

# Galitaanka Baadhis Caafimaad

(Staying Healthy Assessment)

## 1 –2 Sanadood (1 – 2 Years)

Magaca ilmaha (kan koobaad iyo kan ugu danbeeya)	Taariikhda Dhalashada	<input type="checkbox"/> Dhidig <input type="checkbox"/> Lab	Taariikhda Maanta	Goobta Ilmaha/Xanaanada Ilmaha? <input type="checkbox"/> Haa <input type="checkbox"/> Maya
Qofka Foomka Buuxinaya	<input type="checkbox"/> Waalid <input type="checkbox"/> Qaraabo <input type="checkbox"/> Saaxiib <input type="checkbox"/> Masuul <input type="checkbox"/> Wax kale (Sheeg)			Caawin Ma Uga Baahantahay Buuxinta Foomka? <input type="checkbox"/> Haa <input type="checkbox"/> Maya

Fadlan uga jawaab dhamaan su'aalaha foomkan ku qoran sida ugu fiican eed awooddo. Goobo gali "Kanoqo" haddii aadan aqoon jawaab ama aadan rabin inaad ka jawaabot. Xaqiiji inaad la hadasho dhakhtarka haddii aad qabto su'aal ku saabsna wax ku qoran foomkan. Jawaabahaaga waxaa loo ilaalin doonaa sida inay qayb ka yihiin qoraalka caafimaadkaaga.

Turjumaan ma u Baahantahay?  
 Haa  Maya

*Clinic Use Only:*

					Nutrition
1	Ilmahaaga naaska ma nuujisaa? <i>Breastfeeds child?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	Nutrition
2	Ilmahaagu ma cabbaa ama ma cunaa 3 cunto oo ay kaalshiyaam ka buuxdo maalin kasta, sida caano, farmaajo, yogarti, caanaha soy, ama tafu? <i>Child drinks/eats 3 servings of calcium rich foods daily?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
3	Ilmahaagu ma cunaa furuudka iyo qudaarta ugu yaraan laba goor maallintii? <i>Child eats fruits and vegetables at least 2 times per day?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
4	Ilmahaagu ma cunaa cuntada ay duxdu ku badantahay sida cuntada la dubay, jibista, jalaataa, biisaha inkabadan hal mar asbuucii? <i>Child eats high fat foods more than once per week?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
5	Ilmahaagu ma cabbaa wax ka badan hal koob oo yar (4 – 6 oz.) oo juus ah maalin kasta? <i>Child drinks more than one small cup of juice per day?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
6	Ilmahaagu ma cabbaa soodho, cabitaanada juuska, cabitaanada ciyaartoyda, cabitaanada tamarta, ama cabitaanada kale ee la macaaneeyay hal mar asbuucii? <i>Child drinks soda, juice drinks, sports drinks, energy drinks, or other sweetened drinks more than once per week?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
					Physical Activity
7	Ilmahaagu si firfircoon ma u ciyaaraa inta badan asbuucii? <i>Child plays actively most days of the week?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	Physical Activity
8	Ma ka walwalsantahay culayska ilmaahaga? <i>Concerned about child's weight?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
9	Ilmahaagu ma daawadaa TVga ama ma ciyaaraa gaymamka fiidyowga? <i>Child watches TV or plays video games?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
					Safety
10	Gurigaagu ma leeyahay qiiq dareeme shaqaynaya? <i>Home has working smoke detector?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	Safety
11	Heerkulka biyahaaga hoos ma ugu dhigtay si ay diirimaadka u yarayso (in kayar 120 digrii)? <i>Water temperature turned down to low-warm?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
12	Haddii uu gurigaagu leeyahay wax kabadan hal dabakh, ma leedahay agabka badbaadada daaqadaha iyo iridda ee jaranjarada? <i>Safety guards on windows and gates for stairs in multi-level home?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
13	Gurigaagu ma leeyahay alaabta nadiifinta, daawooyinka iyo furayaasha wax lagu xidho? <i>Cleaning supplies, medicines, and matches locked away?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	

14	Gurigaagu ma haystaa lambarka teleefoonka ee Xarunta Koontaroolidda Sunta (800-222-1222) oo uu soo qoroyo telfoonkaagu? <i>Home has phone # of Poison Control Center posted by phone?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
15	Markasta ma la joogtaa ilmahaaga markay iyadu/isagu uu baafka ku jiro? <i>Always stays with child when in the bathtub?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
16	Markasta ilmahaaga ma dhigtaa kursiga danbe ee gaadhiga mesha u danbaysa? <i>Always places child in a rear facing car seat in the back seat?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
17	Kursiga gaadhiga ee aad isticmaasho ma yahay kan ku haboon da'da iyo cabbirka ilmahaaga? <i>Car seat used is correct size for age and size of child?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
18	Markasta ma iska fiirisaa in ay caruuri meelaha ka dhowdahay marka aad gaadhiga dib u bixinaysid? <i>Always checks for children before backing car out?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
19	Ilmahaagu wakhti ma ku lumiya meelaha u dhow barkadda lagu dabaasho, wabiga, ama harada? <i>Child spends time near a swimming pool, river, or lake?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
20	Ilmahaagu wakhti ma ku lumiya guri uu yaallo qori? <i>Child spends time in home where a gun is kept?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
21	Ilmahaagu markasta ma wuu xidhaa hamlet marka uu mootada wadayo, uu wadayo afar lugoodka ama mootada iskuutarka loo yaqaanno? <i>Child always wears a helmet when riding a bike, skateboard, or scooter?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
22	Ma ka caawisaa in ilmahaagu cadaydo ilkihiisa/ilkaheeda maalin kasta? <i>Child is helped to brush and floss teeth daily?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	Dental Health
23	Ilmahaagu wakhti ma la qaataa qof sigaarka cabba? <i>Child spends time with anyone who smokes?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	Tobacco Exposure
24	Ma qabtaa wax kaloo su'aalo ama walwal ah oo ku saabsan caafimaadka ilmahaaga, korriinkiisa ama habdhaqankiisa? <i>Any other questions or concerns about child's health, development, or behavior?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	Other Questions

*Haddii ay haa tahay, fadlan qeex:*

<b><i>Clinic Use Only</i></b>	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered	Comments:
<input type="checkbox"/> Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Dental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tobacco Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/> <b>Patient Declined the SHA</b>
PCP's Signature			Print Name:		Date:
<b>SHA ANNUAL REVIEW</b>					
PCP's Signature			Print Name:		Date: