

Galitaanka Baadhis Caafimaad

(Staying Healthy Assessment)

0 – 6 bilood (0 – 6 Months)

Magaca ilmaha (kan koobaad iyo kan ugu danbeeya)		Taariikhda Dhalashada	<input type="checkbox"/> Dhadig <input type="checkbox"/> Lab	Taariikhda Maanta	Goobta Ilmaha/Xanaanada Ilmaha? <input type="checkbox"/> Haa <input type="checkbox"/> Maya
Qofka Foomka Buuxinaya		<input type="checkbox"/> Waalid <input type="checkbox"/> Qaraabo <input type="checkbox"/> Saaxiib <input type="checkbox"/> Masuul <input type="checkbox"/> Cid kale (Sheeg)			Caawin Ma Uga Baahantahay Buuxinta Foomka? Haa Maya
<p><i>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 jawaaboto. Xaqiiji inaad la hadasho dhakhtarka haddii aad qabto su'aal ku saabsan wax ku qoran foomkan. Jawaabahaaga waxaa loo ilaalin doonaa sidii inay qayb ka yihiin qoraalka warbixintaada caafimaad.</i></p>					Turjumaan ma u Baahantahay? Haa Maya
					<i>Clinic Use Only:</i> Nutrition
1	Ilmahaaga naaska ma nuujisaa? Do you breastfeed your baby?	Haa Yes	Maya No	Ka noqo Skip	Physical Activity
2	Ma ka walwalsantahay ilmahaaga culayskiisa? Are you concerned about your baby's weight?	Maya No	Haa Yes	Ka noqo Skip	
3	Ilmahaagu ma daawadaa TVga? Does your baby watch any TV?	Maya No	Haa Yes	Ka noqo Skip	
4	Gurigaagu ma leeyahay qiiq dareeme shaqaynaya ? Does your home have a working smoke detector?	Haa Yes	Maya No	Ka noqo Skip	Safety
5	Hoos ma u dhigtay heer kulka biyahaaga si aad u yarayso diirinta (wax kayar 120 digrii)? Have you turned your water temperature down to low-warm (less than 120 degrees)?	Haa Yes	Maya No	Ka noqo Skip	
6	Haddii gurigaagu leeyahay wax ka badan hal dabakh, ma leedahay waaridiyayaal ganjeelada iyo daaqadaha jaranjarooyinka? If your home has more than one floor, do you have safety guards on the windows and	Haa Yes	Maya No	Ka noqo Skip	
7	Gurigaagu ma leeyahay alaabta nadiifinta, daawooyinka iyo furayaasha wax lagu xidho? Does your home have cleaning supplies, medicines, and matches locked away?	Haa Yes	Maya No	Ka noqo Skip	
8	Gurigaagu ma leeyahay taleefan lambarka Xarunta Koontaroolidda Sunta (800-222-1222) taas oo uu telfoonku ku tusayo? Does your home have the phone number of the Poison Control Center (800-222-1222)	Haa Yes	Maya No	Ka noqo Skip	
9	Markasta ilmahaaga ma u seexisaa dhabardhabar? Do you always put your baby to sleep on her/his back?	Haa Yes	Maya No	Ka noqo Skip	
10	Markasta ma la joogtaa ilmaahaaga marka uu isagu/iyadu ay ku jirto baafka qabayska? Do you always stay with your baby when she/he is in the bathtub?	Haa Yes	Maya No	Ka noqo Skip	

11	<p>Markasta ilmahaaga ma dhigtaa kursiga danbe ee gaadhiga meesha ugu danbaysa ? Do you always place your baby in a rear facing car seat in the back seat?</p>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
12	<p>Kursiga gaadhiga ee aad isticmasho mayahay midka ku haboon da’da iyo cabirka ilmahaaga? Is the car seat you use the right one for the age and size of your baby?</p>	Haa <i>Yes</i>	Maya <i>No</i>	Ka noqo <i>Skip</i>	
13	<p>Ilmahaagu wakhti ma ku qaataa guri uu qori yaallo? Does your baby spend time in a home where a gun is kept?</p>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	
14	<p>Ilmahaaga ma siisaa dhalo ay wax ku jiraan marka laga reebo nafaqo, caanaha naaska , ama biyo? Do you give your baby a bottle with anything except formula, breast milk, or water?</p>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	Dental Health
15	<p>Ilmahaagu wakhti ma la qataa qof sigaar cabba? Does your baby spend time with anyone who smokes?</p>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	Tobacco Exposure
16	<p>Ma qabtaa wax su’aalo kale ama walwal ah oo ku saabsan caafimaadka ilmahaaga, koriinkiisa ama habdhaqankiisa? Do you have any other questions or concerns about your baby’s health, development, or behavior?</p>	Maya <i>No</i>	Haa <i>Yes</i>	Ka noqo <i>Skip</i>	Additional 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:	