

Galitaanka Baadhis Caafimaad

(Staying Healthy Assessment)

12 – 17 Sano (12 – 17 Years)

Magaca (koobaad & ugu danbeeya)	Taariikhda Dhalashada	Dhidig	Taariikhda Maanta	Fasalka Iskuulka:
		Lab		
Qofka Foomka Buuxinaya	Waalid	Qaraabo	Saaxiib	Masuul
	Wax kale (Sheeg)			
<p><i>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. Su'aalahaaga waxaa loo ilaan doonaa sidii inay qayb ka yihiin qoraalka warbinxinta caafimaadkaaga.</i></p>				Turjumaan ma u Baahantahay? Haa Maya
				<i>Clinic Use Only:</i>
				Nutrition
1	Ma cabtaa ama ma cuntaa 3 cunto oo ay kaalshiyaam ka buuxdo maalinkasta, sida caanaha, farmaajada, yogarti, caanaha soy, ama tofu? Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>
2	Ma cuntaa furuudka iyo qudaarta ugu yaraan 2 gor maalintii? Do you eat fruits and vegetables at least 2 times per day?	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>
3	Ma cuntaa cutada ay duxdu ku badnatahay, sida cuntada la dubo, jibista, jalaatada, ama biisaha in kabadan hal mar asbuucii? Do you eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week?	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>
4	Ma cabtaa wax ka badan 12 oz. (1 soodha) maalintii oo cabitaan juus ah, cabitaanka ciyaartoyda, cabitaanka tamarta, ama cabitaan kofee oo la macaaneeyay? Do you drink more than 12 oz. (1 soda can) per day of juice drink, sports drink, energy drink, or sweetened coffee drink?	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>
5	Jimicsi ma samaysaa ama ciyaaraha ma ciyaartaa inta badan maalmaha asbuuca? Do you exercise or play sports most days of the week?	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>
6	Ma ka walwalsantahay culayskaaga? Are you concerned about your weight?	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>
7	Ma daawataa TVga ama ma ciyaartaa gaymamka fiidyowga in kabadan 2 saac maalintii? Do you watch TV or play video games less than 2 hours per day?	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>
8	Gurigaagu ma leeyahay qiiq dareeme shaqayanya? Does your home have a working smoke detector?	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>
				Safety

9	Gurigaagu ma haystaa lambarka teleefoonka ee Xarunta Koontaroolidda Sunta (800-222-1222) oo uu soo qoroyo telfoonkaagu? Does your home have the phone number of the Poison Control Center (800-222-1222) posted by your phone?	Haa Yes	Maya No	Ka noqo Skip		
10	Markasta ma xidhataa suunka gaariga markaad gaadhiga kaxaynayso? Do you always wear a seatbelt when riding in a car?	Haa Yes	Maya No	Ka noqo Skip		
11	Wakhti ma ku qaadataa guri uu qori yaallo? Do you spend time in a home where a gun is kept?	Maya No	Haa Yes	Ka noqo Skip		
12	Wakhti ma la qaadataa qof iska wata qori, toorey, ama nooc kale oo hub ah? Do you spend time with anyone who carries a gun, knife, or other weapon?	Maya No	Haa Yes	Ka noqo Skip		
13	Markasta ma xidhataa hamlet markaad kaxaynayso mooto, afar lugooley, ama mootada iskuutarka? Do you always wear a helmet when riding a bike, skateboard, or scooter?	Haa Yes	Maya No	Ka noqo Skip		
14	Waligaa goob joog ma u ahayd waxeello ama qalalaase? Have you ever witnessed abuse or violence?	Maya No	Haa Yes	Ka noqo Skip		
15	Waligaa qof wax ma kugu dhuftay, ma ku dharbaaxay, ma ku laaday, ama jir ahaan waxyeello ma kuugu gaystay (ama adigu qof ma wax yeelaysay) sanadkii la soo dhaafay? Have you been hit, slapped, kicked, or physically hurt by someone (or have you hurt someone) in the past year?	Maya No	Haa Yes	Ka noqo Skip		
16	Waligaa ma lagu hagar daameeyay ama amni darro ma ku darentay iskuulka ama dariskaaga (ama hagar daamo ma lagu so gaadhsiiyay)? Have you ever been bullied or felt unsafe at school or in your neighborhood (or been cyber-bullied)?	Maya No	Haa Yes	Ka noqo Skip		
17	Ilkahaaga maalin kasta ma cadaydaa? Do you brush and floss your teeth daily?	Haa Yes	Maya No	Ka noqo Skip		Dental Health
18	Badanaa ma darentaa murugo, hoos u dhac, ama rajo la'aan? Do you often feel sad, down, or hopeless?	Maya No	Haa Yes	Ka noqo Skip		Mental Health
19	Wakhti ma la qaadataa qof sigaarka cabba? Do you spend time with anyone who smokes?	Maya No	Haa Yes	Ka noqo Skip		Alcohol, Tobacco, Drug Use
20	Sigaarka ma cabtaa ama tubaakada ma ruugtaa? Do you smoke cigarettes or chew tobacco?	Maya No	Haa Yes	Ka noqo Skip		
21	Ma isticmashaas ama ma jiidaa walax aad ku doorsoonto, sida maarijuuna, ama kookayn, karaka, metafetamiin (meet), estasi, iwm.? Do you use or sniff any substance to get high, such as marijuana, cocaine, crack, Methamphetamine (meth), ecstasy, etc.?	Maya No	Haa Yes	Ka noqo Skip		

