

Kuaj Txoj Kev Nojqab Haushuv

(Staying Healthy Assessment)

12 – 17 Xyoos (12 – 17 Years)

Tus menyuam lub npe (npe & xeem)	Hnub Yug	<input type="checkbox"/> Ntxhais <input type="checkbox"/> Tub	Hnub tim	Kawm ntawv hoob dabtsi?
Tus neeg uas ua daim ntawv no	<input type="checkbox"/> Niam los Txiv <input type="checkbox"/> Tus Saib Xyuas <input type="checkbox"/> Lwm tus (Qhia kom meej)	<input type="checkbox"/> Tus Txheebze	<input type="checkbox"/> Phoojywg	Puas mus kawm ntawv txhua hnub? <input type="checkbox"/> Xav <input type="checkbox"/> Tsis Xav

Thov koj teb cov lus nug ntawm daim ntawv no li uas koj teb tau. Khij vojvoos rau "Hla" yog koj tsis paub teb los yog koj tsis xav teb. Nco ntsoov nrog tus kws khomob tham yog koj muaj lus nu dabtsi txog tej yam uas hais hauv daim ntawv no. Koj cov lus teb yuav muab ceev cia tsis pub leejtwg pom li uas nws yog ib feem ntawm koj cov ntaub ntawv khomob.

Puas xav tau ib tug neeg txhais lus?
 Xav Tsis Xav

Clinic Use Only:

				Nutrition		
Koj puas haus lossis noj 3 pluag mov uas muaj calcium txhua hnub, xws li kua mis nyuj, cheese, yogurt, kua mis taum, lossis taum paj? <i>Drinks/eats 3 servings of calcium-rich foods daily?</i>	Noj <i>Yes</i>	Tsis Noj <i>No</i>	Hla <i>Skip</i>			
Koj puas noj txiv hmab txiv ntoo thiab zaub yam tshawg kawg nkaus 2 zaug tauj ib hnub? <i>Eats fruits and vegetables at least 2 times per day?</i>	Noj <i>Yes</i>	Tsis Noj <i>No</i>	Hla <i>Skip</i>			
Koj puas noj cov zaubmov uas muaj roj ntau, xws li cov zaubmov kib, chips, ice cream, lossis pizza ntau tshaj li ib zaug tauj ib lub limtiam? <i>Eats high fat foods more than once per week?</i>	Tsis Noj <i>No</i>	Noj <i>Yes</i>	Hla <i>Skip</i>			
Koj puas haus ntau tshaj li 12 oz. (npaum li 1 poom dej soda) kua txiv hmab txiv ntoo tauj ib hnub, dej haus ua sports, dej haus kom muaj zog, lossis coffee uas qab zib? <i>Drinks more than 12 oz. per day of juice/sports/energy drink, or sweetened coffee drink?</i>	Tsis Haus <i>No</i>	Haus <i>Yes</i>	Hla <i>Skip</i>			
				Physical Activity		
Koj puas muaj kev tawm dagzog (exercise) lossis ua sports yuav luag txhua hnub hauv ib lub limtiam? <i>Exercises or plays sports most days of the week?</i>	Muaj <i>Yes</i>	Tsis Muaj <i>No</i>	Hla <i>Skip</i>			
Koj puas muaj kev txhawj xeeb txog koj qhov kev hnyav? <i>Concerned about weight?</i>	Tsis Muaj <i>No</i>	Muaj <i>Yes</i>	Hla <i>Skip</i>			
Koj puas saib TV lossis tua video games tsawg tshaj li 2 teev tauj ib hnub? <i>Watches TV or plays video games less than 2 hours per day?</i>	Saib <i>Yes</i>	Tsis Saib <i>No</i>	Hla <i>Skip</i>			
				Safety		
Koj lub tsev puas muaj ib lub tshuab ceebtoom txog pa taws uas tseem ua haujlwm? <i>Home has working smoke detector?</i>	Muaj <i>Yes</i>	Tsis Muaj <i>No</i>	Hla <i>Skip</i>			
Koj lub tsev puas muaj tus nab npawb ntawm Poison Control Center (800-222-1222) lo ze ntawm lub xovtooj? <i>Home has phone # of the Poison Control Center posted by phone?</i>	Muaj <i>Yes</i>	Tsis Muaj <i>No</i>	Hla <i>Skip</i>			
Koj puas niaj zaus sia txoj hlua zoj duav thaum koj caij tsheb? <i>Always wears a seatbelt when riding in a car?</i>	Sia <i>Yes</i>	Tsis Sia <i>No</i>	Hla <i>Skip</i>			
Koj puas siv sijhawm mus nyob hauv ib lub tsev uas muaj ib rab phom? <i>Spends time in a home where a gun is kept?</i>	Tsis Mus <i>No</i>	Mus <i>Yes</i>	Hla <i>Skip</i>			

12	Koj puas siv sijhawm mus nyob nrog ib tus tibneeg uas nqa ib rab phom, rab riam, lossis lwm hom riam-phom? <i>Spends time with anyone who carries a gun, knife, or other weapon?</i>	Tsis Mus No	Mus Yes	Hla Skip	
	Koj puas niaj zaus ntoo lub kaumom thaiv taubhau thaum koj caij bike, skateboard, lossis scooter? <i>Always wears a helmet when riding a bike, skateboard, or scooter?</i>	Ntoo Yes	Tsis Ntoo No	Hla Skip	
	Koj puas tau pom leej twg raug tibneeg tsimtxom lossis ua tsiv rau dua li? <i>Ever witnessed abuse or violence?</i>	Tsis Tau No	Tau Yes	Hla Skip	
	Koj puas tau raug ntaus, npuaj plu, ncaws, lossis raug lwm tus ua rau koj lub cev mob (lossis koj tau ua rau lwm tus raug mob) xyoo tas los? <i>Been hit, slapped, kicked, or physically hurt by someone (or has he/she hurt someone) in the past year?</i>	Tsis Tau No	Tau Yes	Hla Skip	
	Koj puas tau raug thab lossis pheej ntshai nyob tsam lwm tus ho thab koj hauv tsev kawm ntawv/ib ncig zejzos (lossis raug thab cyber-bullied)? <i>Ever been bullied or felt unsafe at school/neighborhood (or been cyber-bullied)?</i>	Tsis Tau No	Tau Yes	Hla Skip	
	Koj puas txhuam hniav thiab siv txoj xov dig hniav txhua hnuv? <i>Brushes and flosses teeth daily?</i>	Txhuam Yes	Tsis Txhuam No	Hla Skip	Dental Health
	Koj puas niaj zaus tu siab, tsis xav ua dabtsi lossis tag kev cia siab li lawm? <i>Often feels sad, down, or hopeless?</i>	Tsis Tu No	Tu Yes	Hla Skip	Mental Health
	Koj puas siv sijhawm mus nyob nrog tej tus tibneeg uas haus luamyeeb? <i>Spends time with anyone who smokes?</i>	Tsis Siv No	Siv Yes	Hla Skip	Alcohol, Tobacco, Drug Use
	Koj puab haus luamyeeb lossis ntsuas luamyeeb? <i>Smokes cigarettes or chews tobacco?</i>	Tsis Haus No	Haus Yes	Hla Skip	
	Koj puas siv lossis hnia tej yam tshuaj kom koj qaug, xws li, haus xas, yeeb dawb, yeeb (crack), Methamphetamine (meth), ecstasy, thiab lwm yam? <i>Uses or sniffs any substance to get high?</i>	Tsis Siv No	Siv Yes	Hla Skip	
	Koj puas siv tej yam tshuaj uas tsis yog xaj los rau koj noj? <i>Uses medicines not prescribed for her/him?</i>	Tsis Siv No	Siv Yes	Hla Skip	
	Koj puas haus dej hauv cawv li ib zaug lossis tshaj ntawd zaug hauv ib lub limtiam? <i>Drinks alcohol once a week or more?</i>	Tsis Haus No	Haus Yes	Hla Skip	
	Yog koj haus dej haus cawv, koj puas haus ntau txaus uas ua rau koj qaug lossis cia li tsis nco qab li lawm? <i>If she/he drinks alcohol, drinks enough to get drunk or pass out?</i>	Tsis Haus No	Haus Yes	Hla Skip	
	Koj puas muaj cov phoojywg lossis cov tibneeg hauv tsevneeg uas siv yeeb-tshuaj lossis haus dej haus cawv? <i>Has friends/family members who have problems with drugs or alcohol?</i>	Tsis Muaj No	Muaj Yes	Hla Skip	
	Koj puas tsav tsheb tom qab koj haus dej haus cawv, lossis caij hauv ib lub tsheb uas tus tibneeg tsav tau haus dej haus cawv lossis siv yeeb-tshuaj? <i>Drives a car after drinking, or rides in a car driven by someone who has been drinking or using drugs?</i>	Tsis Tsav No	Tsav Yes	Hla Skip	
Tej lus koj teb txog txoj kev nrog txiv neej poj niam pw thiab hais txog qhov koj xav ua koj lub neej yav tom ntej muab qhia tsis tau rau leeg twg, xws li koj niam koj txiv, yog koj tsis tso cai.					
	Koj puas tau raug yuam lossis haub kom nrog lwm tus pw uake ua niamtxiv dua li? <i>Ever been forced or pressured to have sex?</i>	Tsis Tau No	Tau Yes	Hla Skip	

28	Koj puas tau nrog leej twg pw ua niamtxiv li (ua qhov ncauj, ua txiv lub qhov paum, lossis ua lub qhov quav)? Yog tsis tau ua dua hla mus teb lolus nug 35. <i>Ever had sex (oral, vaginal, or anal)?</i>	Tsis Tau No	Tau Yes	Hla Skip	
	Koj puas xav hais tias koj lossis koj tus khub muaj ib yam mob vim nrog luag tej pw (STI), xws li Chlamydia, Gonorrhea, genital warts, lossis lwm yam? <i>Thinks she/he or partner could have a STI?</i>	Tsis Xav No	Xav Yes	Hla Skip	
	Koj lossis koj tus khub puas tau pw nrog lwm tus tibneeg xyoo tas los no? <i>She/he or partner(s) had sex with other people in the past year?</i>	Tsis Tau No	Tau Yes	Hla Skip	
	Koj lossis koj tus khub puas tau pw uake ua niamtxiv nrog leejtwg yam tsis tau siv tshuaj noj los tivthaiv kom tsis txhob muaj me nyuam li xyoo tas los no? <i>She/he or partner(s) had sex without using birth control in the past year?</i>	Tsis Tau No	Tau Yes	Hla Skip	
	Koj puas siv kev tswj kom tsis txhob muaj menyuam cov tshuaj noj zaum tas los uas koj nrog leejtwg pw uake ua niamtxiv? <i>Used birth control the last time she/he had sex?</i>	Tsis Siv No	Siv Yes	Hla Skip	
	Koj lossis koj tus khub puas tau pw uake ua niamtxiv nrog leejtwg yam tsis tsis siv ib lub hlab looj txivneej chaw xis xyoo tas los? <i>She/he or partner(s) had sex without a condom in the past year?</i>	Tsis Tau No	Tau Yes	Hla Skip	
	Koj lossis koj tus khub puas siv ib lub hlab looj qau zaum tas los uas neb pw uake ua niamtxiv? <i>She/he or partner used a condom the last time they had sex?</i>	Tsis Siv No	Siv Yes	Hla Skip	
	Koj puas muaj lug nug txog koj tus kheej (qhov uas koj nyiam ib tug txivneej lossis pojniam tib yam li koj) lossis qhov uas koj xav tias koj yog ib tug pojniam, txivneej, lossis lwm tug neeg? <i>Any questions about sexual orientation or gender identity?</i>	Tsis Muaj No	Muaj Yes	Hla Skip	
	Koj puas muaj lwm lolus nug lossis kev txhawj xeeb txog koj txoj kev nojqab haushuv? <i>Any other questions or concerns about health?</i>	Tsis Muaj No	Muaj Yes	Hla Skip	Other Questions

Yog muaj, thov qhia:

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"/> Patient Declined the SHA
<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"/>	
PCP's Signature: _____ Print Name: _____ Date: _____					
SHA ANNUAL REVIEW					
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