

Kuaj Txoj Kev Nojqab Haushuv

(Staying Healthy Assessment)

0 – 6 Hli (0 – 6 Months)

| | | | | |
|----------------------------------|--|---------------------------------------|-----------------------------------|--|
| Tus menyuam lub npe (npe & xeem) | Hnub Yug | <input type="checkbox"/> Ntxhais | Hnub tim | Puas Mus Rau Neeg Zov? |
| | | <input type="checkbox"/> Tub | | <input type="checkbox"/> Mus <input type="checkbox"/> Tsis Mus |
| Tus neeg uas ua daim ntawv no | <input type="checkbox"/> Niam los Txiv | <input type="checkbox"/> Tus Txheebze | <input type="checkbox"/> Phoojywg | Puas xav tau kev pab txog daim ntawv no? |
| | <input type="checkbox"/> Tus Saib Xyuas | | | <input type="checkbox"/> Xav <input type="checkbox"/> Tsis Xav |
| | <input type="checkbox"/> Lwm tus (Qhia kom meej) | | | |

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 nug 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:

| 1 | Koj puas pub niam mis rau koj tus menyuam mosliab noj? <i>Breastfeeds baby?</i> | Pub <i>Yes</i> | Tsis Pub <i>No</i> | Hla <i>Skip</i> | Nutrition |
|----|---|------------------------|------------------------|--------------------|-------------------|
| 2 | Koj puas muaj kev txhawj xeeb txog koj tus menyuam mosliab qhov kev hnyav? <i>Concerned about baby's weight?</i> | Tsis Muaj <i>No</i> | Muaj <i>Yes</i> | Hla <i>Skip</i> | Physical Activity |
| 3 | Koj tus menyuam mosliab puas saib TV? <i>Baby watches any TV?</i> | Tsis Saib <i>No</i> | Saib <i>Yes</i> | Hla <i>Skip</i> | |
| 4 | 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> | Safety |
| 5 | Koj puas tau muab koj cov dej kub txo kom sov xwb (qis tshaj 120 degree)? <i>Water temperature turned down to low-warm?</i> | Tau <i>Yes</i> | Tsis Tau <i>No</i> | Hla <i>Skip</i> | |
| 6 | Yog koj lub tsev muaj ntau tshaj ib xab, koj puas tau muab dabtsi los thaiv cov qhov rais thiab rooj vag thaiv tus ntaiv kom menyuam tsis txhob poob? <i>Safety guards on window and gates for stairs in multi-level home?</i> | Tau <i>Yes</i> | Tsis Tau <i>No</i> | Hla <i>Skip</i> | |
| 7 | Koj puas tau muab cov tshuaj ntxuav tsev, tshuaj noj, thiab ntais xauv khaws cia? <i>Cleaning supplies, medicines and matches locked away?</i> | Tau <i>Yes</i> | Tsis Tau <i>No</i> | Hla <i>Skip</i> | |
| 8 | 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> | |
| 9 | Koj puas niaj zaug muab koj tus menyuam mosliab pw ntxeev tiaj? <i>Always puts baby to sleep on her/his back?</i> | Muab <i>Yes</i> | Tsis Muab <i>No</i> | Hla <i>Skip</i> | |
| 10 | Koj puas niaj zaus nyob nrog koj tus menyuam mosliab thaum nws nyob hauv lub dab da dej? <i>Always stays with baby in the bathtub?</i> | Nyob <i>Yes</i> | Tsis Nyob <i>No</i> | Hla <i>Skip</i> | |

| | | | | | |
|----|--|------------------------|------------------------|--------------------|------------------|
| 11 | Koj puas niaj zaus muab koj tus menyuam mosliab zaum hauv lub rooj zoj menyuam thiab muab nws zoj tig rov tom qab rau lub rooj zaum tom qab hauv tsheb? <i>Always places baby in a rear facing car seat in the back seat?</i> | Muab <i>Yes</i> | Tsis Muab <i>No</i> | Hla <i>Skip</i> | |
| 12 | Koj puas siv lub rooj zoj menyuam uas haum raws li koj tus menyuam mosliab lub hnuv nyoog thiab nws qhov kev hnyav? <i>Car seat used is correct size for age and size of baby?</i> | Siv <i>Yes</i> | Tsis Siv <i>No</i> | Hla <i>Skip</i> | |
| 13 | Koj tus menyuam mosliab puas siv sijhawm mus nyob hauv ib lub tsev uas muaj ib rab phom? <i>Baby spends time in home where a gun is kept?</i> | Tsis Nyob <i>No</i> | Nyob <i>Yes</i> | Hla <i>Skip</i> | |
| 14 | Koj puas tau niaj zaus muab ib lub taub mis uas ntim mis menyuam mosliab, mis nyuj, los dej dawb nkaus xwb thiab tsis yog lwm yam li rau koj tus menyuam mosliab noj? <i>Gives baby a bottle with anything in it except formula, milk or water?</i> | Tsis Tau <i>No</i> | Tau <i>Yes</i> | Hla <i>Skip</i> | Dental Health |
| 15 | Koj tus menyuam mosliab puas siv sijhawm mus nyob nrog tej tus tibneeg uas haus luamyeeb li? <i>Baby spends time with anyone who smokes?</i> | Tsis Siv <i>No</i> | Siv <i>Yes</i> | Hla <i>Skip</i> | Tobacco Exposure |
| 16 | Koj puas muaj lwm lolus nug lossis kev txhawj xeeb txog koj tus menyuam mosliab txoj kev nojqab haushuv, txoj kev loj hlob, lossis nws tus cwjpw? <i>Any other questions or concerns about baby's health, development or behavior?</i> | Tsis Muaj <i>No</i> | Muaj <i>Yes</i> | Hla <i>Skip</i> | Other Questions |

Yog muaj, thov qhia:

| <i>Clinic Use Only</i> | 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"/> Tobacco Exposure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| PCP's Signature: | | Print Name: | | | Date: |