

**SOJNTSUAM TXOG
"KEV NOJQAB NYOBZOO"
Cov yuav tiav hluas hnuvnyoog, 12-17 xyoos**

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

Tus neegmob npe (npe, xeem)	Hnubyug	Yog <input type="checkbox"/> Tub <input type="checkbox"/> Ntxhais	Hnubtim	For Clinical Use
Tus neeg teb daim ntawv no npe (yog tias tsi yog tus neegmob)	Kev txheebze tus neegmob <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 muaj cuabkav koomtes los pab koj 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 fem ntawm koj tej ntaubntawv khomob.	Annual Review Date/Initials

Yamntxwv Rau Kev Nug thiab Teb: Koj puas mus ntaus pob uasi?	<input checked="" type="checkbox"/> Mus	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Hla	
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<u>Koj Puas: (Do You:)</u>				
1. Nrog niamtxiv nyob? <i>(Live at home?)</i>	<input type="checkbox"/> Nyob	<input type="checkbox"/> Tsisnyob	<input type="checkbox"/> Hla	
2. Mus kawmntawv? <i>(Go to school?)</i>	<input type="checkbox"/> Mus	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Hla	
3. Tau txais kev khomob los ntawm lwm tus (xwsli kws hnokoob, kws tshuajntsuab, txivneeb, lossis lwm tus) dhau li ntawm tus kws khomob lawm? <i>(Receive health care from anyone besides a medical doctor [such as an acupuncturist, herbalist, curandero, or other healer]?)</i>	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla	
4. Mus ntsib kws khohniav yam tsawg ibxyoo ibzaug? <i>(See the dentist at least once a year?)</i>	<input type="checkbox"/> Mus	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Hla	
5. Haus misnyuj lossis noj yogurt lossis cheese yam tsawg ib hnuv 3 zaug? <i>(Drink milk or eat yogurt or cheese at least 3 times each day?)</i>	<input type="checkbox"/> Noj	<input type="checkbox"/> Tsisnoj	<input type="checkbox"/> Hla	
6. Noj txivhmab txivntoo thiab zaub txhua hnuv? <i>(Eat fruits and vegetables every day?)</i>	<input type="checkbox"/> Noj	<input type="checkbox"/> Tsisnoj	<input type="checkbox"/> Hla	
7. Caiv txhob noj tej khoom kib roj ntau ntau lossis tej khoom lawv ua siav tomtej? <i>(Try to limit the amount of fried or fast foods that you eat?)</i>	<input type="checkbox"/> Caiv	<input type="checkbox"/> Tsiscaiv	<input type="checkbox"/> Hla	
8. Phov lossis khiav kom tawm fws ib limtiam 5 hnuv? <i>(Exercise or play an active sport 5 days a week?)</i>	<input type="checkbox"/> Khiav	<input type="checkbox"/> Tsis khiav	<input type="checkbox"/> Hla	
9. Xav tias koj yuav tsum tau ua kom koj poob lossis nce phau? <i>(Think you need to lose or gain weight?)</i>	<input type="checkbox"/> Tsisxav	<input type="checkbox"/> Xav	<input type="checkbox"/> Hla	
10. Pheej muaj kev chimsiab, nroos, lossis tag kev cia siab? <i>(Often feel sad, down, or hopeless?)</i>	<input type="checkbox"/> Tsismuaj	<input type="checkbox"/> Muaj	<input type="checkbox"/> Hla	
11. Niaj zaum sia hlab thaum caij tsheb? <i>(Always wear a seat belt when riding in a car?)</i>	<input type="checkbox"/> Sia	<input type="checkbox"/> Tsis sia	<input type="checkbox"/> Hla	
12. Niaj zaum ntoo kausmom thaiv taubhau thaum caij tsheb kaujvab lossis caij daim txiagntoo muaj log? <i>(Always wear a helmet when riding a bike or skateboard?)</i>	<input type="checkbox"/> Ntoo	<input type="checkbox"/> Tsisntoo	<input type="checkbox"/> Hla	
13. Mus uasi hauv tej tsev muaj phom? <i>(Spend time in a home where a gun is kept?)</i>	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hla	
14. Mus uasi hauv tej tsev muaj neeg hauv luamyeeb? <i>(Spend time in a home with anyone who smokes?)</i>	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hla	
15. Pheej mus tiv tshav ntsaumzoov yam tsis siv dabtsi los roos tshav xwsli ntoo kausmom lossis hnav tsho? <i>(Often spend time outdoors without sunscreen or other protection such as a hat or shirt?)</i>	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hla	

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

Txhua yam lus uas koj teb txog kev sibdeev nrog lwm tus thiab kev npaj lub neej lossis kev siv khoom tivthaiv tsis pub muaj menyuam mas yuav tsis pub leejtwg paub txog, txawm koj niam koj txiv los tsis pub paub yog tias tsis tau ntawv tso cai los ntawm koj.
(Your answers to questions about sex and family planning cannot be shared with anyone, including your parents, without your special written permission.)

