

**SOJNTSUAM TXOG
"KEV NOJQAB NYOBZOO"
Cov yuav tiav hluas hnuvnyoog, 9-11 xyoos**

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

Tus meyuam npe (npe, xeem)	Hnubyug	Yog <input type="checkbox"/> Tub <input type="checkbox"/> Ntxhais	Hnubtim	For Clinical Use
Koj lub npe	Kev tsheebze tus meyuam <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 meyuam 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 meyuam tej ntaubntawv khomob.

<i>Yamtxawv Rau Kev Nug thiab Teb. Koj tus meyuam puas mus kawm ntawm?</i>	<input checked="" type="checkbox"/> Mus	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Hla	Interventions Code/Date/Initials
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<u>Koj Tus Menyuum Puas: (Does Your Child:)</u>			
1. 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 acupuncturist, herbalist, curandero, or other healer)?</i>	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
2. 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"/> Tsismus	<input type="checkbox"/> Hla
3. Haus misnyuj lossis noj yogurt lossis cheese yam tsawg ib hnuv 3 zaug? <i>(Drink milk or eat yogurt or cheese at least 3 times each day?)</i>	<input type="checkbox"/> Noj	<input type="checkbox"/> Tsisnoj	<input type="checkbox"/> Hla
4. Noj txivhmab txivntoo thiab zaub txhua hnuv? <i>(Eat fruits and vegetables every day?)</i>	<input type="checkbox"/> Noj	<input type="checkbox"/> Tsisnoj	<input type="checkbox"/> Hla
5. Caiv txhob 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"/> Tsiscaiv	<input type="checkbox"/> Hla
6. Uasi cusplaws ib limtiam 5 hnuv? <i>(Play actively 5 days a week?)</i>	<input type="checkbox"/> Ua	<input type="checkbox"/> Tsi ua	<input type="checkbox"/> Hla
7. Yuav tsum tau ua kom poob lossis nce phau? <i>(Need to lose or gain weight?)</i>	<input type="checkbox"/> Tsistau	<input type="checkbox"/> Tau	<input type="checkbox"/> Hla
8. Niaj zaum muaj kev chimsiab lossis nyuajsiab? <i>(Often feel sad or depressed?)</i>	<input type="checkbox"/> Tsismuaj	<input type="checkbox"/> Muaj	<input type="checkbox"/> Hla
9. Niaj zaum ntoo kausmom thaiv taubhau thaum caij tsheb kaujvab lossis caij daim txiagntoo muaj log? <i>(Always wear a helmet when riding a bike or skateboard?)</i>	<input type="checkbox"/> Ntoo	<input type="checkbox"/> Tsisntoo	<input type="checkbox"/> Hla
10. Niaj zaum sia hlab thaum caij tsheb? <i>(Always wear a seatbelt when riding in a car?)</i>	<input type="checkbox"/> Sia	<input type="checkbox"/> Tsisia	<input type="checkbox"/> Hla
11. Mus uasi hauv tej tsev muaj phom? <i>(Spend time in a home where a gun is kept?)</i>	<input type="checkbox"/> Tsismus	<input type="checkbox"/> Mus	<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 Meynuam Puas: (Does Your Child:)</u>				
12.	Uasi nrog tej phoojywg uas nqa phom, riam, qws, lossis lwmyam khoom tawv? <i>(Spend time with any friends who carry a gun, knife, club, or other weapon?)</i>	Tsisua	Ua	Hla
13.	Mus uasi hauv tej tsev uas muaj neeg haus luamyeeb? <i>(Spend time in a home with anyone who smokes?)</i>	Tsismus	Mus	Hla
14.	Pheej mus tiv tshav nraumzoov yam tsis siv dabtsi los roos tshav xwslintoos kaustumom lossis hnav tsho? <i>(Often spend time outdoors without sunscreen or other protection such as a hat or shirt?)</i>	Tsismus	Mus	Hla
<u>Koj Tus Menyuum Puas Tau: (Has Your Child:)</u>				
15.	Haus dua luamyeeb lossis ntsuas luamyeeb? <i>(Ever smoked cigarettes or chewed tobacco?)</i>	Tsistau	Tau	Hla
16.	Haus dua dejcawv xwslibeer, cawv, cawv txivhmab, lossis cawv nrim? <i>(Ever had alcohol such as beer, wine, wine coolers, or liquor?)</i>	Tsistau	Tau	Hla
17.	Haus dua xas, hnia tshuaj, lossis siv tej yeebtshuaj uas muag tom tej kev? <i>(Ever smoked marijuana, sniffed glue, or used street drugs?)</i>	Tsistau	Tau	Hla
18.	Muaj dua tej phoojywg lossis tej tus hauv tsevneeg uas muaj teebmeem txog yeebtshuaj lossis dejcawv? <i>(Had friends or family members who had a problem with drugs or alcohol?)</i>	Tsismuaj	Muaj	Hla
19.	Pib mus tham lossis "mus uasi nrog tej" hluasraug/hluasnkauj? <i>(Started dating or "going with" boyfriends/girlfriends?)</i>	Tsistau	Tau	Hla
20.	Niajhnuv mus sibdeev nrog lwm tus? <i>(Become sexually active?)</i>	Tsistau	Tau	Hla
21.	Raug lwm tus mos lossis quabyuam deev? <i>(Ever been molested or sexually abused?)</i>	Tsisraug	Raug	Hla
22.	Pom dua lossis raug lwmtus tsimtxom lossis ua phem rau? <i>(Ever witnessed or been a victim of physical abuse or violence?)</i>	Tsistau	Tau	Hla
23.	Muaj dua teebmeem hauv tsev lossis tom tsev kawmntawv? <i>(Had problems at home or school?)</i>	Tsistau	Tau	Hla
24.	Koj puas muaj lwm yam lus nug lossis kev txhawjxeeb txog koj tus menyuum kev nojqab nyobzoo? <i>(Do you have other questions or concerns about your child's health?)</i> (Thov qhia saib yog dabtsi) <i>(Please identify)</i> _____ _____ _____	Tsismuaj	Muaj	Hla

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Keveev 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 tswjfwim 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 tswjfwim pom zoo mas qho yam lus teb hauv no yuav tau xa rau hauv tseemfww loj tej chaw ua haujlwm nyob hauv xeev thiab hauv tej zejzob thiab tej chaw tsimtsa kevlig kevcai, tej koomhaum pab kev khomob, thiab tej kws khomob.