVID-19?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> 1 dose</p> | | <p>3.3ውላድካ ኣንጻር ኮቪድ-19 ተኸቲቡ ድዩ?</p> <p><input type="checkbox"/> ኣይፋልን</p> <p><input type="checkbox"/> እወ</p> <p><input type="checkbox"/> 1 ዓቕን/ዶዝ</p> <p><input type="checkbox"/> 2 ዓቕን/ዶዝ</p> | |

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| <input type="checkbox"/> 2 doses <input type="checkbox"/> 3 doses <input type="checkbox"/> More than 3 doses <input type="checkbox"/> I don't know | <input type="checkbox"/> 3 ዓቕን/ዶዝ <input type="checkbox"/> ልዕሊ 3 ዓቕን/ዶዝ <input type="checkbox"/> አይፈልጥን |
| <p>If there is something relating to your child's health that you do not feel comfortable sharing in this form and you would like to discuss it with a doctor, please call your GP and book an appointment</p> | <p>ምስ ጥዕና ውላድካ ዝተኣሳሰርን ኣብዚ ቅጥዒ'ዚ ምክፋል ምቹእ ኮይኑ ዘይስምዓካን ካልእ ነገር እንተሃልዩን ምስ ሓኪም ክትዛተየሉ እንተደሊኻን፣ በጃኻ ናብ ሓፈሻዊ ሓኪምካ ደዊልካ ቆጸራ ግበር</p> |