

# ACSS savolnomasi

Birinchi tashrif - A qism ("tashxisiy")

So'rovnomaga to'ldirilgan vaqt: \_\_\_\_\_ soat: \_\_\_\_\_ daqiqa Sana: / / (kun/oy/yil)

Iltilimos, agar ohirgi 24 soat mobaynida hastalikning quyidagi alomatlarini his etgan bo'lsangiz, ularning qanday darajada namoyon bo'lganligini ko'rsating: (*Har bir belgi uchun faqat bitta javobni belgilang*):

		0	1	2	3	
Tipik	1	Kam miqdorda tez-tez siyish ( <i>Hojatxonaga tez-tez qatnash</i> ) <i>kuniga 4 martagacha</i>	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha, bir oz <i>kuniga 5-6 marta</i>	<input type="checkbox"/> Ha, o'rtacha <i>kuniga 7-8 marta</i>	<input type="checkbox"/> Ha, juda kuchli <i>9-10 marta va ko'proq</i>
	2	Siyishga shoshilinch ( <i>kuchli va tiyib bo'lmaydigan</i> ) qistov hissi	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha, bir oz	<input type="checkbox"/> Ha, o'rtacha	<input type="checkbox"/> Ha, juda kuchli
	3	Siyish vaqtida og'riq ( <i>achishish yoki kuyish</i> ) hissi	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha, bir oz	<input type="checkbox"/> Ha, o'rtacha	<input type="checkbox"/> Ha, juda kuchli
	4	Siyib bo'lgandan so'ng, qovuqning to'la bo'shamasligi hissi	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha, bir oz	<input type="checkbox"/> Ha, o'rtacha	<input type="checkbox"/> Ha, juda kuchli
	5	Qorinning pastki qismidagi ( <i>qov sohasida</i> ) og'riq yoki yoqimsiz og'irlik hissi	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha, bir oz	<input type="checkbox"/> Ha, o'rtacha	<input type="checkbox"/> Ha, juda kuchli
	6	Qon aralash siydik kelishi	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha, bir oz	<input type="checkbox"/> Ha, o'rtacha	<input type="checkbox"/> Ha, juda kuchli
<b>Jami "Tipik" ballari yig'indisi=</b>					<b>ball</b>	
Differensial	7	Bel soxasida og'riq ( <i>bir taraflama bo'lishi mumkin</i> )	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha, bir oz	<input type="checkbox"/> Ha, o'rtacha	<input type="checkbox"/> Ha, juda kuchli
	8	Jinsiy yo'llardan yiringli ajralmalar chiqishi ( <i>ayniqsa tongda</i> )	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha, bir oz	<input type="checkbox"/> Ha, o'rtacha	<input type="checkbox"/> Ha, juda kuchli
	9	Siydik yo'llaridan ajralmalar chiqishi ( <i>siyish vaqtidan tashqari</i> )	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha, bir oz	<input type="checkbox"/> Ha, o'rtacha	<input type="checkbox"/> Ha, juda kuchli
	10	Bezgak ( <i>sovqotish</i> )/baland tana harorati hissi ( <i>O'lchagan bo'lsangiz, qiymatini ko'rsating</i> )	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha, bir oz	<input type="checkbox"/> Ha, o'rtacha	<input type="checkbox"/> Ha, juda kuchli
	<b>Jami "Differensial" ballari yig'indisi=</b>					<b>ball</b>
Hayot sifati	11	Iltilimos, oxirgi 24 soat mobaynida yuqorida ko'rsatilgan belgilar sizni qanday darajada bezovta etganini ko'rsating ( <i>Bitta javobni belgilang</i> ): <input type="checkbox"/> 0 Hecham bezovtalik chaqirmadi ( <i>Hech qanday belgilar yo'q. O'zimni odatdagidek his etyapman</i> ) <input type="checkbox"/> 1 Oz-moz bezovtalik chaqirdi ( <i>Odatdagidan bir oz yomonroq</i> ) <input type="checkbox"/> 2 Sezilarli darajada bezovta etdi ( <i>Odatdagidan sezilarli darajada yomonroq</i> ) <input type="checkbox"/> 3 Juda kuchli bezovta etdi ( <i>O'zimni xaddan tasqari yomon his qilyapman</i> )				
	12	Iltilimos, oxirgi 24 soat mobaynida yuqorida ko'rsatilgan belgilar sizning kundalik faoliyatingiz yoki ish qobiliyatingizga qanday darajada halal berganini ko'rsating ( <i>Bitta javobni belgilang</i> ): <input type="checkbox"/> 0 Hecham halal bermadi ( <i>Odatdagidek, malolsiz ishlayapman</i> ) <input type="checkbox"/> 1 Oz-moz halal berdi ( <i>Bezovtalik tufayli biroz kamroq ishlayapman</i> ) <input type="checkbox"/> 2 Sezilarli darajada halal berdi ( <i>Har kungi ishni bajarishim sezilarli qiyinlashdi</i> ) <input type="checkbox"/> 3 Juda qattiq halal berdi ( <i>Deyarli hech qanday ish bajara olmayapman</i> )				
	13	Iltilimos, oxirgi 24 soat mobaynida yuqorida ko'rsatilgan belgilar sizning ijtimoiy faoliyatingizga ( <i>mehmonga borish, do'stlar bilan uchrashuv</i> ) qanday darajada halal berganini ko'rsating ( <i>Bitta javobni belgilang</i> ): <input type="checkbox"/> 0 Hecham halal bermadi ( <i>Har kungi, o'tatdagi hayotim o'zgarmadi</i> ) <input type="checkbox"/> 1 Oz-moz halal berdi ( <i>Hayot tarzim biroz yomonlashdi</i> ) <input type="checkbox"/> 2 Sezilarli darajada halal berdi ( <i>Ushbu hastalik tufayli ko'proq uyda o'tirdim</i> ) <input type="checkbox"/> 3 Juda qattiq halal berdi ( <i>Hastalik tufayli uydan deyarli chiqa olmadim</i> )				
<b>Jami "Hayot sifati" ballari yig'indisi=</b>					<b>ball</b>	
Qo'shimcha	14	Ushbu savolnomani to'ldirayotganingiz vaqtida quyidagilar mavjudmi:				
		Hayz kelishi?	<input type="checkbox"/> Yo'q			<input type="checkbox"/> Ha
		Hayz kelishidan oldingi "premenstrual sindrom" ( <i>P.M.S.</i> )?	<input type="checkbox"/> Yo'q			<input type="checkbox"/> Ha
		Klimakterik sindrom belgilari?	<input type="checkbox"/> Yo'q			<input type="checkbox"/> Ha
		Homiladorlik?	<input type="checkbox"/> Yo'q			<input type="checkbox"/> Ha
	Avval aniqlangan qandli diabet?	<input type="checkbox"/> Yo'q			<input type="checkbox"/> Ha	



