

Npe: _____
 Hnub Yug: _____
 Hnub Tim Hnub No: _____

Lus Nug Tus Neeg Mob Tshiab

 Thawj Kws Kho Mob Npe: _____ Puas xav kom sib tham tuav tswv yim? Xav Tsis Xav
 Thawj Chaw Kuaj Mob: _____ Kws kho mob xa los npe (yog ho txawv): _____

Thov teb cov lus nug hauv qab no los pab kuaj koj qhov teeb meem kev mob.
Vim li cas koj thiaj tuaj kuaj:

- | | | |
|------------------------------|-----------------------------------|------------------------------------------|
| <input type="checkbox"/> Yog | <input type="checkbox"/> Tsis yog | Mob qhov ntswg los sis raj cua caj ntswm |
| <input type="checkbox"/> Yog | <input type="checkbox"/> Tsis yog | Mob qhov muag |
| <input type="checkbox"/> Yog | <input type="checkbox"/> Tsis yog | Hawb pob |
| <input type="checkbox"/> Yog | <input type="checkbox"/> Tsis yog | Hnoos |
| <input type="checkbox"/> Yog | <input type="checkbox"/> Tsis yog | Tawv su pob khaus los ntshav |
| <input type="checkbox"/> Yog | <input type="checkbox"/> Tsis yog | Ua xua (xyuas phab 4) |
| <input type="checkbox"/> Yog | <input type="checkbox"/> Tsis yog | Qaug Zaub Mov (xyuas phab 4) |
| <input type="checkbox"/> Yog | <input type="checkbox"/> Tsis yog | Kab plev (xyuas phab 5) |
| <input type="checkbox"/> Yog | <input type="checkbox"/> Tsis yog | Lwm Yam |

Yog koj mob qhov ntswg los sis raj cua qhov ntswg, koj puas muaj:

- | | | |
|-------------------------------|------------------------------------|------------------------------------------|
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Txhaws ntswg |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Los ntswg |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Khaus |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Txham |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Qhov ntswg txhaws |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Hnoos qeev ntws rau caj pas |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Hnoos qeev daj/ntsuab |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Txia ntshav |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Hnia ntshiab tsis tau zoo |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Qhov ntswg hlav nqaij dhau los |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Phais raj cua caj ntswm Hnub tim: _____ |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Mob taub hau raws raj cua caj ntswg |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Raj cua caj ntswg muaj kab mob |
| | | Puas tsawg zaus xyoo dhau los? _____ |
| <input type="checkbox"/> Tau | <input type="checkbox"/> Tsis tau | Koj puas tau siv tshuaj txau qhov ntswg? |
| | | Yog tau, cov npe: _____ |
| | | _____ |
| <input type="checkbox"/> Tau | <input type="checkbox"/> Tsis tau | Koj puas tau noj tshuaj pab? |
| | | Yog tau, cov npe: _____ |
| | | _____ |

Yog koj muaj mob qhov muag, koj puas muaj:

- | | | |
|-------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Khaus khaus |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Los kua muag |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Qhov muag liab |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Kub kub qhov muag |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Quav muag los/Cam |
| <input type="checkbox"/> Tau | <input type="checkbox"/> Tsis tau | Koj puas tau siv kua tso qhov muag? |
| | | Yog tau, cov npe: _____ |
| | | _____ |

Kws kho mob cov lus cim

Npe: _____
 Hnub Yug: _____
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Lus Nug Tus Neeg Mob Tshiab
Cov teeb meem Qhov Ntswg/Raj Cua Qhov Ntswg/Qhov Muag muaj thaum twg:

- | | |
|--------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Caij nplooj hlav | <input type="checkbox"/> Yav sawv ntxov |
| <input type="checkbox"/> Caij ntuj so | <input type="checkbox"/> Yav yuav tsaus ntuj |
| <input type="checkbox"/> Caij nplooj zeeg | <input type="checkbox"/> Sijhawm pw tsaug zog |
| <input type="checkbox"/> Caij ntuj no | <input type="checkbox"/> Tom haujlwm/tsev kawm ntawv |
| <input type="checkbox"/> Txhua lub sijhawm | <input type="checkbox"/> Tawm lawm nraum zoov |
| | <input type="checkbox"/> Hauv tsev |

Kws kho mob cov lus cim

Cov teeb meem Qhov Ntswg/Raj Cua Qhov Ntswg/Qhov Muag haj yam loj ntiv yog muaj:

- | | |
|----------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Miv | <input type="checkbox"/> Txiav nroj |
| <input type="checkbox"/> Dev | <input type="checkbox"/> Kuam nplooj qhua |
| <input type="checkbox"/> Plua tshauv | <input type="checkbox"/> Huab cua sov |
| <input type="checkbox"/> Ua ev xes xais
(siv lub zog) | <input type="checkbox"/> Huab cua hloov |
| <input type="checkbox"/> Khaub thuas/
kis kab mob | <input type="checkbox"/> Nab hoom/pa tsw qab |
| <input type="checkbox"/> Pa luam yeeb | <input type="checkbox"/> Zaub mov: _____ |
| <input type="checkbox"/> Huab cua vaum | <input type="checkbox"/> Tshuaj: _____ |
| <input type="checkbox"/> Huab cua no | <input type="checkbox"/> Lwm yam: _____ |

