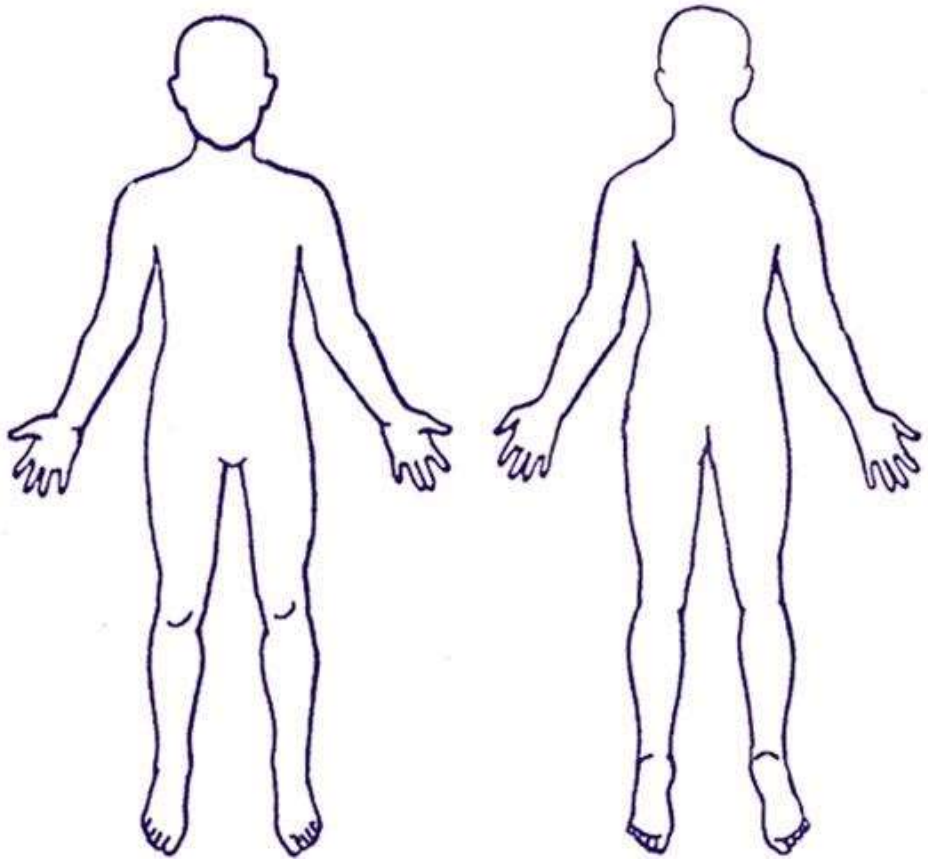
English	Chinese (Mandarin) / 英语
Patient Questionnaire for newly arrived migrants in the UK: Children and Young People	针对英国新移民——儿童和青少年的全新患者问卷调查
Everyone has a right to register with a GP. You do not need proof of address, immigration status, ID or an NHS number to register with a GP This questionnaire is to collect information about 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. **Competent young people aged under 18 may complete the adult version for themselves.** 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。 **条件优秀的 18 岁以下年轻人可完成成人版问卷。** 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。
Person completing	被调查人
Who is completing this form: ☐ Child's Parent ☐ Child's legal guardian/carer	谁会填写这个表格： ☐ 儿童的父母 ☐ 儿童的监护人/护理人

Section one: Personal details	第一部分：个人资料
Child's full name:	儿童的姓名：
Child's date of birth: Date_____ Month _____ Year _____	儿童的生日： 日_____月_____年_____
Child's address:	儿童的地址：
Mother's name:	母亲姓名
Father's name:	父亲姓名
Contact telephone number(s):	电话：
Email address:	邮箱：
Please tick all the answer boxes that apply to your child.	**请勾选所有符合您子女情况的选择项**
1.1 Which of the following best describes your child: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say	1.1 哪项描述符合您子女的个人情况？ ☐ 男性 ☐ 女性 ☐ 其他 ☐ 不想说
1.2 Religion: ☐ Buddhist ☐ Christian	1.2 宗教： ☐ 佛教 ☐ 基督教

