

Kuaj Txoj Kev Nojqab Haushuv

(Staying Healthy Assessment)

5 – 8 Xyoos (5 – 8 Years)

Tus menyuam lub npe (npe & xeem)	Hnub Yug	<input type="checkbox"/> Ntxhais <input type="checkbox"/> Tub	Hnub tim	Kawm ntawv hoob dabtsi?
Tus neeg uas ua daim ntawv no	<input type="checkbox"/> Niam los Txiv <input type="checkbox"/> Tus Txheebze <input type="checkbox"/> Phoojywg <input type="checkbox"/> Tus Saib Xyuas <input type="checkbox"/> Lwm tus (Qhia kom meej)			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

Clinic Use Only:

#	Question	Yes	No	Hla	
Nutrition					
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 Yes	Tsis Noj No	Hla Skip	
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 2 times per day?</i>	Noj Yes	Tsis Noj No	Hla Skip	
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 No	Noj Yes	Hla Skip	
4	Koj tus menyuam puas haus tshaj li ib khob kua txiv hmab txiv ntoo me me (4-6 oz.) tauj ib hnub? <i>Child drinks more than one small cup of juice per day?</i>	Tsis Haus No	Haus Yes	Hla Skip	
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 drinks, sports drinks, energy drinks, or other sweetened drinks more than once per week?</i>	Tsis Haus No	Haus Yes	Hla Skip	
Physical Activity					
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 Yes	Tsis Muaj No	Hla Skip	
7	Koj puas muaj kev txhawj xeeb txog koj tus menyuam qhov kev hnyav? <i>Concerned about child's weight?</i>	Tsis Muaj No	Muaj Yes	Hla Skip	
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 Yes	Tsis Saib No	Hla Skip	
Safety					
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 Yes	Tsis Muaj No	Hla Skip	
10	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 Yes	Tsis Tau No	Hla Skip	
11	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 Yes	Tsis Muaj No	Hla Skip	
12	Koj puas niaj zaus muab koj tus menyuam zaum hauv lub roj tiag menyuam pobtw (booster seat) thiab muab nws zoj rau lub roj zaum tom qab hauv tsheb (lossis siv txoj hlua khi duav los zoj nws yog koj tus menyuam siab tshaj li 4'9")? <i>Always places child in booster seat in back seat (or uses a seat belt) if child is over 4'9"?</i>	Muab Yes	Tsis Muab No	Hla Skip	

13	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 No	Mus Yes	Hla Skip	
14	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 No	Nyob Yes	Hla Skip	
15	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 No	Mus Yes	Hla Skip	
16	Koj tus menyuam puas niaj zaus ntoo ib lub kausmom thaiv taubhau thaum nws caij bike, skateboard, lossis scooter? <i>Child always wears a helmet when riding a bike, skateboard, or scooter?</i>	Ntoo Yes	Tsis Ntoo No	Hla Skip	
17	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 No	Yog Yes	Hla Skip	
18	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 No	Tau Yes	Hla Skip	
19	Koj tus menyuam puas tau raug thab lossis pheej ntshai nyob tsam lwm tus ho thab nws hauv tsev kawm ntawv/ib ncig zejzós (lossis raug thab cyber-bullied)? <i>Has child ever been bullied or felt unsafe at school/neighborhood (or been cyber-bullied)?</i>	Tsis Tau No	Tau Yes	Hla Skip	
20	Koj puas pab koj tus menyuam txhuam hniav thiab siv xov dig hniav txhua hnuv? <i>Child brushes and flosses teeth daily?</i>	Pab Yes	Tsis Pab No	Hla Skip	Dental Health
21	Koj tus menyuam puas pheej niaj zaus tu siab lossis nyuaj siab? <i>Child often seems sad or depressed?</i>	Tsis Tu No	Tu Yes	Hla Skip	Mental Health
22	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 No	Siv Yes	Hla Skip	Tobacco Exposure
23	Koj puas muaj lwm lolus nug lossis txhawj xeeb txog koj tus menyuam txoj kev nojqab hauvhuv, txoj kev loj hlob, lossis nws tus cwjpwpm? <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:

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