PROGRAMA ACOLHER – REGISTO INDIVIDUAL

"ACOLHER" PROGRAMME – INDIVIDUAL RECORD

Identification and Context

Name: _____ **Surname:** _____

Date of Birth: ____/____/_____ **Age**: _____ **Sex**: ___**male** ___**female**

Country of origin: _____

Mother tongue: _____ Other languages: _____

Profession or occupation: ___no ___yes What: _____

Do you have a source of income/salary? ___no ___yes

Level of education/schooling: ___Primary school ___Highschool ___University

Religion: _____

Date of arrival in Portugal: ____/____/_____

Migration status: ___ refugee ___asylee ___migrant ___others: _____

Reason for migration/displacement: ___refuge ___ family reunification ___study ___others:_____

Residence location: _____

Type of accommodation: ___temporary accommodation ___rented ___institutional

Accommodation conditions: ___sufficient space ___access to water ___sanitation

Family Composition (number of people living in the residence): _____

Social support network: ___close family members ___neighbours ___associations

How long does it take to get to school/work/community centre? _____

Do you have access to health services? ___ no ___ yes (___public ___private ___social ___other:_____

On a scale of 1-10 how do you rate you diet? (1 – unhealthy to 10 – very healthy)

____ Why? _____

Do you receive any kind of food support, such as a food basket? ___ no ___ yes

If so, does the basket meet the needs of your household (single person, family)?

___ yes, totally ___ yes, but there are products we don't like/eat ___ no, not sufficient

If so, do you usually buy food to complement what you already receive in the food basket?

___no ___rarely ___sometimes ___almost always ___always

AD SUMUS

Did you clarify doubts about how to navigate the Health Service in Portugal? ____ no ____ yes

Grupo Ativistas em Tratamento (GAT) - *Treatment Activists Group*

Did you receive a STD diagnostic Kit? ____ no ____ yes

Nursing

Height: _____ Weight: _____ Blood Pressure: _____/_____ Heart Rate: _____ SpO2: _____

Blood Glucose: _____

Physiotherapy

Cardiorespiratory fitness tests

30sec sit to stand reps. _____

Handgrip: Right _____, _____, _____; Left _____, _____, _____

2min step test: reps. _____ HR _____ SpO2 _____

Sexual Health

Attended in promoting health promotion for pelvic floor disorders? ____ no ___ yes

Mental and Emotional Health

Attended in screening and psychological counselling for children and young people? ____ no ____ yes

Oral Health

Attended oral health screening? ____ no ____ yes

Post-intervention

1. From 1 to 5*, what is your overall score for the social action? ____
2. From 1 to 5*, what is your score for the subjects covered? ____
3. From 1 to 5*, what is your score for the organization? ____
4. From 1 to 5*, what is your score for the instructors? ____
5. Of everything, what was most important to you? _____

* **1** (not at all satisfied) a **5** (very satisfied)