

# Pagsusuriupang ManatilingMalusug

(Staying Healthy Assessment)

## 12 – 17 Taon (12 – 17 Years)

Pangalan (una at apelyido)	PetsangKapanganakan	<input type="checkbox"/> Babae <input type="checkbox"/> Lalaki	KasalukuyangPe tsa	GradosaEskuwelahan:
TaongSumasagotsa Form	<input type="checkbox"/> Magulang <input type="checkbox"/> Kamag-anak <input type="checkbox"/> Kaibigan <input type="checkbox"/> Taga-Gabay <input type="checkbox"/> Ibang Tao (Pangalanan)			AtendansiyasaEskuwel ahanPalagi? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi

*Pakisagotlahatnmgakatanungansaformnaitosalahatngiyongmakakaya. Bilugan "HuwagSagutin" kung hindimoalamang sagot o ayawmongsumagot. Siguradohingmakipag-usapsadoktor kung meronkangkatatanungansa anumang bagaysapormangito. Angiyongmgakasagutan ay mapropektahan bilang bahagingiyong rekordmedikal.*

Kailanganang  
Interpreter?  
 Oo Hindi

*Clinic Use Only:*  
Nutrition

1	Umiinom o kumakainkabang 3 hainngpagkaingmayaman-sa calcium saaraw-araw, katuladngagatas, keso, yogurt, gatasnagawasa soya, o tofu? <i>Drinks/eats 3 servings of calcium-rich foods daily?</i>	Oo <small>Yes</small>	Hindi <small>No</small>	HuwagSa gutin <small>Skip</small>	
2	Kumakainkabangmgaputas at gulaydalawangbeses man langsa isang araw? <i>Eats fruits and vegetables at least 2 times per day?</i>	Oo <small>Yes</small>	Hindi <small>No</small>	HuwagSa gutin <small>Skip</small>	
3	Kumakainkabamgapagkaingmayamansataba, katuladngmgapritongpagkain, chips, ice cream, o pizza maramingbeseskaysaisasabawatlinggo? <i>Eats high fat foods more than once per week?</i>	Hindi <small>No</small>	Oo <small>Yes</small>	HuwagSa gutin <small>Skip</small>	
4	Umiinomkabang mas maramikaysa 12 oz. (1 lata ng soda) sabawatarawngjuicedrink, inuminngmaganaglalaro, inumingpampalakas, o inumingmatatamisnakape? <i>Drinks more than 12 oz. per day of juice/sports/energy drink, or sweetened coffee drink?</i>	Hindi <small>No</small>	Oo <small>Yes</small>	HuwagSa gutin <small>Skip</small>	
5	Ikawba ay nag-eehersisyo o naglalarong mga sports karamihansamga arawnglinggo? <i>Exercises or plays sports most days of the week?</i>	Oo <small>Yes</small>	Hindi <small>No</small>	HuwagSa gutin <small>Skip</small>	Physical Activity
6	Problemamobangayonangiyongtimbang? <i>Concerned about weight?</i>	Hindi <small>No</small>	Oo <small>Yes</small>	HuwagSa gutin <small>Skip</small>	
7	Nanunuodkabang TV o naglalarong video games mas maliitkaysa 2 orassabawataraw? <i>Watches TV or plays video games less than 2 hours per day?</i>	Oo <small>Yes</small>	Hindi <small>No</small>	HuwagSa gutin <small>Skip</small>	
8	Angbahaymoba ay mayroong gumaganang detektorngusok? <i>Home has working smoke detector?</i>	Oo <small>Yes</small>	Hindi <small>No</small>	HuwagSa gutin <small>Skip</small>	Safety
9	Angiyongbahayba ay mayroong numerong teleponong Poison Control Center (800-222-1222) nanaisulatsaiyong telepono? <i>Home has phone # of the Poison Control Center posted by phone?</i>	Oo <small>Yes</small>	Hindi <small>No</small>	HuwagSa gutin <small>Skip</small>	
10	Palagika bang gumagamitng seat bealt kung ikaw ay nagmamanehongkotse? <i>Always wears a seatbelt when riding in a car?</i>	Oo <small>Yes</small>	Hindi <small>No</small>	HuwagSa gutin <small>Skip</small>	
11	Nagpapalipaskabasabahayna may nakatagongbaril? <i>Spends time in a home where a gun is kept?</i>	Hindi <small>No</small>	Oo <small>Yes</small>	HuwagSa gutin <small>Skip</small>	

