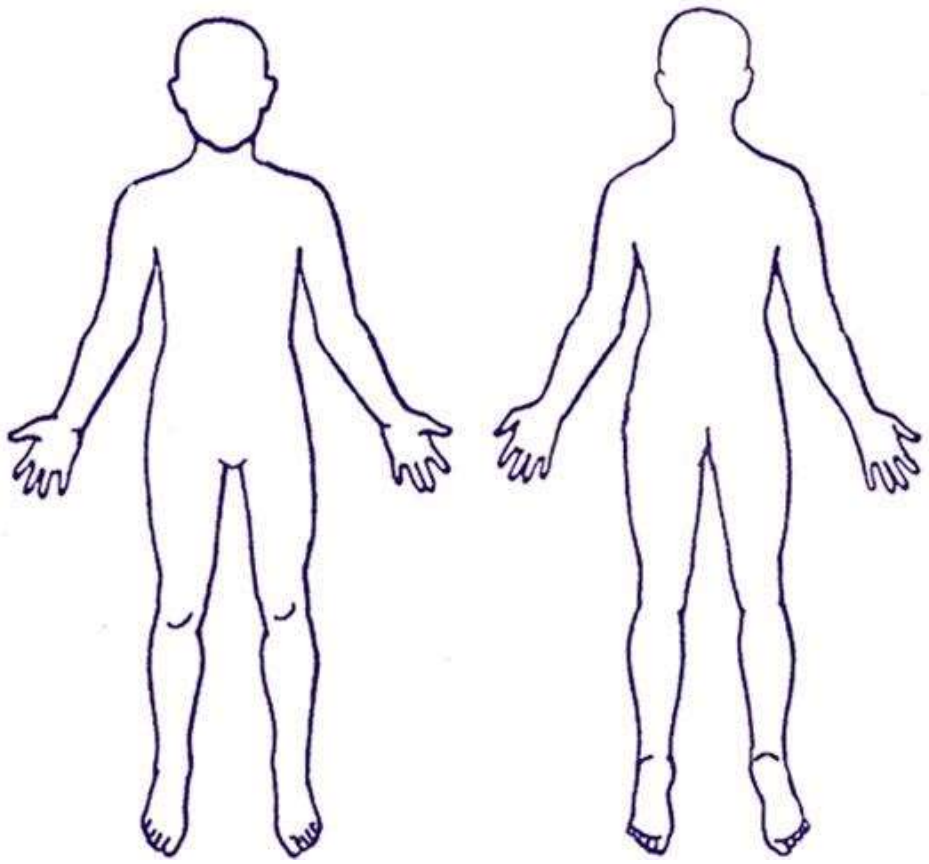
English	Chinese / 英语
New Patient Questionnaire for newly arrived migrants in the UK	针对英国新移民的全新患者问卷调查
Everyone has a right to register with a GP. You do not need proof of address, immigration status, ID or an NHS number to register with a GP. This questionnaire is to collect information about your health 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.	每个人都有权进行全科医生注册。 进行全科医生注册时不需要地址证明、移民身份、身份证，或 NHS 号码。 本问卷旨在收集您健康的信息，以便您所在诊所的医疗专业人员能够根据英国国家医疗服务体系的保密和数据共享政策了解您所需的支持、治疗，和专业服务。 除了对您进行直接护理时，您的全科医生不会披露您的任何信息，但以下情况除外： 已获取您的同意（例如支持医学研究）； 或者法律要求他们必须披露信息（例如，为了保护他人免受严重伤害时）； 或者涉及到极其重要的公共利益时（例如，您患有传染病）。 关于全科医生会如何使用您的个人信息，您可以在您所在的诊所查看更多相关资料 将您的答案提交给您所在的诊所。
Section one: Personal details	第一部分：个人资料
Full name:	姓名：
Address:	地址：
Telephone number:	手机：
Email address:	邮箱：

