

**SOJNTSUAM TXOG
"KEV NOJQAB NYOBZOO"
Cov menyuam yaus hnuvnyoog, 4-8 xyoos**

Patient Stamp	
Patient Number _____	Plan Name/Number _____
<i>If patient stamp not used, write in Patient and Plan Name/Number</i>	

Tus menyuam npe (npe, Xeem)	Hnubyug	Yog <input type="checkbox"/> Tub <input type="checkbox"/> Ntxhais	Hnubtim	For Clinical Use
Koj lub npe	Kev txheebze tus menyuam <input type="checkbox"/> Niamtxiv <input type="checkbox"/> Tus saibxyuas <input type="checkbox"/> Kwvtij <input type="checkbox"/> Phoojywg <input type="checkbox"/> Lwmyam			Assistance needed: Reading: <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No

Koj thiab cov neeg khomob rau koj tus menyuam muaj cuabkav koomtes los pab kom nws tau txais kev nojqab nyobzoo. Thov teb cov lus nug no li uas koj teb tau. Koj suam (✓) rau qhov "Hla" yog tias koj tsis paub teb lossis tsis xav teb. Koj nrog koj tus kws khomob tham tau yog koj muaj lus nug dabtsi. Koj cov lus teb yuav tau muab ceev cia kom zoo vim nws yog ib feem ntawm koj tus menyuam tej ntaubntawv khomob.

Yamntxwv Rau Kev Nug thiab Teb: <i>Koj tus menyuam puas ntau pob uasi?</i> <input checked="" type="checkbox"/> <input type="checkbox"/> Tsisua <input type="checkbox"/> Hla	Interventions Code/Date/Initials
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<u>Hauv Koj Tsev Puas Muaj: (Does Your Home Have:)</u>	
1. Lub tswb ntes pa hluavtaws (smoke detector)? <i>(A working smoke detector?)</i>	<input type="checkbox"/> Muaj <input type="checkbox"/> Tismuej <input type="checkbox"/> Hla
2. Cov dej hauv tus kaisdej los kub txog qhov yuav hlab tau menyuam? <i>(Water that comes from the faucet hot enough to burn your child?)</i>	<input type="checkbox"/> Kub <input type="checkbox"/> Tsiskub <input type="checkbox"/> Hla
3. Cov lag thaiv qhovrais uas nyob rau them sab saum? <i>(Window guards above the first floor?)</i>	<input type="checkbox"/> Muaj <input type="checkbox"/> Tismuej <input type="checkbox"/> Hla
4. Tej tshuaj ntxuav tsev, tshuaj noj, thiab teebntais uas muab xauv cia hauv txee kom zoo? <i>(Cleaning supplies, medicines and matches in a locked cabinet?)</i>	<input type="checkbox"/> Xauv <input type="checkbox"/> Tisxauv <input type="checkbox"/> Hla
5. Tus xovtooj hu qhovchaw tshuaj lom lo rau ntawm lub xovtooj? <i>(The phone number for the poison control center posted by your telephone?)</i>	<input type="checkbox"/> Muaj <input type="checkbox"/> Tismuej <input type="checkbox"/> Hla
<u>Koj Tus Menyua Puas: (Does Your Child:)</u>	
6. Tau txais kev khomob los ntawm lwm tus (xwsli kws hnokoob, kws tshuajntsuab, txivneeb, lossis lwm tus) dhau li ntawm tus kws khomob lawm? <i>(Receive health care from anyone besides a medical doctor [such as an acupuncturist, herbalist, curandero, or other healer]?)</i>	<input type="checkbox"/> Tsistau <input type="checkbox"/> Tau <input type="checkbox"/> Hla
7. Mus ntsib kws khohniav yam tsawg ib xyoos ib zaug? <i>(See the dentist at least once a year?)</i>	<input type="checkbox"/> Mus <input type="checkbox"/> Tisimus <input type="checkbox"/> Hla
8. Haus misnyuj, lossis noj yogurt lossis cheese yam tsawg ib hnuv ob zaug? <i>(Drink milk or eat yogurt or cheese at least 2 times each day?)</i>	<input type="checkbox"/> Noj <input type="checkbox"/> Tisnoj <input type="checkbox"/> Hla
9. Noj txivhmab txivntoo thiab zaub txhua hnuv? <i>(Eat fruits and vegetables every day?)</i>	<input type="checkbox"/> Noj <input type="checkbox"/> Tisnoj <input type="checkbox"/> Hla
10. Caiv txhob pub noj tej yam kib roj ntau ntau lossis tej khoom lawv ua siav tomtej? <i>(Eat only a limited amount of fried or fast foods?)</i>	<input type="checkbox"/> Caiv <input type="checkbox"/> Tiscaiv <input type="checkbox"/> Hla

