

HOSPITAALA WALIIGALAA DADAR
UNKAA FILANNOO DHUKKUBSATAA FI YAADDOO

Guyyaa : _____

Odeeffannoo Dhukkubsataa:

Maqaa: _____ **Umurii:** _____ **Saala:** _____ **MRN:** _____ **Kutaa:** _____ .

Kutaa 1: Odeeffannoo Waliigalaa

1. Sababni inni guddaan hospitaala seenteef maali? (Haala kee ibsi)

Kutaa 2: Filannoo Wal'aansaa

2. Gosoota wal'aansa akkamii sitti mijatu filatta? Kan ilaallatu hunda ilaali

A. Qorichoota, **B.** Wal'aansa qaamaa, **C.** Baqaqsanii hodhuu, **D.** Wal'aansoowwan filannoo, **E.** Kan biraa: _____

3. Wal'aansi irraa fagaachuu filattu jiraa? Mee ibsi _____

4. Wal'aansa argachaa jirtu ilaalchisee yaaddoon jiraa? _____

5. Murtoo waa'ee wal'aansa keessan irratti akkamitti hirmaachuu barbaaddu?

A. Guutummaatti hirmaachuu , **B.** Murtee waliinii, **C.** Ogeessi fayyaa akka murteessu filachuu

Kutaa 3: Fedhii Odeeffannoo

6. Qorannoo fi yaala kee ilaalchisee odeeffannoo akkamii si barbaachisa? Kan ilaallatu hunda ilaali

A. Balaa fi faayidaa wal'aansaa **B.** Filannoo wal'aansaa filannoo **C.** Yeroo wal'aansaa eegamu

D. Miidhaa fiduu danda'u, **E.** Kan biraa: _____

7. Odeeffannoo kana akkamitti argachuu filatta? **A.** Marii qaamaan **B.** Meeshaalee maxxanfaman **C.** Qabeenya viidiyoo ykn dijitaalaa

Kutaa 4: Galmoota Wal'aansaa

8. Yeroo turtii hospitaala keessanitti wal'aansaaf galmi keessan inni guddaan maali? **A.** Dhukkubbii hir'isuu **B.** Dalagaa fayyisuu **C.** Saffisaan dhangala'uu, **D.** Kan biraa: _____

Kutaa 5: Tajaajila fi Deeggarsa

9. Yeroo turtii keessanitti tajaajila dabalataa akkamii akka isin barbaachisu isinitti dhagahama? Kan ilaallatu hunda ilaali)

A. Gorsa soorataa, **B.** Deeggarsa xiinsammuu, **C.** Wal'aansa qaamaa, **D.** Tajaajila hawaasummaa, **E.** Kan biraa:

10. Maatii ykn hiriyoota kunuunsa kee keessatti hirmaachuu barbaaddu qabdaa ? **A.** Eeyyee , **B.** Lakki

Yoo eeyyee ta'e akkamitti akka gargaaruu danda'an ibsi: _____ .

Kutaa 6: Yaada Dabalataa

11. Mee yaaddoo ykn filannoo biroo wal'aansa keessan ilaalchisee mari'achuu barbaaddan nuuf qoodaa:

Mallattoo Dhukkubsataa: _____ **Guyyaa:** _____

Yaadannoo Ogeessa Fayyaa:

DEDER GENERAL HOSPITAL

PATIENT PREFERENCE AND CONCERN ADDRESSING FORMAT

Date: _____

Patient Information:

Name: _____ Age: _____ Sex: _____ MRN: _____ Ward: _____

Section 1: General Information

1. What is the primary reason for your hospital admission? (Please describe your condition) _____

Section 2: Treatment Preferences

2. What types of treatment are you most comfortable with you prefer? Check all that apply
A. Medications, **B.** Physical therapy, **C.** Surgery, **D.** Alternative therapies, **E.** Other: _____
3. Are there any treatments you would prefer to avoid? Please specify _____

4. Is there any concern regarding the treatment you are receiving?

5. How would you like to be involved in decisions about your treatment?**

B. Fully involved, **B.** Shared decision-making, **C.** Prefer the clinician to decide

Section 3: Information Needs

7. What information do you need regarding your diagnosis and treatment? Check all that apply
B. Risks and benefits of treatment **B.** Alternative treatment options **C.** Expected duration of treatment
D. Potential side effects, **E.** Other: _____
7. How would you prefer to receive this information? **A.** In-person discussion **B.** Printed materials **C.** Video or digital resources

Section 4: Goals for Treatment

8. What are your primary goals for treatment during your hospital stay? (Please rank in order of priority, 1 being the most important) **A.** Pain relief **B.** Recovery of function **C.** Speedy discharge, **D.** Other: _____

Section 5: Services and Support

9. What additional services do you feel you need during your stay? Check all that apply)
A. Nutritional counseling **B.** Psychological support **C.** Physical therapy **D.** Social services **E.** Other:
10. Do you have family or friends that you would like to be involved in your care? **A.** Yes, **B.** No
If yes, please specify how they can assist: _____

Section 6: Additional Comments

11. Please share any other concerns or preferences you wish to discuss regarding your treatment _____

Patient Signature: _____ Date: _____

Clinician's Notes:

