

Kuaj Txoj Kev Nojqab Haushuv

(Staying Healthy Assessment)

1 – 2 Xyoos (1 – 2 Years)

Tus menyuam lub npe (npe & xeem)	Hnub Yug	<input type="checkbox"/> Ntxhais	Hnub tim	Puas Mus Rau Neeg Zov?
		<input type="checkbox"/> Tub		<input type="checkbox"/> Mus <input type="checkbox"/> Tsis Mus
Tus neeg uas ua daim ntawv no	<input type="checkbox"/> Niam los Txiv	<input type="checkbox"/> Tus Txheebze		Puas xav tau kev pab txog daim ntawv no?
	<input type="checkbox"/> Phoojywg	<input type="checkbox"/> Tus Saib Xyuas		<input type="checkbox"/> Xav <input type="checkbox"/> Tsis Xav
	<input type="checkbox"/> Lwm tus (Qhia kom meej)			

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

<i>Clinic Use Only:</i>				
Nutrition				
1	Koj puas pub niam mis rau koj tus menyuam noj? <i>Breastfeeds child?</i>	Pub <i>Yes</i>	Tsis Pub <i>No</i>	Hla <i>Skip</i>
2	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>
3	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 <i>Yes</i>	Tsis Noj <i>No</i>	Hla <i>Skip</i>
4	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>
5	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 <i>No</i>	Haus <i>Yes</i>	Hla <i>Skip</i>
6	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 <i>No</i>	Haus <i>Yes</i>	Hla <i>Skip</i>
Physical Activity				
7	Koj tus menyuam puas khiav ua si yuav luag txhua hnub hauv ib lub limtiam? <i>Child plays actively most days of the week?</i>	Khiav <i>Yes</i>	Tsis Khiav <i>No</i>	Hla <i>Skip</i>
8	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>
9	Koj tus menyuam puas saib TV lossis tua video games? <i>Child watches TV or plays video games?</i>	Tsis Saib <i>No</i>	Saib <i>Yes</i>	Hla <i>Skip</i>
Safety				
10	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>
11	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 <i>Yes</i>	Tsis Tau <i>No</i>	Hla <i>Skip</i>
12	Yog koj lub tsev muaj ntau tshaj ib xab, koj puas tau muab dabtsi los thaiv cov qhov rais thiab rooj vag thaiv tus ntaiv kom menyuam tsis txhob poob? <i>Safety guards on window and gates for stairs in multi-level home?</i>	Tau <i>Yes</i>	Tsis Tau <i>No</i>	Hla <i>Skip</i>

13	Koj puas tau muab cov tshuaj ntxuav tsev, tshuaj noj, thiab ntai xauv khaws cia? <i>Cleaning supplies, medicines and matches locked away?</i>	Tau Yes	Tsis Tau No	Hla Skip	
14	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	
15	Koj puas niaj zaus nyob nrog koj tus menyuam thaum nws nyob hauv lub dab da dej? <i>Always stays with child when in the bathtub?</i>	Nyob Yes	Tsis Nyob No	Hla Skip	
16	Koj puas niaj zaus muab koj tus menyuam zaum hauv lub rooj zoj menyuam thiab muab nws zoj tig rov tom qab rau lub rooj zaum tom qab hauv tsheb? <i>Always places child in a rear facing car seat in the back seat?</i>	Muab Yes	Tsis Muab No	Hla Skip	
17	Koj puas siv lub rooj zoj menyuam uas haum raws li koj tus menyuam lub hnuv nyoog thiab qhov kev hnyav? <i>Car seat used is correct size for age and size of child?</i>	Siv Yes	Tsis Siv No	Hla Skip	
18	Koj puas niaj zaus xyuas saib puas muaj menyuam yaus ua ntej koj thaub qab koj lub tsheb? <i>Always checks for children before backing car out?</i>	Xyuas Yes	Tsis Xyuas No	Hla Skip	
19	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	
20	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	
21	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	
22	Koj puas pab koj tus menyuam txhuam hnia.35v thiab siv xov dig hniav txhua hnuv? <i>Child is helped to brush and floss teeth daily?</i>	Pab Yes	Tsis Pab No	Hla Skip	Dental Health
23	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
24	Koj puas muaj lwm lolus nug lossis kev txhawj xeeb txog koj tus menyuam txoj kev nojqab haushuv, txoj kev loj hlob, lossis nws tus cwjpw? <i>Any other questions or concerns about child's health, development 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"/> 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: