



SU'AALO KU SOCDA DHAMMAAN BUKAANSOCODKA (DA'DOODU U DHAXAYSO 9-18)
EE "WELL-CHILD" BOOQASHO

Xafiiskayagu wuxuu xiisaynayaa sidii aan u horumarin lahayn daryeeka Bukansocodka markalagudor in aan kawada xaajoono sidii aad talaabo uga qaadi lahayn Hurumarinta Caafimaadkaaga. Iyo intaadsugaysid Dhakhtarka. Waa caawimo aad u weyn hadii aad fadlan qaadatid dhawr daqiiqo oo aad ka jawaabtid su'aalaha soo socda. Dhakhtarkaaga ayaa kula eegidoonaa markaad timaado rugta caafimaadka. Waan garankarnaa sida ay u adagtahay in la raaco sharciyada Noloshu. Su'aalaha hooskuqoran waxay naga caawinayaan in aan ka wada xaajoono in aan sida ugu fiican eed isbedel yar oo horumar leh ugu bilaabi lahayd Caafimaadkaaga.

Magaca _____ Da'da _____ Taariikhda _____

- | | | Haa | Maya |
|---|--|--------------------------|--------------------------|
| 5 | Anigu intabadan maalintii 5 goor baanqudaar cunaa. | <input type="checkbox"/> | <input type="checkbox"/> |
| | Anigu maalin walba quraacbaan cunaa. | <input type="checkbox"/> | <input type="checkbox"/> |
| | Miiska ayaan Qoyskayga cuntada kulacunaa uguyaraan 2 jeer isbuucii. | <input type="checkbox"/> | <input type="checkbox"/> |
| | Waxan cunaa cuntada (makhaayadaha)Isbuucii in kayar 2 jeer. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Waxaan daawadaa TV.Fiidiyoow ama ciyaraa kumbuyuutar inkayar 2 sacadood Isbuucii. | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | Waxaan sameeyaa Firfircoonicasri ah uguyaraan 1 saac maalintiiba | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | Intabadan macabo cabitaanka qudaarta ah,sodada, cabitaanka isboortiga, cabitaanka la qaso. | <input type="checkbox"/> | <input type="checkbox"/> |
| | Waxaan cabaa caanah subagalagasaaro ama 1% intaan cabilahaa 2% ama Ayagoon subaga laga saarin. | <input type="checkbox"/> | <input type="checkbox"/> |



Somali 9-18yo 2007

FOR PHYSICIAN USE ONLY

Physician Initials: _____ Date: _____
BMI: _____ BMI%: _____ FH Risk Factors: Y N

	5	2	1	0
Achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>