Questionnaire for health problems – English
Fragebogen Anamnese (für Erwachsene) – Englisch

EN A2

!!! ACHTUNG: Vertrauliche medizinische Dokumente !!!

Dieser Bogen unterliegt der ärztlichen Schweigepflicht. Eine Meldung von Erkrankungen entsprechend IfSG bzw. AsylG erfolgt bei Bedarf durch die/den erhebende/n Ärztin/Arzt. **Einsichtnahme in diesen Bogen durch oder Übermittlung an nicht-medizinisches Personal (auch Behörden oder Bundesamt) ist nicht gestattet!**

Please fill in the entire questionnaire. The responses are important to help your doctor assessing your state of health and enabling him/her to help you if any problems exist.

Of course, everything you enter in this questionnaire is subject to medical confidentiality: only your doctor will evaluate this questionnaire. Your doctor may only forward this information with your consent! (This is also explained in German in the grey box above.)

If you have any medical documents, please carry them with you to the doctor. Also please have your certificates of vaccination at hand (in case you have any)!

A Name

_____

B Birth date

		.			.				

C Sex/gender

[f] female [m] male [o] other/no answer

D How is your health in general; would you say it was…

☺ very good ☺ good 😐 fair

☹ bad ☹ very bad

E Do you currently have any complaints requiring medical help?

[1] fever
[2] common cold
[3] vomiting
[4] diarrhoea
[5] headache
[6] back pain
[7] stomach problems
[8] abdominal pain
[9] pain when passing water
[10] complaints in genital region
[11] „women‘s problems/men‘s problems“
[12] haemorrhoids („piles“)
[13] teeth problems
[14] skin problems
[o] other

_____

F Do you have any chronic illness?

- [1] high blood pressure
- [2] diabetes
- [3] chronic heart disease
- [4] asthma/chronic lung disease
- [5] thyroid disease
- [6] rheumatism
- [7] autoimmune disease
- [8] HIV/AIDS
- [9] thrombosis
- [o] other

_____

- [10] haemophilia
- [11] stroke
- [12] paralysis
- [13] epilepsy/seizures
- [14] cancer
- [15] genetic disease
- [16] depression
- [17] other psychiatric problem

G Did you ever have an allergic reaction?

- [1] vaccination
- [2] antibiotics (e.g. penicillin)
- [3] other medicines
- [4] latex
- [o] other

_____

- [5] wasp sting
- [6] foods
- [7] pollen (hay fever)

H Do you regularly take medicines?

What? (name)	How much? (strength/dosage)	How often per day?

I During the last two weeks, how often did you suffer from the following problems?

	never	rarely	sometimes	often	always
headache	A1	A2	A3	A4	A5
abdominal pain	B1	B2	B3	B4	B5
other pain	C1	C2	C3	C4	C5
fever	D1	D2	D3	D4	D5
coughing	E1	E2	E3	E4	E5
diarrhoea	F1	F2	F3	F4	F5
insomnia/sleep disorder	G1	G2	G3	G4	G5
nightmares	H1	H2	H3	H4	H5
anxiety/fear	I1	I2	I3	I4	I5
feeling of sadness	J1	J2	J3	J4	J5
overwhelming memories of bad things I've experienced	K1	K2	K3	K4	K5
feeling of not wanting to live any more	L1	L2	L3	L4	L5
	never	rarely	sometimes	often	always

J Did your weight change during the last six months?

[0] no [+] yes, ____ kg gained [-] yes, ____ kg lost

K (for women) Are you pregnant?

[0] no [+] yes, in the ____ th month [?] I don't know

Woher erhalte ich diesen Anamnesebogen?

Bundeszentrale für gesundheitliche Aufklärung

Dieser Anamnesebogen wurde von der Bundeszentrale für gesundheitliche Aufklärung (BZgA) entwickelt. Er ist in einer Reihe von verschiedenen Sprachen und in verschiedenen Varianten für unterschiedliche Einsatzzwecke verfügbar.
Die jeweils aktuellste Version kann auf der Internetseite der BZgA heruntergeladen werden.

Bei diesem Bogen handelt es sich um die Variante A2 Englisch Version 0.8, erstellt am: 19. April 2017