

# Kuaj Txoj Kev Nojqab Haushuv

(Staying Healthy Assessment)

## 12 – 17 Xyoos (12 – 17 Years)

|                                  |  |                                       |                                   |  |
|----------------------------------|--|---------------------------------------|-----------------------------------|--|
| Tus menyuam lub npe (npe & xeem) | Hnub Yug   | <input type="checkbox"/> Ntxhais      | Hnub tim                          | Kawm ntawv hoob dabtsi?  |
|                                  |  | <input type="checkbox"/> Tub          |                                   |  |
| Tus neeg uas ua daim ntawv no    | <input type="checkbox"/> Niam los Txiv           | <input type="checkbox"/> Tus Txheebze | <input type="checkbox"/> Phoojywg | Puas mus kawm ntawv txhua hnub?                                |
|                                  | <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 nu 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:*

|    |  |                           |                           |                    | Nutrition         |
|----|--|---------------------------|---------------------------|--------------------|-------------------|
| 1  | Koj puas haus lossis noj 3 pluag mov uas muaj calcium txhua hnub, xws li kua mis nyuj, cheese, yogurt, kua mis taum, lossis taum paj?<br><i>Drinks/eats 3 servings of calcium-rich foods daily?</i>  | Noj<br><i>Yes</i>         | Tsis<br>Noj<br><i>No</i>  | Hla<br><i>Skip</i> |                   |
| 2  | Koj puas noj txiv hmab txiv ntoo thiab zaub yam tshawg kawg nkaus 2 zaug tauj ib hnub?<br><i>Eats fruits and vegetables at least 2 times per day?</i>  | Noj<br><i>Yes</i>         | Tsis<br>Noj<br><i>No</i>  | Hla<br><i>Skip</i> |                   |
| 3  | Koj 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?<br><i>Eats high fat foods more than once per week?</i>   | Tsis<br>Noj<br><i>No</i>  | Noj<br><i>Yes</i>         | Hla<br><i>Skip</i> |                   |
| 4  | Koj puas haus ntau tshaj li 12 oz. (npaum li 1 poom dej soda) kua txiv hmab txiv ntoo tauj ib hnub, dej haus ua sports, dej haus kom muaj zog, lossis coffee uas qab zib?<br><i>Drinks more than 12 oz. per day of juice/sports/energy drink, or sweetened coffee drink?</i> | Tsis<br>Haus<br><i>No</i> | Haus<br><i>Yes</i>        | Hla<br><i>Skip</i> |                   |
| 5  | Koj puas muaj kev tawm dagzog (exercise) lossis ua sports yuav luag txhua hnub hauv ib lub limtiam?<br><i>Exercises or plays sports most days of the week?</i>   | Muaj<br><i>Yes</i>        | Tsis<br>Muaj<br><i>No</i> | Hla<br><i>Skip</i> | Physical Activity |
| 6  | Koj puas muaj kev txhawj xeeb txog koj qhov kev hnyav?<br><i>Concerned about weight?</i>   | Tsis<br>Muaj<br><i>No</i> | Muaj<br><i>Yes</i>        | Hla<br><i>Skip</i> |                   |
| 7  | Koj puas saib TV lossis tua video games tsawg tshaj li 2 teev tauj ib hnub?<br><i>Watches TV or plays video games less than 2 hours per day?</i>   | Saib<br><i>Yes</i>        | Tsis<br>Saib<br><i>No</i> | Hla<br><i>Skip</i> |                   |
| 8  | Koj lub tsev puas muaj ib lub tshuab ceebtoom txog pa taws uas tseem ua haujlwm?<br><i>Home has working smoke detector?</i>  | Muaj<br><i>Yes</i>        | Tsis<br>Muaj<br><i>No</i> | Hla<br><i>Skip</i> | Safety            |
| 9  | Koj lub tsev puas muaj tus nab npawb ntawm Poison Control Center (800-222-1222) lo ze ntawm lub xovtooj?<br><i>Home has phone # of the Poison Control Center posted by phone?</i>  | Muaj<br><i>Yes</i>        | Tsis<br>Muaj<br><i>No</i> | Hla<br><i>Skip</i> |                   |
| 10 | Koj puas niaj zaus sia txoj hlua zoj duav thaum koj caij tsheb?<br><i>Always wears a seatbelt when riding in a car?</i>  | Sia<br><i>Yes</i>         | Tsis<br>Sia<br><i>No</i>  | Hla<br><i>Skip</i> |                   |
| 11 | Koj puas siv sijhawm mus nyob hauv ib lub tsev uas muaj ib rab phom?<br><i>Spends time in a home where a gun is kept?</i>  | Tsis<br>Mus<br><i>No</i>  | Mus<br><i>Yes</i>         | Hla<br><i>Skip</i> |                   |