Please complete all questions and tick all the answers that apply to you.	**请完成所有的问题并勾选符合您个人情况的答案。**
1.1 Date questionnaire completed:	1.1 问卷完成日期：
1.2 Which of the following best describes you? ☐Male ☐Female ☐Other ☐Prefer not to say	1.2 哪项描述符合您个人情况？ ☐男性 ☐女性 ☐其他 ☐不想说
1.3 Is this the same gender you were given at birth? ☐No ☐Yes ☐Prefer not to say	1.3 此性别是否与你出生是的性别相同？ ☐否 ☐是 ☐不想说
1.4Date of birth: Date_____Month_____Year_____	1.4 生日： 日_____ 月 _____ 年 _____
1.5 Religion: ☐Buddhist ☐Christian ☐Hindu ☐Jewish ☐Muslim ☐Sikh ☐Other religion ☐No religion	1.5 宗教： ☐佛教 ☐基督教 ☐印度教 ☐犹太教 ☐伊斯兰教 ☐锡克教 ☐其他 ☐无
1.6 Marital status: ☐Married/civil partner ☐Divorced ☐Widowed ☐None of the above	1.6 ☐已婚/民事伴侣 ☐离婚 ☐丧偶 ☐以上均不是
1.7 Sexual Orientation: ☐Heterosexual (attracted to the opposite sex) ☐Homosexual (attracted to the same sex)	1.7 性取向： ☐异性恋（喜欢异性） ☐同性恋（喜欢同性） ☐双性恋（男女均喜欢） ☐不想说

☐Bisexual (attracted to males and females) ☐Prefer not to say ☐Other	☐其他
1.8 Main spoken language: ☐Albanian ☐Russian ☐Arabic ☐Tigrinya ☐Dari ☐Ukrainian ☐English ☐Urdu ☐Persian ☐Vietnamese ☐Other	1.8 主要语言 ☐阿尔巴尼亚语 ☐俄语 ☐阿拉伯语 ☐提格里尼亚语 ☐达里语 ☐乌克兰语 ☐英语 ☐乌尔都语 ☐波斯语 ☐越南语 ☐其他
1.9 Second spoken language: ☐Albanian ☐ Russian ☐Arabic ☐Tigrinya ☐Dari ☐Ukrainian ☐English ☐Urdu ☐Persian ☐Vietnamese ☐Other ☐None	1.9 第二语言 ☐阿尔巴尼亚语 ☐ 俄语 ☐阿拉伯语 ☐提格里尼亚语 ☐达里语 ☐乌克兰语 ☐英语 ☐乌尔都语 ☐波斯语 ☐越南语 ☐其他 ☐无
1.10 Do you need an interpreter? ☐No ☐Yes	1.10 您需要翻译吗？ ☐否 ☐是
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. ☐Male ☐Female ☐I don't mind	1.11 您需要男性译员还是女性译员？ 请知悉，译员有时可能并不符合您的所有要求 ☐男性 ☐女性 ☐我不介意
1.12 Are you able to read in your own language? ☐No ☐Yes ☐I have difficulty reading	1.12 您能阅读您所用的语言吗？ ☐否 ☐是 ☐我有阅读障碍
1.13 Are you able to write in your own language? ☐No ☐Yes	1.13 您能书写您所用的语言吗？ ☐否 ☐是

☐I have difficulty writing	☐我有书写障碍
1.14 Do you need sign language support? ☐No ☐Yes	1.14 您需要手语翻译吗？ ☐否 ☐是
1.15 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)	1.15 请提供您的近亲属和/或在紧急情况下我们可以联系的人的信息 姓名： 电话： 地址： 近亲属 姓名： 电话： 地址： 紧急联系方式（如与上述不同）
Section two: Health questions	第二部分：健康问题
2.1 Are you currently feeling unwell or ill? ☐No ☐Yes	2.1 您现在是否感觉身体不适？ ☐否 ☐是
2.2 Do you need an urgent help for your health problem?	2.2 您是否需要紧急治疗？ ☐否

☐No ☐Yes	☐是
2.3 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	2.3 您是否具有以下症状？ *请勾选所有符合事实的选项* ☐体重降低 ☐咳嗽 ☐咳血 ☐盗汗 ☐极度疲劳 ☐呼吸问题 ☐发烧 ☐腹泻 ☐皮肤不适或皮疹 ☐尿血 ☐便血 ☐头痛 ☐疼痛 ☐情绪低落 ☐焦虑 ☐痛苦回忆或噩梦 ☐睡眠障碍 ☐感到您无法控制您的思维或动作 ☐有自杀或自残的想法 ☐其他
2.4 Please mark on the body image the area(s) where you are experiencing your current health problem(s)	2.4 请在此躯干图片中标出您认为出现健康问题的部位



2.5 Do you have any known health problems that are ongoing? ☐ No ☐ Yes	2.5 您现在是否有已知的健康问题？ ☐ 否 ☐ 是
2.6 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	2.6 您是否有或曾经有过以下症状？ 请勾选所有符合事实的选项 ☐ 关节炎 ☐ 哮喘 ☐ 血液病 ☐ 镰状细胞贫血 ☐ 地中海贫血 ☐ 癌症 ☐ 牙科疾病 ☐ 糖尿病 ☐ 癫痫 ☐ 眼疾 ☐ 心脏疾病 ☐ 乙肝 ☐ 丙肝

☐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	☐艾滋病 ☐高血压 ☐肾病 ☐肝病 ☐长期肺病/呼吸苦难 ☐心理疾病 ☐情绪低落/抑郁 ☐焦虑 ☐创伤后应激障碍 ☐曾有自残行为 ☐曾有自杀行为 ☐其他 ☐骨质疏松 ☐皮肤病 ☐中风 ☐甲状腺疾病 ☐肺结核 ☐其他
2.7 Have you ever had any operations / surgery? ☐No ☐Yes	2.7 您是否曾经做过手术？ ☐否 ☐是
2.8 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	2.8 如果您做过手术，该手术距今： ☐ 低于 12 个月 ☐ 1-3 年 ☐ 3 年以上
2.9 Do you have any physical injuries from war, conflict or torture? ☐No ☐Yes	2.9 您是否在战争，冲突，或酷刑中受到过身体伤害？ ☐否 ☐是
2.10 Do you have any mental health problems? These could be from war, conflict, torture or being forced to flee your country? ☐No ☐Yes	2.10 您是否有心理疾病？ 原因包括战争，冲突，酷刑，或被迫逃离祖国。 ☐否 ☐是
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	2.11 有些疾病会在家族中遗传。 您的直系亲属(父亲、母亲、兄弟姐妹和祖父母)是否有以下任何一种疾病? 请勾选所有符合事实的选项

any of the following? Please tick all that apply

☐Cancer
☐Diabetes
☐Depression/Mental health illness
☐Heart attack
☐High blood pressure
☐Stroke
☐Other

☐癌症
☐糖尿病
☐抑郁/心理疾病
☐心脏病
☐高血压
☐中风
☐其他

2.12 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*

2.12 您是否在服用处方药？
☐否
☐是——*请在下方框中列出您的处方药*
请将任意处方药携带至预约地点

姓名	*剂量*

2.13 Are you worried about running out of any these medicines in the next few weeks?
☐No
☐Yes

2.13 您是否在担心未来几周内这些药品会被用完？
☐否
☐是

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?
☐No
☐Yes –*please list medicines and doses in the box below*
Please bring any medications to your appointment

Name	*Dose*

2.14 您是否在服用一些没有经过专业医师开处方的药物？例如，您在药店，商店，网上购买，或从国外运输至国内的药物。
☐否
☐是——*请在下方框中列出您的此类药物*
请将任意此类药物携带至预约地点

姓名	*剂量*

2.15 Are you allergic to any medicines? ☐No ☐Yes	2.15 您是否对某些药物过敏？ ☐否 ☐是
2.16 Are you allergic to anything else? (e.g. food, insect stings, latex gloves)? ☐No ☐Yes	2.16 您是否 对任何其他事物过敏？（例如：食物，虫类叮咬，乳胶手套） ☐否 ☐是
2.17 Do you have any physical disabilities or mobility difficulties? ☐No ☐Yes	2.17 您是否有残疾或行动障碍？ ☐否 ☐是
2.18 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	2.18 您是否有感官障碍？ *请勾选所有符合事实的选项* ☐否 ☐失明 ☐视力损伤 ☐失聪 ☐听力损伤 ☐嗅觉和/或味觉疾病
2.19 Do you have any learning difficulties? ☐No ☐Yes	2.19 您是否有学习障碍？ ☐否 ☐是
2.20 Is there any particular private matter you would like to discuss/raise at your next appointment with a healthcare professional? ☐No ☐Yes	2.20 在下次预约专业医师的时候，您是否会讨论/提出一些您的特殊个人问题？ ☐否 ☐是
Section three: Lifestyle questions	第三部分：生活方式
3.1 How often do you drink alcohol?	3.1 您饮酒的频率是？

☐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*	☐从不 ☐每月一次或更低 ☐每月 2-4 次 ☐每周 2-3 次 ☐每周至少四次 *您**摄入 10 毫升**纯酒精时的饮酒量为：*  *半品脱杯啤酒*  *一小杯红酒*  *25 毫升烈酒*
a. 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	a. 在普通场合饮酒时，您每次摄入的纯酒精量是多少？ ☐0-20 毫升 ☐30-40 毫升 ☐50-60 毫升 ☐70-90 毫升 ☐100 毫升
b. 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	b. 您单次摄入至少 60 毫升（女性）/80 毫升（男性）纯酒精的频率是？ ☐从不 ☐每月一次或更低 ☐每月一次 ☐每周一次 ☐每天一次或接近每天一次

c. 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	c. 您是否在服用对健康有损害的药物，如：大麻、可卡因、海洛因？ ☐从不 ☐我已经戒掉了所有对健康有损害的药物 ☐是
d.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	d.您吸烟吗？ ☐从不 ☐我已经戒烟 ☐是 ☐咽 您每天吸几根烟？_____ 您的烟龄是 _____年 ☐嚼烟 您想帮助他人戒烟吗？ ☐是 ☐否
e.Do you chew tobacco? ☐Never ☐I have quit chewing tobacco ☐Yes	e.您吃嚼烟吗？ ☐从不 ☐我已经戒掉了嚼烟 ☐是
Section four: Vaccinations	第四部分：疫苗
4.1 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	4.1 您是否在您儿时的所在国接种了所有儿童疫苗？ *如果您有疫苗接种记录，请将其带至预约地。* ☐否 ☐是 ☐不知道
4.2 Have you been vaccinated against Tuberculosis (TB)? ☐No ☐Yes	4.2 您是否接种了肺结核疫苗？ ☐否 ☐是

☐I don't know	☐不知道
4.3 Have you been vaccinated against COVID-19? ☐No ☐Yes ☐1 dose ☐2 doses ☐3 doses ☐More than 3 doses ☐I don't know	4.3 您是否接种了新冠肺炎疫苗？ ☐否 ☐是 ☐一针 ☐两针 ☐三针 ☐三针以上 ☐不知道
Section five: Questions for female patients only	第五部分：仅与女性相关的问题
5.1 Are you pregnant? ☐No ☐I might be pregnant ☐Yes How many weeks pregnant are you?_____	5.1 您是否怀孕？ ☐否 ☐可能已怀孕 ☐是 您已怀孕几周？ _____
5.2 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	5.2 您是否采取避孕措施？ ☐否 ☐是 您采取了什么措施？ ☐屏障避孕 *例如：避孕套* ☐口服避孕药 ☐避孕环/子宫内避孕器 ☐宫内节育器 *例如：曼月乐* ☐避孕注射 ☐避孕植入 ☐其他
5.3 Do you urgently need any contraception? ☐No ☐Yes	5.3 您是否迫切需要避孕？ ☐否 ☐是
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. ☐No ☐Yes	5.4 您是否接受过宫颈涂片试验？ 这是一项检查子宫颈健康和预防子宫颈癌的试验。 ☐否 ☐是

☐I would like to be given more information	☐我想了解更多
5.5 Have you had a hysterectomy (operation to remove your uterus and cervix)? ☐No ☐Yes	5.5 您做过子宫切除术(切除子宫和子宫颈的手术)吗? ☐否 ☐是
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? ☐No ☐Yes	5.6 作为一名女性患者，在下次预约专业医师的时候，您是否会讨论/提出一些您的特殊个人问题？ ☐否 ☐是
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.	如果您感到不适且愿意在此表格中分享或与医生讨论，请致电您的全科医生并预约。