

**UPITNIK ZDRAVSTVENOG STANJA – HEALTH CONDITION QUESTIONNAIRE**

Ime & prezime / Name & Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresa / Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum rođenja / Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobitel / Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mjesto & datum / Place & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UPITNIK / QUESTIONNAIRE:**

1. Imate li povišenu temperaturu (iznad 37,5 C)? DA / NE

Do you have higher body temperature? YES / NO

1. Jeste li prehlađeni? DA / NE

Have you got a cold? YES / NO

1. Kašljete li? DA / NE

Do you cough? YES / NO

1. Bole li vas grlo ili ždrijelo? DA / NE

Do you have a sore throat/esophagus? YES / NO

1. Je li vam promijenjen osjet okusa/mirisa DA / NE

Has your sense of taste/smell changed? YES /NO

1. Imate li osijećaj teškog disanja ili pritiska u prsnom košu? DA / NE

Have you been brathing with difficulty & feeling chest pains? YES / NO

1. Imate li bolove u mišićima? DA / NE

Do you feel pains in your muscles? YES / NO

1. Imate li probavne smetnje (proljev i/ili povraćanje)? DA / NE

Do you have any digestive problems (diahhorrea and/or vomiting)? YES / NO

1. Ima li itko u vašoj blizini (kod kuće ili na poslu) takve poteškoće? DA / NE

Has anybody in your vicinity (at home/work) got similar problems? YES / NO

1. Jeste li do sada možda imali pozitivan COVID-19 test? DA / NE

Have you so far tested positive for COVID-19? YES / NO

1. Jeste li bili u kontaktu s COVID-19 pozitivnom osobom? DA / NE

Have you been in contact with a COVID-19 positive person? YES / NO

1. Jeste li u posljednjih 14 dana boravili u “crvenim područjima” DA / NE

Have you visited the “red- listed counties” in the past 14 days? YES / NO

Ukoliko ste na bilo koje od navedenoh pitanja odgovorili pozitivno, **OBAVEZNO** se obratite **liječniku**!

In case you have affirmatively answered any of the questions, it is **MANDATORY** to consult your **doctor**.

Svojim potpisom potvrđujem istinitost odgovora / With my signature I confirm and attest the accuracy of my answers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_