|   |   |                    |                      |             |                            |
|---|---|--------------------|----------------------|-------------|----------------------------|
| 12  | Koj puas siv sijhawm mus nyob nrog ib tus tibneeg uas nqa ib rab phom, rab riam, lossis lwm hom riam-phom?<br><i>Spends time with anyone who carries a gun, knife, or other weapon?</i>   | Tsis<br>Mus<br>No  | Mus<br>Yes           | Hla<br>Skip |                            |
| 13  | Koj puas niaj zaus ntoo lub kausmom thaiv taubhau thaum koj caij bike, skateboard, lossis scooter?<br><i>Always wears a helmet when riding a bike, skateboard, or scooter?</i>  | Ntoo<br>Yes        | Tsis<br>Ntoo<br>No   | Hla<br>Skip |                            |
| 14  | Koj puas tau pom leej twg raug tibneeg tsimtxom lossis ua tsiv rau dua li? <i>Ever witnessed abuse or violence?</i>   | Tsis<br>Tau<br>No  | Tau<br>Yes           | Hla<br>Skip |                            |
| 15  | Koj puas tau raug ntaus, npuaj plu, ncaws, lossis raug lwm tus ua rau koj lub cev mob (lossis koj tau ua rau lwm tus raug mob) xyoo tas los? <i>Been hit, slapped, kicked, or physically hurt by someone (or has he/she hurt someone) in the past year?</i>         | Tsis<br>Tau<br>No  | Tau<br>Yes           | Hla<br>Skip |                            |
| 16  | Koj puas tau raug thab lossis pheej ntshai nyob tsam lwm tus ho thab koj hauv tsev kawm ntawv/ib ncig zejzos (lossis raug thab cyber-bullied)?<br><i>Ever been bullied or felt unsafe at school/neighborhood (or been cyber-bullied)?</i>                           | Tsis<br>Tau<br>No  | Tau<br>Yes           | Hla<br>Skip |                            |
| 17  | Koj puas txhuam hniav thiab siv txoj xov dig hniav txhua hnuv?<br><i>Brushes and flosses teeth daily?</i>   | Txhuam<br>Yes      | Tsis<br>Txhuam<br>No | Hla<br>Skip | Dental Health              |
| 18  | Koj puas niaj zaus tu siab, tsis xav ua dabtsi lossis tag kev cia siab li lawm? <i>Often feels sad, down, or hopeless?</i>  | Tsis<br>Tu<br>No   | Tu<br>Yes            | Hla<br>Skip | Mental Health              |
| 19  | Koj puas siv sijhawm mus nyob nrog tej tus tibneeg uas haus luamyeeb? <i>Spends time with anyone who smokes?</i>  | Tsis<br>Siv<br>No  | Siv<br>Yes           | Hla<br>Skip | Alcohol, Tobacco, Drug Use |
| 20  | Koj puab haus luamyeeb lossis ntsuas luamyeeb?<br><i>Smokes cigarettes or chews tobacco?</i>  | Tsis<br>Haus<br>No | Haus<br>Yes          | Hla<br>Skip |                            |
| 21  | Koj puas siv lossis hnia tej yam tshuaj kom koj qaug, xws li, haus xas, yeeb dawb, yeeb (crack), Methamphetamine (meth), ecstasy, thiab lwm yam? <i>Uses or sniffs any substance to get high?</i>   | Tsis<br>Siv<br>No  | Siv<br>Yes           | Hla<br>Skip |                            |
| 22  | Koj puas siv tej yam tshuaj uas tsis yog xaj los rau koj noj?<br><i>Uses medicines not prescribed for her/him?</i>  | Tsis<br>Siv<br>No  | Siv<br>Yes           | Hla<br>Skip |                            |
| 23  | Koj puas haus dej hauv cawv li ib zaug lossis tshaj ntawd zaug hauv ib lub limtiam? <i>Drinks alcohol once a week or more?</i>  | Tsis<br>Haus<br>No | Haus<br>Yes          | Hla<br>Skip |                            |
| 24  | Yog koj haus dej haus cawv, koj puas haus ntau txaus uas ua rau koj qaug lossis cia li tsis nco qab li lawm?<br><i>If she/he drinks alcohol, drinks enough to get drunk or pass out?</i>  | Tsis<br>Haus<br>No | Haus<br>Yes          | Hla<br>Skip |                            |
| 25  | Koj puas muaj cov phoojywg lossis cov tibneeg hauv tsevneeg uas siv yeeb-tshuaj lossis haus dej haus cawv?<br><i>Has friends/family members who have problems with drugs or alcohol?</i>  | Tsis<br>Muaj<br>No | Muaj<br>Yes          | Hla<br>Skip |                            |
|   | Koj puas tsav tsheb tom qab koj haus dej haus cawv, lossis caij hauv ib lub tsheb uas tus tibneeg tsav tau haus dej haus cawv lossis siv yeeb-tshuaj? <i>Drives a car after drinking, or rides in a car driven by someone who has been drinking or using drugs?</i> | Tsis<br>Tsav<br>No | Tsav<br>Yes          | Hla<br>Skip |                            |
| Tej lus koj teb txog txoj kev nrog txiv neej poj niam pw thiab hais txog qhov koj xav ua koj lub neej yav tom ntej muab |   |                    |                      |             |                            |
|   | Koj puas tau raug yuam lossis haub kom nrog lwm tus pw uake ua niamtxiv dua li? <i>Ever been forced or pressured to have sex?</i>   | Tsis<br>Tau<br>No  | Tau<br>Yes           | Hla<br>Skip |                            |