For Clinical Use

**Interventions
Code/Date/Initials**

<u>Koj Puas Tau: (Do You Ever:)</u>			
16.	Haus dua luamyeeb lossis cov luamyeeb loj uas yog cigar lossis ntsuas luamyeeb? <i>(Smoke cigarettes or cigars or chew tobacco?)</i>	<input type="checkbox"/> Tsis tau <input type="checkbox"/> Tau <input type="checkbox"/> Hla	
17.	Haus dua dejcawv xwsli beer, cawv, cawv txivhmab, lossis cawv nrim? <i>(Drink alcohol such as beer, wine, wine coolers, or liquor?)</i>	<input type="checkbox"/> Tsis tau <input type="checkbox"/> Tau <input type="checkbox"/> Hla	
18.	Tsav dua tsheb tomqab haus cawv lossis caij tsheb nrog tus neeg haus dejcawv? <i>(Drive a car after drinking or ride in a car driven by someone who has been drinking?)</i>	<input type="checkbox"/> Tsis tau <input type="checkbox"/> Tau <input type="checkbox"/> Hla	
19.	Siv dua yeebshuaj xwsli xas, cocaine, crack, crank, lossis ecstasy? <i>(Use drugs such as marijuana, cocaine, crack, crank, or ecstasy?)</i>	<input type="checkbox"/> Tsis tau <input type="checkbox"/> Tau <input type="checkbox"/> Hla	
20.	Koj puas tau nrog dua lwm tus sibdeev? (Have you ever had sex?) Yog koj "tau" teb cov lus hauv qab no. Yog "tsi tau" hla mus rau lolus nug nqi 26. <i>(If "yes," continue to next question. If "no," go to question 26.)</i>	<input type="checkbox"/> Tsis tau <input type="checkbox"/> Tau <input type="checkbox"/> Hla	
21.	Koj puas xav tias tej zaum koj lossis tus koj deev nrog ntawd cev xeebtub lawm? <i>(Do you think you or your partner could be pregnant?)</i>	<input type="checkbox"/> Tsis xeeb <input type="checkbox"/> Xeeb <input type="checkbox"/> Hla	
22.	Koj puas tau deev dua lwm tus yam tsis siv dabtsi tivthaiv kom txhob muaj menyuam lub xyoo dhau los? <i>(Have you had sex without using birth control in the last year?)</i>	<input type="checkbox"/> Tsis tau <input type="checkbox"/> Tau <input type="checkbox"/> Hla	
23.	Koj puas xav tias tej zaum koj lossis tus koj deev ntawd muaj kabmob kis tau los ntawm kev sibdeev? <i>(Do you think you or your partner could have a sexually transmitted disease?)</i>	<input type="checkbox"/> Tsis xav <input type="checkbox"/> Xav <input type="checkbox"/> Hla	
24.	Koj lossis tus uas koj deev nrog ntawd puas tau mus deev dua lwm tus neeg xyoo dhau los? <i>(Have you or your partner(s) had sex with any other people in the past year?)</i>	<input type="checkbox"/> Tsis tau <input type="checkbox"/> Tau <input type="checkbox"/> Hla	
25.	Koj lossis tus uas koj deev nrog ntawd puas siv hnab looj zaum tas los uas neb sibdeev? <i>(Did you or your partner use a condom the last time you had sex?)</i>	<input type="checkbox"/> Siv <input type="checkbox"/> Tsis siv <input type="checkbox"/> Hla	
<u>Koj puas Tau: (Have you:)</u>			
26.	Raug dua neeg quabyuam lossis mos deev? <i>(Ever been forced or pressured to have sex?)</i>	<input type="checkbox"/> Tsis tau <input type="checkbox"/> Tau <input type="checkbox"/> Hla	
27.	Raug dua neeg ntaus, npuaj, ncaws, lossis ua kom mobnqaij mobtawv? <i>(Ever been hit, slapped, kicked, or physically hurt by someone?)</i>	<input type="checkbox"/> Tsis tau <input type="checkbox"/> Tau <input type="checkbox"/> Hla	
28.	Nqa dua phom, riam, qws, lossis lwm yam khoom tawv? <i>(Ever carried a gun, knife, club, or other weapon?)</i>	<input type="checkbox"/> Tsis tau <input type="checkbox"/> Tau <input type="checkbox"/> Hla	
29.	Koj puas muaj lwm yam lus nug lossis kev txhawjxeeb txog koj kev nojqab nyobzoo? <i>(Do you have other questions or concerns about your health?)</i> (Thov qhia saib yog dabtsi) <i>(Please identify)</i> _____ _____	<input type="checkbox"/> Tsis muaj <input type="checkbox"/> Muaj <input type="checkbox"/> Hla	

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Keveev 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 tswjfwim 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 tswjfwim pom zoo mas qho yam lus teb hauv no yuav tau xa rau hauv tseemfww loj tej chaw ua haujlwm nyob hauv xeev thiab hauv tej zejzot thiab tej chaw tsimtsa kevlig kevcai, tej koomhaum pab kev khomob, thiab tej kws khomob.