Kuaj Txoj Kev Nojqab Haushuv

(Staying Healthy Assessment)

Tus Neeg Laus *(Senior)*

Tus menyuam lub npe (npe & xeem)	Hnub Yug	☐ Ntxhais ☐ Tub	Hnub tim
Tus neeg uas ua daim ntawv no *(yog tus neeg mob xav tau kev pab)*	☐ Ib Tus Neeg hauv Tsevneeg ☐ Phoojywg ☐ Lwm tus *Qhia kom meej:*		Puas xav tau kev pab txog daim ntawv no? ☐ Xav ☐ 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:
					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? *Drinks/eats 3 servings of calcium-rich foods daily?*	Noj *Yes*	Tsis Noj *No*	Hla *Skip*	
2	Koj puas noj txiv hmab txiv ntoo thiab zaub txhua hnub? *Eats fruits and vegetables every day?*	Noj *Yes*	Tsis Noj *No*	Hla *Skip*	
3	Koj puas txo tau cov zaubmov kib lossis cov zaubmov fast food uas koj noj? *Limits the amount of fried food or fast food eaten?*	Tau *Yes*	Tsis Tau *No*	Hla *Skip*	
4	Nws puas yoojyim rau koj mus nrhiav cov khoom noj txaus kom noj qab haus huv? *Easily able to get enough healthy food?*	Yooj Yim *Yes*	Tsis Yooj Yim *No*	Hla *Skip*	
5	Koj puas haus ib poom dej soda, kua txiv hmab txiv ntoo, dej haus ua sports, lossis dej haus kom muaj zog yuav luag txhua hnub hauv ib lub lis piam? *Drinks a soda, juice/sports/energy drink most days of the week?*	Tsis Haus *No*	Haus *Yes*	Hla *Skip*	
6	Koj puas niaj zaus noj zaubmov ntau dhau lawm lossis tsawg dhau lawm? *Often eats too much or too little food?*	Tsis Noj *No*	Noj *Yes*	Hla *Skip*	
7	Puas nyuaj rau koj zom lossis yog nqos? *Has difficulty chewing or swallowing?*	Tsis Nyuaj *No*	Nyuaj *Yes*	Hla *Skip*	
8	Koj puas muaj kev txhawj xeeb txog koj qhov kev hnyav? *Concerned about weight?*	Tsis Muaj *No*	Muaj *Yes*	Hla *Skip*	
					Physical Activity
9	Koj puas muaj kev tawm dagzog (exercise) lossis siv sijhawm mus ua tej yam xws li mus taug kev, ua teb, ua luam dej ntev li ½ teev tauj ib hnub? *Exercises or spends time doing moderate activities for at least ½ hour a day?*	Muaj *Yes*	Tsis Muaj *No*	Hla *Skip*	
					Safety
10	Koj puas xav hais tias ntawm qhov chaw koj nyob puas muaj kev cobphum? *Feels safe where she/he lives?*	Xav *Yes*	Tsis Xav *No*	Hla *Skip*	
11	Puas yog koj pheej tsis nco qab zoo txog koj cov tshuaj noj? *Often has trouble keeping track of medicines?*	Tsis Yog *No*	Yog *Yes*	Hla *Skip*	

