

Galitaanka Baadhis Caafimaad

(Staying Healthy Assessment)

5 – 8 Sano (5 – 8 Years)

Magaca ilmaha (kan koobaad iyo kan ugu danbeeya)	Taariikhda Dhalashada	<input type="checkbox"/> Dhidig <input type="checkbox"/> Lab	Taariikhda Maanta	Fasalka Iskuulka?
Qofka Foomka Buuxinaya	<input type="checkbox"/> Waalid <input type="checkbox"/> Qaraabo <input type="checkbox"/> Saaxiib <input type="checkbox"/> Masuul <input type="checkbox"/> Wax kale (Sheeg)			Xaadiritaanka Iskuulka Joogto? <input type="checkbox"/> Haa <input type="checkbox"/> Maya

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.

Turjumaan ma u Baahantahay?
 Haa Maya

Clinic Use Only:

Nutrition

1	Ilmahaagu ma cabbaa ama ma cunaa 3 cunto oo ay kalshiyaam ka buuxdo maalin kasta, sida caano, farmaajo, yogarti, caanaha soy, ama tafu? <i>Child drinks/eats 3 servings of calcium-rich foods daily</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>
2	Ilmahaagu ma cunaa furuudka iyo qudaarta ugu yaraan laba goor maalintii? <i>Child eats fruits and vegetables at least two times per day?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>
3	Ilmahaagu ma cunaa cuntada ay duxdu ku badnatahay, sida cuntada la dubay, jibista, jalaatada, ama biisaha in kabadan hal mar asbuucii? <i>Child eats high fat foods more than once per week?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>
4	Ilmahaagu ma cabbaa wax kabadan hal koob ooyar (4 - 6 oz.) oo juus ah maalinkii? <i>Child drinks more than one small cup of juice per day?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>
5	Ilmahaagu ma cabbaa soodho, cabitaanada juuska, cabitaanada ciyaartoyda, cabitaanada tamarta, ama cabitaanada kale ee la macaaneeyay hal mar asbuucii? <i>Child drinks soda, juice/ sports/ energy drinks, or other sweetened drinks more than once per week?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>
6	Ilmahaagu jimicsi ma sameeyaa ama ma ciyaaraa ciyaaraha inta badan maalmaha asbuuca? <i>Child exercises or plays sports most days of the week?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>
7	Ma ka walwalsantahay culayska ilmaahaga? <i>Concerned about child's weight?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>
8	Ilmahaagu ma daawadaa TVga ama ma ciyaaraa gaymamka fiidyowga wax ka yar 2 saac maalin kasta? <i>Child watches TV or plays video games less than 2 hours per day</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>
9	Gurigaagu ma leeyahay qiiq dareeme shaqaynaya? <i>Home has a working smoke detector?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>
10	Heerkulka biyahaaga hoos ma u dhigtaa si ay u yaraato diirimaadka (wax ka yar 120 digrii)? <i>Water temperature turned down to low-warm?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>
11	Gurigaagu ma leeyahay teleefoon lambarka Xarunta Koontaroolidda Sunta (800-222-1222) ee kuu tusayo telfoonkaagu? <i>Home has phone # of the Poison Control Center posted by phone?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>
12	Markasta ilmahaaga ma dhigtaa kursiga gadaale (ama ma isticmashaa suunka kursiga haddii uu ilmahaagu ka waynyahay 4'9")? <i>Always places child in booster seat in back seat (or uses a seat belt) if child is over 4'9"?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>
13	Ilmahaagu wakhti ma ku lumiyaa meelaha u dhow barkadda lagu dabaasho, wabiga, ama harada? <i>Child spends time near a swimming pool, river, or lake?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>

Physical Activity

Safety

14	Ilmahaagu wakhti ma ku lumiyaa guri uu yaallo gori? <i>Child spends time in home where a gun is kept?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
15	Ilmahaagu wakhti ma la qaataa qof iska wata qori, toori, ama hub kale? <i>Child spends time with anyone who carries a gun, knife, or other weapon?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
16	Ilmahaagu markasta ma wuu xidhaa hamlet marka uu mootada wadayo, uu wadayo afar lugoodka ama mootada iskuutarka loo yaqaanno? <i>Child always wears a helmet when riding a bike, skateboard, or scooter</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
17	Ilmahaagu waligii ma usoo joogay ama ma noqday dhibane qalalaase? <i>Child ever witnessed or been victim of abuse or violence?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
18	Ilmahaaga wax ma lagu dhuftay ama isugu cid wax ma ku dhuftay sanadkii la soo dhaafay? <i>Has child been hit or hit someone in the past year?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
19	Ilmahaaga waligii ma la hagar daameeyay ama amni darro ma ku dareemay iskuulka ama dariska (ama ma la waxyeleeyay)? <i>Has child ever been bullied or felt unsafe at school/neighborhood (or been cyber-bullied)?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
20	Ilmahaagu ma cadayaa ilkihiisa/ilkaheeda maalin kasta? <i>Child brushes and flosses teeth daily?</i>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	Dental Health
21	Ilmahaagu inta badan ma wuxuu u muuqdaa mid murugaysan? <i>Child often seems sad or depressed?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	Mental Health
22	Ilmahaagu wakhti ma la qaataa qof sigaarka cabba? <i>Child spends time with anyone who smokes?</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	Tobacco Exposure
23	Wax su'aalo ah oo kale ama walwal ah ma ka qabtaa habdhaqanka caafimaad ee ilmahaaga? <i>Any other questions or concerns about child's health or behavior?</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"/> Tobacco Exposure	<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: