

**SOJNTSUAM TXOG  
"KEV NOJQAB NYOBZOO"  
Cov menyuam yaus hnuabnyoog, 0-3 xyoos**

<b>Patient Stamp</b>	
Patient Number _____	Plan Name/Number _____
<i>If patient stamp not used, write in Patient and Plan Name/Number</i>	

Tus menyuam npe (npe, xeem)	Hnubyug	Yog <input type="checkbox"/> Tub <input type="checkbox"/> Ntxhais	Hnubtim	<b>For Clinical Use</b>
Koj lub npe	Kev txheebze tus menyuam <input type="checkbox"/> Niamtxiv <input type="checkbox"/> Tus saibxyuas <input type="checkbox"/> Kwvtij <input type="checkbox"/> Phoojywg <input type="checkbox"/> Lwm yam			Assistance needed: Reading: <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No

***Koj thiab cov neeg khomob rau koj tus menyuam muaj cuabkav koomtes los pab kom nws tau txais kev nojqab nyobzoo. Thov teb cov lus nug no li uas koj teb tau. Koj suam (✓) rau qhov "Hla" yog tias koj tsis paub teb lossis tsis xav teb. Koj nrog koj tus kws khomob tham tau yog koj muaj lus nug dabtsi. Koj cov lus teb yuav tau muab ceev cia kom zoo vim nws yog ib feem ntawm koj tus menyuam tej ntaubntawv khomob.***

Yamntxwv Rau Kev Nug thiab Teb: Koj tus menyuam puas tau mus pib kawmntawv (Preschool)?	<input checked="" type="checkbox"/> Mus	<input type="checkbox"/> Tismus	<input type="checkbox"/> Hla	<b>Interventions Code/Date/Initials</b>
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<b><u>Hauv Koj Tsev Puas Muaj: (Does your home have:)</u></b>				
1. Cov tswb ntes pa hluavtaws (smoke detector)? <i>(A working smoke detector?)</i>	<input type="checkbox"/> Muaj	<input type="checkbox"/> Tsismuaj	<input type="checkbox"/> Hla	
2. Cov dej hauv tus kaisdej los kub txog qhov yuav hlab tau menyuam? <i>(Water that comes from the faucet hot enough to burn your child?)</i>	<input type="checkbox"/> Kub	<input type="checkbox"/> Tsiskub	<input type="checkbox"/> Hla	
3. Cov lag thaiv qhovrais thiab thaiv tus ntaiv nce mus rau saum them ob? <i>(Window guards and stair gates above the first floor?)</i>	<input type="checkbox"/> Muaj	<input type="checkbox"/> Tsismuaj	<input type="checkbox"/> Hla	
4. Cov tshuaj ntxuav tsev, tshuaj noj, thiab teebntais uas muab xauv cia hauv txee kom zoo? <i>(Cleaning supplies, medicines, and matches in a locked cabinet?)</i>	<input type="checkbox"/> Xauv	<input type="checkbox"/> Tsixauv	<input type="checkbox"/> Hla	
5. Tus xovtooj hu qhovchaw tshuaj lom lo rau ntawm lub xovtooj? <i>(The phone number for the poison control center posted by your telephone?)</i>	<input type="checkbox"/> Muaj	<input type="checkbox"/> Tsismuaj	<input type="checkbox"/> Hla	
<b><u>Koj Puas: (Do you:)</u></b>				
6. Niaj zaus muab koj tus menyuam tso pw tsaugzog ntxeevtiaj yog tias nws hnuabnyoog tsis tau muaj 12 hlis? <i>(Always put your child to sleep on his/her back, if younger than 12 months of age?)</i>	<input type="checkbox"/> Muab	<input type="checkbox"/> Tsismuab	<input type="checkbox"/> Hla	
7. Tau muab taub ntim kuatxiv, mis, lossis dej qabzib rau menyuam haus thaum mus pw? <i>(Ever put your child to sleep with a bottle of juice, milk, or soda?)</i>	<input type="checkbox"/> Tau	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Hla	
8. Hais kom tus menyuam txhuam hniav txhua hnuab? <i>(Make sure your child's teeth are brushed every day?)</i>	<input type="checkbox"/> Hais	<input type="checkbox"/> Tsishais	<input type="checkbox"/> Hla	
9. Zov koj tus menyuam thaum dadej hauv lub dab dadej? <i>(Always stay with your child when he/she is in the bathtub?)</i>	<input type="checkbox"/> Zov	<input type="checkbox"/> Tsiszov	<input type="checkbox"/> Hla	
10. Ibtxwm muab menyuam zaum hauv rooj zoj menyuam thiab pav hlua rau lub roojzaum tomqab hauv tsheb? <i>(Always put your child in a car seat and seat belt in the back seat of a car?)</i>	<input type="checkbox"/> Muab	<input type="checkbox"/> Tsismuab	<input type="checkbox"/> Hla	
11. Ibtxwm mus ncig koj lub tsheb saib puas muaj menyuam uantej koj thaub lub tsheb tawm? <i>(Always walk around your car to check for children before backing out?)</i>	<input type="checkbox"/> Mus	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Hla	