☐Hindu ☐Jewish ☐Muslim ☐Sikh ☐Other religion ☐No religion	☐印度教 ☐犹太教 ☐伊斯兰教 ☐锡克教 ☐其他 ☐无
1.3 Main spoken language: ☐Albanian ☐Russian ☐Arabic ☐Tigrinya ☐Dari ☐Ukrainian ☐English ☐Urdu ☐Persian ☐Vietnamese ☐Other	1.3 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
1.4 Second spoken language: ☐Albanian ☐ Russian ☐Arabic ☐Tigrinya ☐Dari ☐Ukrainian ☐English ☐Urdu ☐Persian ☐Vietnamese ☐Other ☐None	1.4 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
1.5 Does your child need an interpreter? ☐Yes ☐No	1.5 您的子女需要翻译吗？ ☐是 ☐否
1.6 Does your child need sign language support? ☐No ☐Yes	1.6 您的子女需要手语翻译吗？ ☐否 ☐是
1.7 Who lives in the same household as your child now in the UK? ☐Mother ☐Father ☐Brother(s) How many? _____ What age(s)? _____ ☐Sister(s) ☐How many? _____ ☐What age(s)? _____	1.7 在英国，谁与您的子女同住一户人家? ☐母亲 ☐父亲 ☐兄弟 兄弟共几人？ _____ 年龄 _____ ☐姐妹 ☐姐妹共几人？ _____ ☐年龄 _____

☐Other ☐How many? _____	☐其他 ☐共几人？ _____
1.8 Does your child attend nursery or school? ☐No ☐My child is under 2 years of age ☐ We have applied for a place but have not yet been allocated a nursery/school ☐I would like information on where I can get support to apply for a nursery or school place ☐Yes – *please give name of nursery or school* _____	1.8 您的子女是否已上学? ☐否 ☐我的子女不满两岁 ☐ 我们已经报名，但子女尚未入学 ☐我想知道我们要在哪里为子女入学报名 ☐是——*请提供学校名* _____
Section two: Health questions	第二部分：健康问题
2.1 Do you have any concerns about your child? ☐No ☐Yes	2.1 您对子女是否有担忧？ ☐否 ☐是
2.2 Is your child currently unwell or ill? ☐No ☐Yes	2.2 您的子女是否患病或身体不适？ ☐否 ☐是
2.3 Does your child need an urgent help for a health problem? ☐No ☐Yes	2.3 您的子女是否需要紧急治疗？ ☐否 ☐是
2.4 Does your child 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 ☐Constipation ☐Skin complaints or rashes ☐Blood in their urine	2.4 您的子女是否具有以下症状？ 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 ☐便秘 ☐皮肤不适或皮疹

☐Blood in their stool ☐Headache ☐Pain ☐Low mood ☐Anxiety ☐Distressing flashbacks or nightmares ☐Difficulty sleeping ☐Feeling that they want to harm themselves or give up on life ☐Other	☐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 ☐有自杀或自残的想法 ☐其他
2.5 Please mark on the body image the area(s) where they are experiencing their current health problem(s)	2.5 请在此躯干图片中标出您认为您的子女出现健康问题的部位



2.6 Was your child born prematurely (delivered early – before 37 weeks/8.5 months of pregnancy)? ☐No ☐Yes	2.6 您的子女是早产儿吗（在目前怀孕 37 周/8.5 个月之前出生）？ ☐否 ☐是
2.7 Did your child have any health problems soon after delivery e.g. breathing problems, infection, brain injury?	2.7 您的子女在出生后是否有健康问题？如呼吸苦难，感染，脑损伤

☐No ☐Yes	☐否 ☐是
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)? ☐No ☐Yes	**2.8 仅针对新生儿（年龄低于三个月）：** 您的子女是否在产后 6-8 周接受过全科医生的健康检查 ☐否 ☐是
2.9 Does your child have any known health problems? ☐No ☐Yes	2.9 您的子女现在是否有已知的健康问题？ ☐否 ☐是
2.10 Does your child have any of the following? Please tick all that apply ☐Asthma ☐Blood disorder ☐Sickle cell anaemia ☐Thalassaemia ☐Cancer ☐Dental problems ☐Diabetes ☐Epilepsy ☐Eye problems ☐Ears, nose or throat ☐Heart problems ☐Hepatitis B ☐Hepatitis C ☐HIV ☐Kidney problems ☐Liver problems ☐Mental health problems ☐Low mood/depression ☐Anxiety ☐Post-traumatic stress disorder (PTSD) ☐Previously self-harmed ☐Attempted suicide ☐Other ☐Skin disease ☐Thyroid disease ☐Tuberculosis (TB) ☐Other	2.10 您的子女是否有或曾经有过以下症状？ 请勾选所有符合事实的选项 ☐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 ☐耳鼻喉 ☐心脏疾病 ☐乙肝 ☐丙肝 ☐艾滋病 ☐肾病 ☐肝病 ☐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 ☐皮肤病 ☐甲状腺疾病 ☐肺结核 ☐其他