12	Puas yog koj tsevneeg/cov phoojywg pheej txhawj txog koj txoj kev tsav tsheb? *Family members/friends worried about her/his driving?*	Tsis Yog *No*	Yog *Yes*	Hla *Skip*
13	Koj puas tau ua tsheb sib nraus tsis ntev tas los no? *Had any car accidents lately?*	Tsis Tau *No*	Tau *Yes*	Hla *Skip*
14	Puas yog qee zaum koj ntog thiab ua rau koj raug mob, lossis nyuaj rau koj sawv rov los? *Sometimes falls and hurts self, or has difficulty getting up?*	Tsis Yog *No*	Yog *Yes*	Hla *Skip*
15	Koj puas tau raug leejtwg ntaus, npuaj plhu, ncaws, lossis ua rau koj lub cev raug mob xyoo tas los no? *Been hit, slapped, kicked, or physically hurt by someone in the last year?*	Tsis Tau *No*	Tau *Yes*	Hla *Skip*
16	Koj puas khaws ib rab phom cia rau hauv koj lub tsev lossis ntawm qhov chaw uas koj nyob? *Keeps a gun in house or place where she/he lives?*	Tsis Khaws *No*	Khaws *Yes*	Hla *Skip*
17	Koj puas txhuam hniav thiab siv txoj xov dig hniav txhua hnub? *Brushes and flosses teeth daily?*	Txhuam *Yes*	Tsis Txhuam *No*	Hla *Skip*
18	Koj puas niaj zaus tu siab, tag kev cia siab li lawm, npau taws, lossis txhawjxeeb? *Often feels sad, hopeless, angry, or worried?*	Tsis Tu *No*	Tu *Yes*	Hla *Skip*
19	Koj puas pheej pw tsis tsaugzog? *Often has trouble sleeping?*	Tsis Pw *No*	Pw *Yes*	Hla *Skip*
20	Koj lossis lwm tus tibneeg puas xav hais tias koj pheej tsis nco qab txog yam ub yam no? *Thinks or others think that she/he is having trouble remembering things?*	Tsis Xav *No*	Xav *Yes*	Hla *Skip*
21	Koj puab haus lossis ntsuas luamyeeb? *Smokes or chews tobacco?*	Tsis Haus *No*	Haus *Yes*	Hla *Skip*
22	Koj puas muaj cov phoojywg lossis cov tibneeg hauv tsevneeg uas haus luamyeeb hauv koj tsev lossis hauv lub tsev uas koj nyob? *Friends/family members smoke in house/place where she/he lives?*	Tsis Muaj *No*	Muaj *Yes*	Hla *Skip*
23	Xyoo tas los no, koj puas tau haus tshaj 4 khob dej cawv tuaj ib hnub? *Had 4 or more alcohol drinks in one day?*	Tsis Haus *No*	Haus *Yes*	Hla *Skip*
24	Koj puas siv yeeb-tshuaj/tshuaj noj los pab kom koj pw tsaugzog, nyob kaj siab, nyob tswm, tsis txhob hnov mob qhov twg, lossis kom poob phaus? *Uses any drugs/medicines to help sleep, relax, calm down, feel better, or lose weight?*	Tsis Siv *No*	Siv *Yes*	Hla *Skip*
25	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? *Thinks she/he or partner could have a STI?*	Tsis Xav *No*	Xav *Yes*	Hla *Skip*

26	Koj lossis koj tus khub puas tau pw nrog lwm tus tibneeg xyoo tas los no? *She/he or partner(s) had sex with other people in the past year?*	Tsis Tau *No*	Tau *Yes*	Hla *Skip*	
27	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? *She/he or partner(s) had sex without a condom in the past year?*	Tsis Tau *No*	Tau *Yes*	Hla *Skip*	
28	Koj puas tau raug yuam lossis haub kom nrog lwm tus pw uake ua niamtxiv dua li? *Ever been forced or pressured to have sex?*	Tsis Tau *No*	Tau *Yes*	Hla *Skip*	
29	Koj puas muaj leejtwg los pab koj txiavtxim siab txog koj kev nojqab haushuv thiab kev khomob? *Has someone to help make decisions about her/his health and medical care?*	Tsis Muaj *No*	Muaj *Yes*	Hla *Skip*	Independent Living
30	Koj puas yuavtsum tau muaj ib tug tibneeg los pab muab koj da dej, muab zaubmov rau koj noj, coj koj mus taug kev, muab khawb ncaws rau koj hnav, lossis coj koj mus siv hoob nab? *Needs help bathing, eating, walking, dressing, or using the bathroom?*	Tsis Yuavtsum *No*	Yuavtsum *Yes*	Hla *Skip*	
31	Koj puas muaj leejtwg los pab koj hu xovtooj mus rau luag thaum koj muaj xwmtxheej ceev? *Has someone to call when she/he needs help in an emergency?*	Tsis Muaj *No*	Muaj *Yes*	Hla *Skip*	
32	Koj puas muaj lwm hom lus nug los sis kev txhawj xeeb txog koj txoj kev nojqab haushuv? *Any other questions or concerns about your health?*	Tsis Muaj *No*	Muaj *Yes*	Hla *Skip*	Other Questions

Yog muaj, thov qhia:

Clinic Use Only	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered	Comments:
☐ Nutrition	☐	☐	☐	☐	
☐ Physical activity	☐	☐	☐	☐	
☐ Safety	☐	☐	☐	☐	
☐ Dental Health	☐	☐	☐	☐	
☐ Mental Health	☐	☐	☐	☐	
☐ Alcohol, Tobacco, Drug Use	☐	☐	☐	☐	
☐ Sexual Issues	☐	☐	☐	☐	
☐ Independent Living	☐	☐	☐	☐	☐ **Patient Declined the SHA**

PCP's Signature:	Print Name:	Date:

SHA ANNUAL REVIEW

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