<b>For Clinical Use</b>					
<b>Intervention Codes:</b>	C: Counseling	EM: Educational Materials	R: Referral	F: Follow-up Needed	SPN: See Progress Notes

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	<b>Koj Tus Menyuum Puas: (Does your child:)</b>			
12.	Tau txais kev khomob los ntawm lwm tus (xwsli kws hnokoob, kws tshuajntsuab, txivneeb, lossis lwm tus) dhau li ntawm tus kws khomob lawm? (Receive health care from anyone besides a medical doctor [such as an acupuncturist, herbalist, curandero, or other healer]?)	Tsistau	Tau	Hla
13.	Noj niam mis? (Breastfeed?)	Tsisnoj	Noj	Hla
14.	Haus mismos, mislaus, lossis noj yogurt yam tsawg ib hnuob ob zaug? (Drink formula, milk or eat yogurt at least 2 times each day?)	Haus	Tsishaus	Hla
15.	Noj txivhmab ntivntoo thiab zaub txhuahnuv? (Eat fruits and vegetables every day?)	Noj	Tsisnoj	Hla
16.	Noj tej yam daig tau cajpas xwsli txiv qabrog, pajkws, nyhuv, txiv grapes, lossis tej khoom qabzib uas tawv? (Eat foods that may cause choking, such as nuts, popcorn, hotdogs, whole grapes, or hard candy?)	Tsisnoj	Noj	Hla
17.	Mus uasi hauv tej lub tsev lossis tej koog tsev uas muaj pas dadej tob lossis dab dadej kub? (Spend time at a house or apartment complex with a swimming pool or hot tub?)	Tsismus	Mus	Hla
18.	Mus uasi hauv tej tsev uas muaj phom? (Spend time in a home where a gun is kept?)	Tsismus	Mus	Hla
19.	Mus uasi hauv tej tsev uas muaj neeg haus luamyeeb? (Spend time in a home with anyone who smokes?)	Tsismus	Mus	Hla
20.	Pheej mus tiv tshav nraumzoov yam tsis siv dabtsi los roos tshav xwsli ntoo kaumom lossis hnav tsho? (Often spend time outdoors without sunscreen or other protection, such as a hat or shirt?)	Tsismus	Mus	Hla
21.	Tau pom lossis raug lwmtus tsimtxom lossis ua phem rau? (Has your child ever witnessed or been a victim of abuse or violence?)	Tsistau	Tau	Hla
22.	<b>Koj puas muaj lwm yam lus nug lossis kev txhawjxeeb txog koj tus menyuum kev nojqab nyobzoo?</b> (Do you have other questions or concerns about your child's health?)	Tismuj	Muaj	Hla
	(Thov qhia saib yog dabtsi) (Please identify) _____			
	_____			
	_____			
	_____			

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Kev ceev lus

Txoj kevcai ceev lus uas tsimtsa xyoo 1977 (California Civil Code 1798) thiab Tseemhvw Qibsiab txoj kevcai ceev lus (5USC 552a, Subdivision (E)(3)) samhwm kom yuav tsum tau muab txoj cai no los qhia thaum yuav nug ib yam dabtsi txog ntawm lawv tuskheej. Cov lus teb no yog xav tau los ntawm koj tus kws khomob, koomhaum khomob, thiab phab saib kev kho mobnkees kom lawv paub npaj kev cobqhia txog sab kev nojqab nyobzoo. Qhov yuav teb thiab tsis teb cov lus no nyob ntawm tus neegmob xaiv. Txawm tus neegmob tsis teb tej lus nug no los yuav tsis muaj kev rau txim dabtsi rau nws. Cov lus teb hauv daim ntawv no yuav muab ceev nrog nws cov ntaubntawv khomob uake, thiab muaj txoj cai los txwv tsis pub neeg paub tibyam li cov ntaubntawv khomob. Txoj kevblig kevcai thiab kev tswjfwam hauv lub xeev txog kev ceev lus rau tus neegmob mas yog hais tag nrho rau cov lus teb nyob hauv daim ntawv no huvsu. Vim kevcai thiab kev tswjfwam pom zoo mas qho yam lus teb hauv no yuav tau xa rau hauv tseemfuv loj tej chaw ua haujlwm nyob hauv xeev thiab hauv tej zejzob thiab tej chaw tsimtsa kevlig kevcai, tej koomhaum pab kev khomob, thiab tej kws khomob.