

Galitaanka Baadhis Caafimaad

(Staying Healthy Assessment)

Qofweyn (Adult)

Magaca Bukaanka (koobaad & ugu danbeeya)		Taariikhda Dhalashada		<input type="checkbox"/> Dhidig <input type="checkbox"/> Lab		Taariikhda Maanta
Qofka Buuxinaya Foomka (<i>haddii uu bukaanku caawein u baahanyahay</i>)		<input type="checkbox"/> Xubin Qoyska ah <i>Fadlan sheeg:</i>		<input type="checkbox"/> Saaxiib <input type="checkbox"/> Ku kale		Foomak in lagaa caaiwyo ma u baahantahay? <input type="checkbox"/> Haa <input type="checkbox"/> Maya
<i>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 jawaabto. 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.</i>						Turjumaan ma u Baahantahay? <input type="checkbox"/> Haa <input type="checkbox"/> Maya
<i>Clinic Use Only:</i>						
Nutrition						
1	Ma cabtaa ama ma cuntaa 3 cunto oo ay kaalshiyaam ka buuxdo maalinkasta, sida caanaha, farmaajada, yogarti, caanaha soy, ama tofu? <i>Drinks or eats 3 servings of calcium-rich foods daily?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>		
2	Ma cuntaa furuudka iyo qudaarta maalin kasta? <i>Eats fruits and vegetables every day?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>		
3	Ma xadiddaa cadadka cuntada la dubay ah ama cuntada fudud ee aad cunto? <i>Limits the amount of fried food or fast food eaten?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>		
4	Si fudud ma u awooddaa inaad hesho cunto caafimad leh oo kugu filan? <i>Easily able to get enough healthy food?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>		
5	Ma cabtaa soodho, cabitaanka juuska, cabitaanka ciyaartoyda ama tamarta inta badan maalmaha asbuuca? <i>Drinks a soda, juice/sports/energy drink most days of the week?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>		
6	Badanaa ma cuntaa cunto aad u badan ama aad u yar? <i>Often eats too much or too little food</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>		
7	Ma ka walwalsantahay culayskaaga? <i>Concerned about weight?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>		
Physical Activity						
8	Ma jimicsataa ama wakhti ma ku bixisaa samaynta dhaqdhaqaaqyada sida socoshada, dhiraynta, dabalashada ½ nus saac maalintii? <i>Exercises or spends time doing moderate activities for at least ½ hour a day?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>		
Safety						
9	Meeshaad dagantahay amni ma ku dareentaa? <i>Feels safe where she/he lives?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>		
10	Waayadan wax shil gaadhi ah magashay? <i>Had any car accidents lately?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>		
11	Wax ma lagugu dhuftay, ma lagu dharbaaxay, ma lagu laaday, ama qof jir ahaan ma kuu waxyeelay sanadkii lasoo dhaafay? <i>Been hit, slapped, kicked, or physically hurt by someone in the last year?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>		

12	Markasta ma xidhataa suunka gaadhiga markaad gaadhiga wadayso? <i>Always wears a seat belt when driving or riding in a car?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
13	Guriga ama meesha aad ku nooshahay ma ku haystataa qori? <i>Keeps a gun in house or place where she/he lives?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
14	Ilkahaaga maalin kasta ma cadaydaa? <i>Brushes and flosses teeth daily?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	Dental Health
15	Markasta ma dareentaa murggo, rajjo la'aan, cadho, ama walwal? <i>Often feels sad, hopeless, angry, or worried?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	Mental Health
16	Badanaa dhibaato ma kaa haysataa hurdada? <i>Often has trouble sleeping?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
17	Sigaar ma cabtaa ama tubaako ma ruugtaa? <i>Smokes or chews tobacco?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	Alcohol, Tobacco, Drug Use
18	Saaxiibadaa ama xubnaha qoysku gurigaaga ama meesha aad ku nooshahay sigaar ma ku cabbaan? <i>Friends/family members smoke in house or place where she/he lives?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
19	Sanadkii lasoo dhafay, ma: <input type="checkbox"/> (ragga) cabtay khamro 5 jeer hal maalin? <input type="checkbox"/> (dumarka) cabtay khamro 4 jeer hal maalin? <i>In past year, had (5 for men) or (4 for women) or more alcohol drinks in one day?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
20	Ma isticmaashaa wax kaniiniyo ama daawooyin ah si ay kaaga caaiwyaan inaad sexato, nafisto, isdajiso, aad wanaag dareento, ama aad culayska dhinto? <i>Uses any drugs/medicines to help sleep, relax, calm down, feel better, or lose weight?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
21	Ma ku fakartaa in adiga ama lamaanahaagu ay uur yeelato? <i>Thinks she/he or partner could be pregnant?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	Sexual Issues
22	Ma u malaynaysaa in adiga ama lamaanahaagu uu qabi karo cudurada galmada la isugu gudbiyo (STI), sida Infkacshanka, jabtida, bakteeriyada xubnaha, iwm? <i>Thinks she/he or partner could have an STI?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
23	Adiga ama lamaanahaagu galmo ma sameeyay isagoon isticmaalayn waxa koontaroola dhalmada? <i>She/he or partner(s) had sex without using birth control in the past year?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
24	Adigu ama lamaanahaagu galmo ma la sameeyay dad kale sanadkii la soo dhaafay? <i>She/he or partner(s) had sex with other people in the past year?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	

25	Adiga ama lamaanahaagu sanadkii la soo dhaafay ma samayseen galmo kondham la'aan? <i>She/he or partner(s) had sex without a condom in the past year?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
26	Waligaa ma lagugu khasbay ama ma lagugu cadaadiyay in galmo lagula sameeyo? <i>Ever been forced or pressured to have sex?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
27	Ma qabtaa wax su'aalo kale ama walwal ah oo ku saabsan caafimaadkaaga? <i>Any other questions or concerns about health?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	Other Questions

Haddii ay haa tahay, fadlan qeex:

Clinic Use Only	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"/> Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Alcohol, Tobacco, Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Sexual Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/> Patient Declined the SHA
PCP's Signature:		Print Name:			Date:
SHA ANNUAL REVIEW					
PCP's Signature:		Print Name:			Date:
PCP's Signature:		Print Name:			Date:
PCP's Signature:		Print Name:			Date:
PCP's Signature:		Print Name:			Date: