

Galitaankas Baadhis Caafimaad

(Staying Healthy Assessment)

Duq (Senior)

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

Fadlan uga jawaab dhamaan su'aalaha foomkan ku qoran sida ugu fican 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.

Turjumaan ma u Baahantahay?
 Haa Maya

Clinic Use Only:

				Nutrition
1	Ma cabtaa ama ma cuntaa 3 cunto oo ay kaalshiyaamtu ku badantahay maalin kasta, sida caanaha, farmaajada, yogarti, caanaha soy ama tofu? <i>Drinks/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	Miyay kugu adagtahay wax raaminta ama liqiddu? <i>Has difficulty chewing or swallowing?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>
8	Ma ka walwalsantahay culayskaaga? <i>Concerned about weight?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>
9	Ma samaysaa jimicsi ama wakhti ma ku bixisaa samaynta dhaqdhaqaaqyada, sida socoshada, dhiraynta, ama dabaalashada ugu yaraan ½ nus saac maalinkii? <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>
10	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>
11	Badanaa dhibaato ma kaa haysataa la socoshada daawooyinkaaga? <i>Often has trouble keeping track of medicines?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>
				Physical Activity
				Safety

12	Saaxiibadaa iyo xubnaha qoysku miyay ka walwalsanyihiin gaadhi wadistaada? <i>Family members/friends worried about her/his driving?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
13	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>	
14	Markarka qaarkood ma kuftaa oo naftaada dhaawac masoo gaadhsiisaa? <i>Sometimes falls and hurts self, or has difficulty getting up?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
15	Qof wax ma kugu dhufatay, ma ku dharbaaxay, ma ku laaday, ama jir ahaan ma ku waxyeelay sanadkii la soo dhaafay? <i>Been hit, slapped, kicked, or physically hurt by someone in past year?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
16	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>	
17	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
18	Markasta ma darentaa murggo, rajo 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
19	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>	
20	Ma u malaynaysaa ama qof kale ma u malaynayaa inay dhibaato kaa haysato wax xasuusashada? <i>Thinks or others think that she/he is having trouble remembering things?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
21	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
22	Saaxiibadaa ama xubnaha qoysku miyay sigaar ku cabaan gurigaaga ama meesha aad ku nooshahay? <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>	
23	Sanadkii lasoo dhaafay, makasoo martay mar aad hal maalin 4 jeer khamro cabtay? <i>In the past year, had 4 or more alcohol drinks in one day?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
24	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>	
25	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>	Sexual Issues

26	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>	
27	Adiga ama lamaanahaagu sanadkii la soo dhaafay ma samayseen galmo kondham la'aan? <i>She/he or your 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>	
28	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>	
29	Ma haysataa qof kaa caawiya gaarista go'aamada ku saabsan caafimaadkaaga iyo daryeelka caafimaada? <i>Has someone to help make decisions about her/his health and medical care?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	Independent Living
30	Caawin ma uga baahantaha qabaysashada, cunto cunidda, socoshada, labisashada, ama isticmaalidda musqusha? <i>Needs help bathing, eating, walking, dressing, or using the bathroom?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
31	Ma leedahay qof aad wacto markaad caawin uga baahantahay arin amarjansi ah? <i>Has someone to call when she/he needs help in an emergency?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
32	Ma qabtaa wax su'aalo kale ah oo ku saabsan caafimaadkaaga? <i>Any other questions or concerns about your 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"/> Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PCP's Signature: _____ Print Name: _____ Date: _____					<input type="checkbox"/> Patient Declined the SHA	
SHA ANNUAL REVIEW						
PCP's Signature: _____ Print Name: _____ Date: _____						
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PCP's Signature: _____ Print Name: _____ Date: _____						
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