2.11 Has your child ever had any operations / surgery? ☐No ☐Yes	2.11 您的子女是否曾经做过手术？ ☐否 ☐是
2.12 Does your child have any physical injuries due to war, conflict or torture? ☐No ☐Yes	2.12 您的子女是否在战争，冲突，或酷刑中受到过身体伤害？ ☐否 ☐是
2.13 Does your child have any mental health problems? These could be from war, conflict, torture or being forced to flee your country? ☐No ☐Yes	2.13 您的子女是否有心理疾病？原因包括战争，冲突，酷刑，或被迫逃离祖国。 ☐否 ☐是
2.14 Does your child have any physical disabilities or mobility difficulties? ☐No ☐Yes	2.14 您的子女是否有残疾或行动障碍？ ☐否 ☐是
2.15 Does your child 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	2.15 您的子女是否有感官障碍？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
2.16 Do you think your child has any learning difficulties or behaviour problems? ☐No ☐Yes	2.16 您的子女是否有学习障碍或行为问题？ ☐否 ☐是
2.17 Do you have any concerns about your child's growth e.g. their weight/height? ☐No ☐Yes	2.17 您是否担心过子女的成长？例如身高或体重 ☐否 ☐是
2.18 **Babies only:** Is you child experiencing any feeding problems e.g. vomiting, reflux, refusing milk? ☐No ☐Yes	**2.18 仅针对婴儿：**您的子女在喂食方面是否出现过问题？例如呕吐，反流，拒绝哺乳 ☐否 ☐是

2.19 Has a member of your child's immediate family (father, mother, siblings, and grandparents) had or suffered from any of the following?

- ☐ Asthma
- ☐ Cancer
- ☐ Depression/Mental health illness
- ☐ Diabetes
- ☐ Heart attack
- ☐ Hepatitis B
- ☐ High blood pressure
- ☐ HIV
- ☐ Learning difficulties
- ☐ Stroke
- ☐ Tuberculosis (TB)
- ☐ Other

2.19 您子女的直系亲属(父亲、母亲、兄弟姐妹和祖父母)是否有以下任何一种疾病?

- ☐ 哮喘
- ☐ 癌症
- ☐ 抑郁/心理疾病
- ☐ 糖尿病
- ☐ 心脏病
- ☐ 乙肝
- ☐ 高血压
- ☐ 艾滋病
- ☐ 学习障碍
- ☐ 中风
- ☐ 肺结核
- ☐ 其他

2.20 Is your child on any prescribed medicines?

- ☐ 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*

2.20 您的子女是否在服用处方药?

- ☐ 否
- ☐ 是——*请在下方框中列出您子女的处方药*

请将任意处方药携带至您子女的预约地点

姓名	*剂量*

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

- ☐ No
- ☐ Yes

2.21 您是否在担心未来几周内这些药品会被用完?

- ☐ 否
- ☐ 是

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 您的子女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您子女的预约地点

姓名	*剂量*

2.23 Does your child have allergy to any medicines?
☐No
☐Yes

2.23 您的子女是否对某些药物过敏？
☐否
☐是

2.24 Does your child have allergy to anything else? (e.g. food, insect stings, latex gloves)?
☐No
☐Yes

2.24 您的子女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

Section three: Vaccinations

第三部分：疫苗

3.1 Has your child had all the childhood vaccinations offered in their country of origin for their age?
If you have a record of your vaccination history, please bring this to your appointment.
☐No
☐Yes
☐I don't know

3.1 您的子女是否在其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

3.2 Has your child been vaccinated against Tuberculosis (TB)? ☐No ☐Yes ☐I don't know	3.2 您的子女是否接种了肺结核疫苗？ ☐否 ☐是 ☐不知道
3.3 Has your child been vaccinated against COVID-19? ☐No ☐Yes ☐1 dose ☐2 doses ☐3 doses ☐More than 3 doses ☐I don't know	3.3 您的子女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
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	如果您感到你的子女在健康方面存在问题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