

# Kuaj Txoj Kev Nojqab Haushuv

(Staying Healthy Assessment)

## 9 – 11 Xyoos (9 – 11 Years)

Tus menyuam lub npe (npe & xeem)	Hnub Yug	<input type="checkbox"/> Ntxhais <input type="checkbox"/> Tub	Hnub tim	Kawm ntawv hooob 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 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

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#	Question	Yes	No	Hla	Category
1	Koj tus menyuam puas haus/noj 3 pluag mov uas muaj calcium txhua hnub, xws li kua mis nyuj, cheese, yogurt, kua mis taum, lossis taum paj? <i>Child drinks/eats 3 servings of calcium rich foods daily?</i>	Noj <i>Yes</i>	Tsis Noj <i>No</i>	Hla <i>Skip</i>	Nutrition
2	Koj tus me nyuam puas noj txiv hmab txiv ntoo thiab zaub tsawg kawg ob zaug tauj ib hnub? <i>Child eats fruits and vegetables at least two times per day?</i>	Noj <i>Yes</i>	Tsis Noj <i>No</i>	Hla <i>Skip</i>	
3	Koj tus menyuam 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>Child eats high fat foods more than once per week?</i>	Tsis Noj <i>No</i>	Noj <i>Yes</i>	Hla <i>Skip</i>	
4	Koj tus menyuam puas haus ntau tshaj ib khob (8 oz.) kua txiv hmab txiv ntoo tauj ib hnub? <i>Child drinks more than one cup of juice per day?</i>	Tsis Haus <i>No</i>	Haus <i>Yes</i>	Hla <i>Skip</i>	
5	Koj tus menyuam puas haus dej soda, kua txiv hmab txiv ntoo, dej haus ua sports, dej haus kom muaj zog, lossis lwm hom dej qab zib tshaj ib zaug tauj ib lub limtiam? <i>Child drinks soda, juice/sports/energy drinks or other sweetened drinks more than once per week?</i>	Tsis Haus <i>No</i>	Haus <i>Yes</i>	Hla <i>Skip</i>	
6	Koj tus menyuam puas muaj kev tawm dagzog (exercise) lossis ua sports yuav luag txhua hnub hauv ib lub limtiam? <i>Child exercises or plays sports most days of the week?</i>	Muaj <i>Yes</i>	Tsis Muaj <i>No</i>	Hla <i>Skip</i>	Physical Activity
7	Koj puas muaj kev txhawj xeeb txog koj tus menyuam qhov kev hnyav? <i>Concerned about child’s weight?</i>	Tsis Muaj <i>No</i>	Muaj <i>Yes</i>	Hla <i>Skip</i>	
8	Koj tus menyuam puas saib TV lossis tua video games ua si tshawg tshaj 2 teev tauj ib hnub? <i>Child 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>	
9	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