Iltilimos, javoblaringizni tekshirib, varaqani shifokoringizga qaytarib bering.

Hamkorligingiz uchun tashakkur!

TO'XTANG



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# ACSS savolnomasi

Navbatdagi (kontrol) tashrif - B qism ("kuzatuv")

So'rovnomaga to'ldirilgan vaqt: \_\_\_soat:\_\_\_daqiq Sana: / / (kun/oy/yil)

Ushbu savolnomaning birinchi sahifasidagi savollarga javob berganingizdan beri, ahvotingizda biror-bir o'zgarish his qildingizmi? (**Bitta javobni belgilang**):

- Dinamika**
- 0 Ha, o'zimni juda yaxshi his etyapman (*Hastalik belgilari tamoman yo'q bo'ldi*)
  - 1 Ha, sezilarli darajada yaxshi (*Hastalik belgilarining aksariyati yo'qoldi*)
  - 2 Ha, oz-moz yaxshiroq (*Hastalik belgilarining aksariyati hanuzgacha bor*)
  - 3 Yo'q, hech qanday o'zgarish sezmadim (*O'zimni avvalgi safardagidek his etyapman*)
  - 4 Ha, ahvolim yomonlashdi (*O'zimni avvalgidan ham yomonroq his etyapman*)

Iltilimos, agar ohirgi 24 soat mobaynida hastalikning quyidagi alomatlarini his etgan bo'lsangiz, ularning qanday darajada namoyon bo'lganligini ko'rsating: (**Har bir belgi uchun faqat bitta javobni belgilang**):

		0	1	2	3	
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	2	Siyishga shoshilinch ( <i>kuchli va tiyib bo'lmaydigan</i> ) qistov hissi	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha, bir oz	<input type="checkbox"/> Ha, o'rtacha	<input type="checkbox"/> Ha, juda kuchli
	3	Siyish vaqtida og'riq ( <i>achishish yoki kuyish</i> ) hissi	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha, bir oz	<input type="checkbox"/> Ha, o'rtacha	<input type="checkbox"/> Ha, juda kuchli
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<b>Jami "Tipik" ballari yig'indisi=</b>					<input type="text"/> <b>ball</b>	
<b>Differensial</b>	7	Bel soxasida og'riq ( <i>bir tarafdama bo'lishi mumkin</i> )	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha, bir oz	<input type="checkbox"/> Ha, o'rtacha	<input type="checkbox"/> Ha, juda kuchli
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	10	Bezgak ( <i>sovqotish</i> )/baland tana harorati hissi ( <i>O'lchagan bo'lsangiz, qiymatini ko'rsating</i> )	<input type="checkbox"/> Yo'q ≤37,5 °C	<input type="checkbox"/> Ha, bir oz 37,6-37,9 °C	<input type="checkbox"/> Ha, o'rtacha 38,0-38,9 °C	<input type="checkbox"/> Ha, juda kuchli ≥39,0 °C
<b>Jami "Differensial" ballari yig'indisi=</b>					<input type="text"/> <b>ball</b>	
<b>Hayot sifati</b>	11	Iltilimos, oxirgi 24 soat mobaynida yuqorida ko'rsatilgan belgilar sizni qanday darajada bezovta etganini ko'rsating ( <b>Bitta javobni belgilang</b> ):				
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		Hayz kelishidan oldingi "premenstrual sindrom" ( <i>P.M.S.</i> )?	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha		
		Klimakterik sindrom belgilari?	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha		
		Homiladorlik? Avval aniqlangan qandli diabet?	<input type="checkbox"/> Yo'q	<input type="checkbox"/> Ha		

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