22	Ma isticmaashaa daawooyin aan lagu qorin? Do you use medicines not prescribed for you?	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
23	Khamro ma cabtaa hal mar asbuucii ama wax ka badan? Do you drink alcohol once a week or more?	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
24	Haddii aad khamro cabto, ma aad baad u cabtaa ilaa aad ka sarqaanto ama aad isku saxarooto? If you drink alcohol, do you drink enough to get drunk or pass out?	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
25	Ma leedahay saaxiibbo ama xubno qoys kuwaas oo ay dhibaato ka haysato daroogada ama khamriga? Do you have friends or family members who have a problem with drugs or alcohol?	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
26	Gaadhi ma waddaa kadib markaad cabto, ama ma raacdaa gaari uu wado qof cabsan ama daroogaysan? Do you drive a car after drinking, or ride in a car driven by someone who has been drinking or using drugs?	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
Su'aalahaaga ku saabsan galmada iyo qorshaynta qoyska lalama wadaagi karo qofna, xitaa waalidkaa, haddii uusan jirin ogalaanshahaaga.					
27	Waligaa ma lagugu khasbay ama ma lagugu cadaadiyay in galmo lagula sameeyo? Have you ever been forced or pressured to have sex?	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	Sexual Issues
28	Waligaa galmo ma samaysay (mid afka ah, mid farjiga ah, ama mid dabada ah)? <i>Haddii ay maya tahay, u bood su'aasha 35.</i> Have you ever had sex (oral, vaginal, or anal)? <i>If no, skip to question 35</i>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
29	Ma u malaynaysaa in adiga ama lamaanahaagu uu qabi karo cudurada galmada la isugu gudbiyo (STI), sida Infkacshanka, jabtida, bakteeriyada xubnaha, iwm.? Do you think you or your partner could have a sexually transmitted infection (STI), such as Chlamydia, Gonorrhea, genital warts, etc.?	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
30	Adigu ama lamaanahaagu galmo ma la sameeyay dad kale sanadkii la soo dhaafay? Have you or your partner(s) had sex with other people in the past year?	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
31	Adiga ama lamaanahaagu galmo ma sameeyay isagoon isticmaalayn waxa koontaroola dhalmada? Have you or your partner(s) had sex without using birth control in the past year?	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
32	Markii ugu danbaysay ee aad galmo samaysay, ma isticmaashay wax dhalmada koontaroola? The last time you had sex, did you use birth control?	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
33	Adiga ama lamaanahaagu galmo ma sameeyay kondham la'aan sanadkii la soo dhaafay? Have you or your partner(s) had sex without a condom in the past year?	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
34	Adiga ama lamaanahaagu ma isticmaalay kondham markii ugu danbaysay ee ay galmo sameeyeen? Did you or your partner use a condom the last time you had sex?	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	

35	<p>Ma qabtaa wax su'aalo ah oo ku saabsan nooca galmo ee aad door biddo (cidda kusoo jiidata) ama aqoonsiga jinsiga (sida aad u dareento wiil ahaan ama gabar ama jinsi kale)?</p> <p>Do you have any questions about your sexual orientation (who you are attracted to) or gender identity (how you feel as a boy, girl, or other gender)?</p>	<p>Maya <i>No</i></p>	<p>Haa <i>Yes</i></p>	<p>Ka noqo <i>Skip</i></p>	
36	<p>Ma qabtaa wax su'aalo kale ah oo ku saabsan caafimaadkaaga?</p> <p>Do you have any other questions or concerns about your health?</p>	<p>Maya <i>No</i></p>	<p>Haa <i>Yes</i></p>	<p>Ka noqo <i>Skip</i></p>	Other Questions

Haddey haa tahay, fadlan qeex:

<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"/> 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:	
SHA ANNUAL REVIEW					
PCP's Signature:		Print Name:		Date:	
PCP's Signature:		Print Name:		Date:	
PCP's Signature:		Print Name:		Date:	
PCP's Signature:		Print Name:		Date:	

Patient Declined the SHA