|    |  |                    |             |             |
|----|--|--------------------|-------------|-------------|
| 28 | Koj puas tau nrog leej twg pw ua niamtxiv li (ua qhov ncauj, ua txiv lub qhov paum, lossis ua lub qhov quav)? Yog tsis tau ua dua hla mus teb lolus nug 35. <i>Ever had sex (oral, vaginal, or anal)?</i>  | Tsis<br>Tau<br>No  | Tau<br>Yes  | Hla<br>Skip |
| 29 | Koj puas xav hais tias koj lossis koj tus khub muaj ib yam mob vim nrog luag tej pw (STI), xws li Chlamydia, Gonorrhea, genital warts, lossis lwm yam? <i>Thinks she/he or partner could have a STI?</i>   | Tsis<br>Xav<br>No  | Xav<br>Yes  | Hla<br>Skip |
| 30 | Koj lossis koj tus khub puas tau pw nrog lwm tus tibneeg xyoo tas los no? <i>She/he or partner(s) had sex with other people in the past year?</i>  | Tsis<br>Tau<br>No  | Tau<br>Yes  | Hla<br>Skip |
| 31 | Koj lossis koj tus khub puas tau pw uake ua niamtxiv nrog leejtwg yam tsis tau siv tshuaj noj los tivthaiv kom tsis txhob muaj me nyuam li xyoo tas los no?<br><i>She/he or partner(s) had sex without using birth control in the past year?</i>                     | Tsis<br>Tau<br>No  | Tau<br>Yes  | Hla<br>Skip |
| 32 | Koj puas siv kev tswj kom tsis txhob muaj menyuam cov tshuaj noj zaum tas los uas koj nrog leejtwg pw uake ua niamtxiv?<br><i>Used birth control the last time she/he had sex?</i>   | Tsis<br>Siv<br>No  | Siv<br>Yes  | Hla<br>Skip |
| 33 | Koj lossis koj tus khub puas tau pw uake ua niamtxiv nrog leejtwg yam tsis tsis siv ib lub hnab looj txivneej chaw xis xyoo tas los?<br><i>She/he or partner(s) had sex without a condom in the past year?</i>   | Tsis<br>Tau<br>No  | Tau<br>Yes  | Hla<br>Skip |
| 34 | Koj lossis koj tus khub puas siv ib lub hnab looj qau zaum tas los uas neb pw uake ua niamtxiv?<br><i>She/he or partner used a condom the last time they had sex?</i>  | Tsis<br>Siv<br>No  | Siv<br>Yes  | Hla<br>Skip |
| 35 | Koj puas muaj lug nug txog koj tus kheej (qhov uas koj nyiam ib tug txivneej lossis pojniam tib yam li koj) lossis qhov uas koj xav tias koj yog ib tug pojniam, txivneej, lossis lwm tug neeg?<br><i>Any questions about sexual orientation or gender identity?</i> | Tsis<br>Muaj<br>No | Muaj<br>Yes | Hla<br>Skip |
|    | Koj puas muaj lwm lolus nug lossis kev txhawj xeeb txog koj txoj kev nojqab haushuv? <i>Any other questions or concerns about health?</i>  | Tsis<br>Muaj<br>No | Muaj<br>Yes | Hla<br>Skip |

Yog muaj, thov qhia:

| <b>Clinic Use Only</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:                                    |                          |                          |                          |                          |  |
| <b>SHA ANNUAL REVIEW</b>                            |                          |                          |                          |                          |  |
| PCP's Signature:                                    |                          | Print Name:              |                          | Date:                    |  |
| PCP's Signature:                                    |                          | Print Name:              |                          | Date:                    |  |
| PCP's Signature:                                    |                          | Print Name:              |                          | Date:                    |  |
| PCP's Signature:                                    |                          | Print Name:              |                          | Date:                    |  |