10	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>		
11	Koj tus menyuam puas niaj zaus siv txoj hlua zoj duav thaum zaum tom qab hauv tsheb (lossis siv lub rooj tiag menyuam pobtw (booster seat) yog koj tus menyuam qis tshaj li 4'9")? <i>Child always uses a seat belt in the back seat (or booster seat) if under 4'9"?</i>	Siv <i>Yes</i>	Tsis Siv <i>No</i>	Hla <i>Skip</i>		
12	Koj tus menyuam puas siv sijhawm mus nyob ze ib lub pas dej da, ib tug dej, lossis ib lub pas dej? <i>Child spends time near a swimming pool, river, or lake?</i>	Tsis Mus <i>No</i>	Mus <i>Yes</i>	Hla <i>Skip</i>		
13	Koj tus menyuam puas siv sijhawm mus nyob hauv ib lub tsev uas muaj ib rab phom? <i>Child 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 tus menyuam puas siv sijhawm mus nyob nrog tej tus tibneeg uas nqa ib rab phom, rab riam, lossis lwm hom riam-phom? <i>Child spends time with anyone who carries a gun, knife, or other weapon?</i>	Tsis Mus <i>No</i>	Mus <i>Yes</i>	Hla <i>Skip</i>		
15	Koj tus menyuam puas niaj zaus ntoo ib lub kausmom thaiv taubhau thaum nws caij bike, skateboard, lossis scooter? <i>Child always wears helmet when riding a bike, skateboard, or scooter?</i>	Ntoo <i>Yes</i>	Tsis Ntoo <i>No</i>	Hla <i>Skip</i>		
16	Koj tus menyuam puas tau pom lossis raug tibneeg tsimtxom lossis ua tsiv rau dua li? <i>Child ever witnessed or been victim of abuse or violence?</i>	Tsis Yog <i>No</i>	Yog <i>Yes</i>	Hla <i>Skip</i>		
17	Koj tus menyuam puas tau raug ntaus lossis tau ntaus lawm tug xyoo tas los no? <i>Has child been hit or hit someone in the past year?</i>	Tsis Tau <i>No</i>	Tau <i>Yes</i>	Hla <i>Skip</i>		
18	Koj tus menyuam puas tau raug thab, pheej ntshai nyob tсам lwm tus ho thab nws hauv tsev kawm ntawv/ib ncig zejzoz (lossis raug thab cyber-bullied)? <i>Has child ever been bullied, felt unsafe at school/neighborhood (or been cyber-bullied)?</i>	Tsis Tau <i>No</i>	Tau <i>Yes</i>	Hla <i>Skip</i>		
19	Koj puas pab koj tus menyuam txhuam hniav thiab siv xov dig hniav txhua hnuv? <i>Child brushes and flosses teeth daily?</i>	Pab <i>Yes</i>	Tsis Pab <i>No</i>	Hla <i>Skip</i>		Dental Health
20	Koj tus menyuam puas pheej niaj zaus tu siab lossis nyuaj siab? <i>Child often seems sad or depressed?</i>	Tsis Tu <i>No</i>	Tu <i>Yes</i>	Hla <i>Skip</i>		Mental Health
21	Koj tus menyuam puas siv sijhawm mus nyob ze ib tug tibneeg uas haus luamyeeb? <i>Child spends time with anyone who smokes?</i>	Tsis Siv <i>No</i>	Siv <i>Yes</i>	Hla <i>Skip</i>		Tobacco Exposure

22	Koj tus menyuam puas tau haus dua luamyeeb lossis ntsuas dua luamyeeb li? <i>Has child ever smoked cigarettes or chewed tobacco?</i>	Tsis Tau No	Tau Yes	Hla Skip	
23	Koj puas txhawj xeeb hais tias nyob tsam koj tus menyuam ho mus siv yeeb-tshuaj lossis mus hnia tej yam tshuaj, xws li glue, kom qaug? <i>Concerned that child may be using drugs or sniffing substances to get high?</i>	Tsis Txhawj No	Txhawj Yes	Hla Skip	
24	Koj puas txhawj xeeb hais tias nyob tsam koj tus menyuam ho mus haus dej haus cawv, xws li beer, wine, wine coolers, lossis cawv? <i>Concerned that child may be drinking alcohol?</i>	Tsis Txhawj No	Txhawj Yes	Hla Skip	
25	Koj tus menyuam puas muaj cov phoojywg lossis cov tibneeg hauv tsevneeg uas haus yeeb-tshuaj lossis haus dej haus cawv? <i>Child has friends/family members who have problems with drugs or alcohol?</i>	Tsis Muaj No	Muaj Yes	Hla Skip	
26	Koj tus menyuam puas tau pib mus tham lossis “mus ua si” nrog hluas nraug lossis hluas nkauj? <i>Child started dating or “going out” with boyfriends or girlfriends?</i>	Tsis Tau No	Tau Yes	Hla Skip	Sexual Issues
27	Koj puas xav hais tias tej zaum koj tus menyuam pheej nyiam mus nrog nws tus hluas nraug lossis hluas nkauj pw ua niamtxiv? <i>Thinks child might be sexually active?</i>	Tsis Xav No	Xav Yes	Hla Skip	
28	Koj puas muaj lwm lolus nug lossis txhawj xeeb txog koj tus menyuam txoj kev nojqab hauvhuv, txoj kev loj hlob, lossis nws tus cwjpw? <i>Any other questions or concerns about child’s health or behavior?</i>	Tsis Muaj No	Muaj Yes	Hla Skip	Other Questions

Yog muaj, thov qhia:

<b><i>Clinic Use Only</i></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:	