NHS England

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.**
1.1 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 _______	1.4 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	1.6 Xaalada guurka: ☐Guursaday/lamaane shacab ah ☐Lafuray

☐None of the above	☐Carmal ☐Midnaba
1.7 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
1.8 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
1.9 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 ☐Ukreyniyaa ☐Ingiriisi ☐Urduu ☐Beershiyaan ☐Fiyadnaami ☐Waxkale ☐Midnaba
1.10 Do you need an interpreter? ☐No ☐Yes	1.10Miyaad u baahan tahay turjumaan? ☐Maya ☐Haa
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	1.11Keebaad 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

English	Somali
1.13 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
1.14 Do you need sign language support? ☐No ☐Yes	1.14Miyaad u baahan tahay taageerada luuqada naafada maqalka? ☐Maya ☐Haa
1.15 Please give details of your next of kin and/or someone we can contact in an emergency:	1.15Fadlan sheeg xogta qaraabadaada iyo/ama qof aan la xidhiidhi karno xaalad degdega:

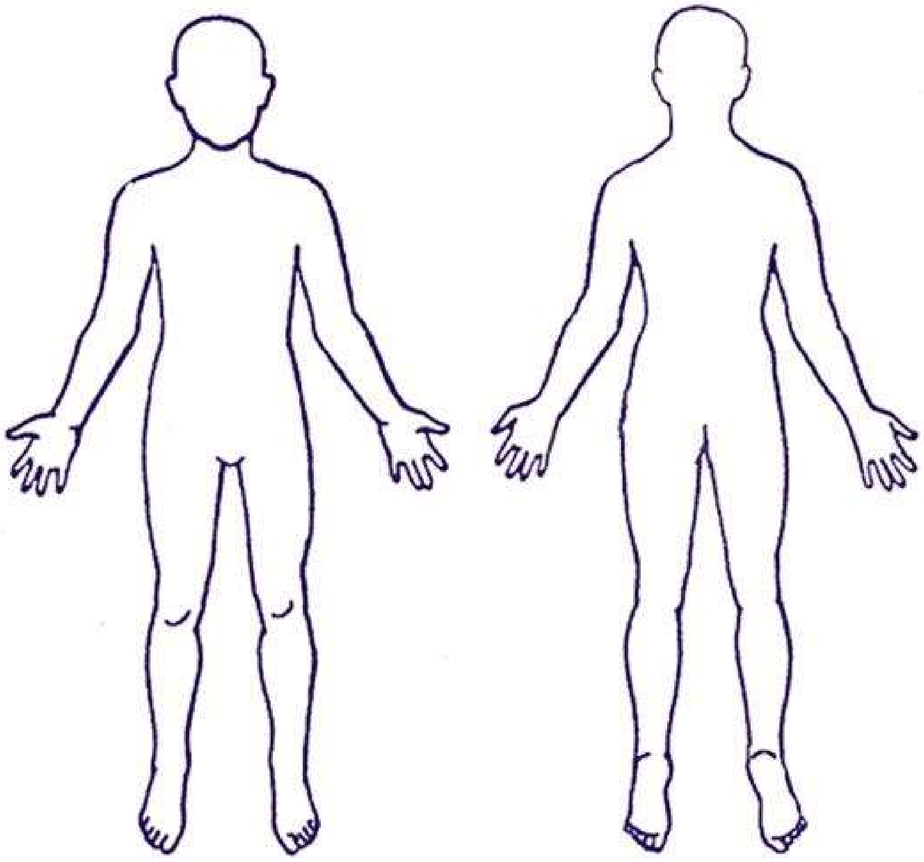
	<u>Next of kin</u>
Name: Contact telephone number: Address:	

	<u>Qaraabada</u>
Magaca: Lambarka taleefanka lagala xidhiidhayo: Ciwaanka:	

	Emergency contact (if different)
Name: Contact telephone number: Address:	

	Xidhiidhka xaalada degdega (haddii uu ka duwan yahay)
Magaca: Lambarka taleefanka lagala xidhiidhayo: Ciwaanka:	

Section two: Health questions	Qeybta labaad: Su'aalaha caafimaadka
2.1 Are you currently feeling unwell or ill? ☐No ☐Yes	2.1Miyaad dareemaysaa xanuun ama jirro? ☐Maya ☐Haa
2.2 Do you need an urgent help for your health problem? ☐No ☐Yes	2.2Miyaad uga baahan tahay caawimo degdeg ah dhibkaaga caafimaad? ☐Maya ☐Haa
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	2.3Miyaad 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
2.4 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



2.5 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
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	2.6Miyaad 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

☐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	☐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
2.7 Have you ever had any operations / surgery? ☐No ☐Yes	2.7Miyaad waligaa martay qaliino / qaliin? ☐Maya ☐Haa
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	2.8Miyaad waligaa martay qaliino / qaliin, intee inleeg kahor ayuu ahaa kani? ☐ 12 kii bilood ee u danbeeyey ☐ 1 - 3 sano kahor ☐ In kabadan 3 sano
2.9 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
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	2.10Miyaad leedahay wax dhibaatooyin caafimaadka maskaxda ah? Tani waxay ka iman kartaa dagaal, khilaaf, jidhdil ama in lagugu khasbay inaad ka qaxdid dalkaaga? ☐Maya ☐Haa
2.11 Some medical problems can run in families. Has a member of your immediate family (father, mother, siblings,	2.11Qaar ka mida dhibaatooyinka caafimaad ayaa ay isku gudbin karaan qoysasku. Miyaa xubin ka tirsan

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

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

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*

2.12Miyaad 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*

2.13 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

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*

2.14Miyaad 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

<table><tr><td></td><td></td></tr></table>	<table><tr><td>*Magaca*</td><td>*Xadiga*</td></tr><tr><td></td><td></td></tr></table>
2.15 Are you allergic to any medicines? ☐No ☐Yes	2.15Miyaad xasaasiyad ku leedahay daawooyinka? ☐Maya ☐Haa
2.16 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
2.17 Do you have any physical disabilities or mobility difficulties? ☐No ☐Yes	2.17Miyaad leedahay wax naafo jidheed ah ama caqabad socodka ah? ☐Maya ☐Haa
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	2.18Miyaad 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
2.19 Do you have any learning difficulties? ☐No ☐Yes	2.19Miyad leedahay caqabado waxbarasho? ☐Maya ☐Haa
2.20 Is there any particular private matter you would like to discuss/raise at your next appointment with a healthcare professional? ☐No ☐Yes	2.20Miyey 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
3.1 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*	3.1 Imisa 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	3.2 Imisa hal-beeg oo alkahool ah ayaad cabtaa maalintii markaad cabaysid? ☐0-2 ☐3-4 ☐5-6 ☐7-9 ☐10 ama kabadan
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? ☐Never ☐Less than monthly ☐Monthly ☐Weekly ☐Daily or almost daily	3.3 Intee 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
3.4 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
3.5 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
3.6 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**
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	4.1Miyaad 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
4.2 Have you been vaccinated against Tuberculosis (TB)?	4.2Miyaa waligaa lagaa tallaalay Qaaxada (TB)?

☐No ☐Yes ☐I don't know	☐Maya ☐Haa ☐Ma garanaayo
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	4.3Miyaa 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**
5.1 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?____________________
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	5.2Miyaad 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
5.3 Do you urgently need any contraception? ☐No ☐Yes	5.3Miyaad u baahan tahay wax kala korin degdega? ☐Maya ☐Haa

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 ☐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
5.5 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
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	5.6Dhedig 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.