For Clinical Use			
Intervention Codes:	C: Counseling	EM: Educational Materials	R: Referral F: Follow-up Needed SPN: See Progress Notes

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<u>Koj Tus Menyuum Puaas: (Does Your Child:)</u>						
11.	Uasi cusplaws ib lub limtiam 5 hnuv? (Play actively 5 days a week?)	<input type="checkbox"/> Ua	<input type="checkbox"/> Tsisua	<input type="checkbox"/> Hla		
12.	Yuav tsum tau ua kom poob lossis nce phau? (Need to lose or gain weight?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla		
13.	Uasi hauv plawvkev lossis nraum qabkhav yam tsis muaj tus nrog saib? (Ever play in the street or unsupervised in the front yard?)	<input type="checkbox"/> Tsisua	<input type="checkbox"/> Ua	<input type="checkbox"/> Hla		
14.	Ibtxwm siv lub rooj pav hauv tsheb uas yog booster thiab sia siv thaum cajj tsheb? (Always use a booster seat and seat belt when riding in a car?)	<input type="checkbox"/> Siv	<input type="checkbox"/> Tsissiv	<input type="checkbox"/> Hla		
15.	Niaj zaum ntoo kausmom thaiv taubhau thaum cajj tsheb kaujvab lossis cajj daim txiagntoo muaj log? (Always wear a helmet when riding a bike or skateboard?)	<input type="checkbox"/> Ntoo	<input type="checkbox"/> Tsisntoo	<input type="checkbox"/> Hla		
16.	Mus uasi hauv tej lub tsev lossis tej koog tsev uas muaj pas dadej tob lossis dab dadej kub? (Spend time at a house or apartment complex with a swimming pool or hot tub?)	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hla		
17.	Mus uasi hauv tej tsev muaj phom? (Spend time in a home where a gun is kept?)	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hlaa		
18.	Mus uasi hauv tej tsev muaj neeg haus luamyeeb? (Spend time in a home with anyone who smokes?)	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hla		
19.	Pheej mus tiv tshav nraumzoov yam tsis siv dabtsi los roos tshav xwli ntoo kausmom lossis hnav tsho? (Often spend time outdoors without sunscreen or other protection such as a hat or shirt?)	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<input type="checkbox"/> Hla		
<u>Koj Tus Menyuum Puaas Tau: (Has Your Child:)</u>						
20.	Pom dua lossis raug lwmtus tsimtxom lossis ua phem rau? (Ever witnessed or been a victim of abuse or violence?)	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla		
21.	Muaj dua teebmeem hauv tsev lossis tom tsev ntawv? (Had any problems at home or school?)	<input type="checkbox"/> Tsismuaj	<input type="checkbox"/> Muaj	<input type="checkbox"/> Hla		
22.	Koj puas muaj lwm yam lus nug lossis kev txhawjxeeb txog koj tus menyuum kev nojqab nyobzoo? (Do you have other questions or concerns about your child's health?) (Thov qhia saib yog dabtsi) (Please identify) _____ _____ _____	<input type="checkbox"/> Tsismuaj	<input type="checkbox"/> Muaj	<input type="checkbox"/> Hla		

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Kev ceev lus

Txoj kevcai ceev lus uas tsimtsa xyoo 1977 (California Civil Code 1798) thiab Tseemhvw Qibsiab txoj kevcai ceev lus (5USC 552a, Subdivision (E)(3)) samhwm kom yuav tsum tau muab txoj cai no los qhia thaum yuav nug ib yam dabtsi txog ntawm lawv tuskheej. Cov lus teb no yog xav tau los ntawm koj tus kws khomob, koomhaum khomob, thiab phab saib kev kho mobnkees kom lawv paub npaj kev cobqhia txog sab kev nojqab nyobzoo. Qhov yuav teb thiab tsis teb cov lus no nyob ntawm tus neegmob xaiv. Txawm tus neegmob tsis teb tej lus nug no los yuav tsis muaj kev rau txim dabtsi rau nws. Cov lus teb hauv daim ntawv no yuav muab ceev nrog nws cov ntaubntawv khomob uake, thiab muaj txoj cai los txwv tsis pub neeg paub tibyam li cov ntaubntawv khomob. Txoj kevblig kevcai thiab kev tswjfwam hauv lub xeev txog kev ceev lus rau tus neegmob mas yog hais tag nrho rau cov lus teb nyob hauv daim ntawv no huvsu. Vim kevcai thiab kev tswjfwam pom zoo mas qho yam lus teb hauv no yuav tau xa rau hauv tseemfuv loj tej chaw ua haujlwm nyob hauv xeev thiab hauv tej zejzoz thiab tej chaw tsimtsa kevlig kevcai, tej koomhaum pab kev khomob, thiab tej kws khomob.