12	Nagpapalipaskabangorasna may kasamangnagdadalangbaril, kutsilyo, o iba pang armas? <i>Spends time with anyone who carries a gun, knife, or other weapon?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
13	Ikawba ay palaginggumagamitng helmet kung sumasakaysabisekleta, skateboard, o scooter? <i>Always wears a helmet when riding a bike, skateboard, or scooter?</i>	Oo <i>Yes</i>	Hindi <i>No</i>	HuwagSagutin <i>Skip</i>	
14	Ikawba ay naging testigo nangpang-aabuso o bayulente? <i>Ever witnessed abuse or violence?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
15	Ikawba ay tinamaan, sinampal, tinadyakan, o sinaktansapisikalng kung sinosalooobnoongisangtaon? <i>Been hit, slapped, kicked, or physically hurt by someone (or has he/she hurt someone) in the past year?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
16	Natuksokanaba o may pakiramdamka bang hindiligtassaeskuwelahan o saiyongkumyunidad (o na cyber-bullied)? <i>Ever been bullied or felt unsafe at school/neighborhood (or been cyber-bullied)?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
17	Ikawba ay nagsisipilyo at nag-flo-floss ngiyongngipinaraw-araw? <i>Brushes and flosses teeth daily?</i>	Oo <i>Yes</i>	Hindi <i>No</i>	HuwagSagutin <i>Skip</i>	Dental Health
18	Palagikabangnakakaramdamngkalungkutan, pagka baba, o kawalanngpag-asa? <i>Often feels sad, down, or hopeless?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	Mental Health
19	Nagpapalipaskabanyoraskasamaangisangnaninigarilyo? <i>Spends time with anyone who smokes?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	Alcohol, Tobacco, Drug Use
20	Naninigarilyokabangsigarilyo o ngumunguyangtabako? <i>Smokes cigarettes or chews tobacco?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
21	Gumagamitkaba o umaamoynganomangsubstansiyaparamaging high, gayang marijuana, cocaine, crack, Methamphetamine (meth), ecstasy, etc.? <i>Uses or sniffs any substance to get high?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
22	Gumagamit ka ba ng mga gamot na hindi iniresita para sa iyo? <i>Uses medicines not prescribed for her/him?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
23	Umiinomkabangalkoholisangbesessaisanglinggo o masmadami? <i>Drinks alcohol once a week or more?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
24	Kung umiinomkabangmasmaramihanggangikaw ay malasing o mahimatay? <i>If she/he drinks alcohol, drinks enough to get drunk or pass out?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
25	Mayroonkabangmgakaibigan o mgamiyembrongpamilyanamay problema samga droga o alkohol? <i>Has friends/family members who have problems with drugs or alcohol?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
26	Nagmamanehokabangkotsepagkataposkanguminom, o sumasakaysakotsenaminamanehongumiinom o gumagamitngmgadroga? <i>Drives a car after drinking, or rides in a car driven by someone who has been drinking or using drugs?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
27	Ikawba ay minsannangpinilit o naubliganamagkaroonngpakikipagtalik? <i>Ever been forced or pressured to have sex?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	Sexual Issues
28	Nagkaroonkanabangpakikipagtalik (oral, vaginal, o anal)? <i>Kung hindi, sagutinangtanongsanumero 35.</i> <i>Ever had sex (oral, vaginal, or anal)?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	

29	Sa palagaymobaikaw o angiyongkapareha ay bakanahawaannginpeksiyongalingsapakikipagtalik (STI), tuladng Chlamydia, Gonorrhea, genital warts, etc.? <i>Thinks she/he or partner could have a STI?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
30	Ikawba o angiyong (mga) kapareha ay nagkaroonngpagtataliksamgaibangtaosalooobngnakaraangtaon? <i>She/he or partner(s) had sex with other people in the past year?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
31	Ikawba o angiyong (mga) kapareha ay nagkaroonngpagtataliknahindigumamitngpangontrasapagbubuntis salooobngnakaraangtaon? <i>She/he or partner(s) had sex without using birth control in the past year?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
32	Noonghulingnagkaroonkangpakikipagtalik, gumamitkabangpangnontrasapagbubuntis? <i>Used birth control the last time she/he had sex?</i>	Oo <i>Yes</i>	Hindi <i>No</i>	HuwagSagutin <i>Skip</i>	
33	Ikawba o angiyong (mga) kapareha ay nagkaroonngpagtataliknawalang condom salooobngnakaraangtaon? <i>She/he or partner(s) had sex without a condom in the past year?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
34	Ikawba o angiyongkapareha ay gumamitng condom noonghulikayongnagtalik? <i>She/he or partner used a condom the last time they had sex?</i>	Oo <i>Yes</i>	Hindi <i>No</i>	HuwagSagutin <i>Skip</i>	
35	Mayroon ka bang anumang mga tanong tungkol sa iyong sekswal na oryentasyon (kung kanino ka naakit) o pagkakakilanlang kasarian (ano ang pakiramdam mo bilang lalaki, babae o iba pang kasarian)? <i>Any questions about sexual orientation or gender identity?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	
36	Ikawba ay mayron pang ibangkatanungan o mgapag-aalalatungkolsaiyongkalusugan? <i>Any other questions or concerns about health?</i>	Hindi <i>No</i>	Oo <i>Yes</i>	HuwagSagutin <i>Skip</i>	Other Questions

*Kung oo, pakilarawan:*

<b>Clinic Use Only</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"/> <b>Patient Declined the SHA</b>
<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:	
<b>SHA ANNUAL REVIEW</b>					
PCP's Signature:	Print Name:			Date:	
PCP's Signature:	Print Name:			Date:	
PCP's Signature:	Print Name:			Date:	
PCP's Signature:	Print Name:			Date:	