Yog koj muaj teeb meem Hawb Pob los sis Hnoos, koj puas muaj:

- | | | |
|-------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Suab hawb pob |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Ua pa tsis nto |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Hauv siab ceev ceev |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Hnoos thaum pw tsaug zog |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Hnoos tawm hnoos qeev |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Kub plab plawv |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Kuaj pom tias hawb pob? Hnub nyoog: _____ |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Muaj teeb meem los thaum yau.
Yog muaj, hnub nyoog pib muaj: _____ |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Pw tsev kho mob vim hawb pob?
Yog muaj, puas tsawg zaus: _____ |
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj | Mus ER vim hawb pob.
Yog muaj, puas tsawg zaus: _____ |
| <input type="checkbox"/> Tau | <input type="checkbox"/> Tsis tau | Cov teeb meem puas tau ua rau koj qhaj
tsev kawm ntawv los sis haujlwm xyoo
dhau los?
Yog tau, puas tsawg zaus: _____ |
| <input type="checkbox"/> Tau | <input type="checkbox"/> Tsis tau | Koj puas tau siv cov tshuaj txau pa pab rau
cov teeb meem?
Yog tau, cov npe: _____ |

Cov teeb meem Hawb Pob/Hnoos muaj rau:

- | | |
|-------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Caij nplooj hlav | <input type="checkbox"/> Yav sawv ntxov |
| <input type="checkbox"/> Caij ntuj so | <input type="checkbox"/> Yav hnub qaij |
| <input type="checkbox"/> Caij nplooj zeeg | <input type="checkbox"/> Yav yuav tsaus ntuj |
| <input type="checkbox"/> Caij ntuj no | <input type="checkbox"/> Hmo ntuj |
| <input type="checkbox"/> Thawm xyoo | <input type="checkbox"/> Tom tsev |
| | <input type="checkbox"/> Tom haujlwm/tsev kawm ntawv |

Cov teeb meem hawb pob/hnoos haj yam loj ntiv yog muaj:
Kws kho mob cov lus cim

Npe: _____
 Hnub Yug: _____
 Hnub Tim Hnub No: _____

Lus Nug Tus Neeg Mob Tshiab

- | | |
|------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Tsiaj | <input type="checkbox"/> Khaub thuas |
| <input type="checkbox"/> Plua tshauv | <input type="checkbox"/> Cua vaum |
| <input type="checkbox"/> Pa | <input type="checkbox"/> Ua ev xes xais (siv lub zog) |
| <input type="checkbox"/> Zaub mov | <input type="checkbox"/> Cua txias |
| <input type="checkbox"/> Kev kis kab mob | <input type="checkbox"/> Tshuaj: _____ |

Vaj Tse Chaw Nyob

- | | |
|----------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Tsev kheej | <input type="checkbox"/> Zos |
| <input type="checkbox"/> Chav xaub/tsev sib npuab | <input type="checkbox"/> Deb Zos/Hav Zoov/Pas Dej |
| <input type="checkbox"/> Tsev cab mus los tau | <input type="checkbox"/> Tawm Ntug Zos Mus |
| <input type="checkbox"/> Miv Puas tsawg tus? _____ | <input type="checkbox"/> Pa luam yeeb |
| <input type="checkbox"/> Dev Puas tsawg tus? _____ | <input type="checkbox"/> Cua sov npuj los |
| <input type="checkbox"/> Noog | <input type="checkbox"/> Qhov cub/chav rauv taws hlawv ntoo |
| <input type="checkbox"/> Lwm yam tsiaj yug | <input type="checkbox"/> Cua txias |
| <input type="checkbox"/> Hauv ncoo plaub qaib/noog | <input type="checkbox"/> Theem tsev hauv qab ntub ntsuav |
| <input type="checkbox"/> Pam plaub qaib/noog | <input type="checkbox"/> Tuaj pwm |
| <input type="checkbox"/> Ntaub pua chav pw | <input type="checkbox"/> Lub lim cua tag nrho lub tsev |
| <input type="checkbox"/> Lub lim cua rau hauv chav | |

Keeb Kwm Nyob Noj Nyob Haus

Haujlwm: _____

Yog ho yog menyuam yaus, thawj qhov chaw nyob yog:

- | | |
|--------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Ib lub tsev | <input type="checkbox"/> Mus los ntawm ntau lub tsev |
|--------------------------------------|------------------------------------------------------|

 Tej nyiam ua lom zem: _____

Kuaj Xyuas Txhua Yam Ib Ce *Kos voj voog rau qhov uas dhos*

- | | | | |
|-------------------------|------------------------------|-----------------------------|----------------------------|
| <i>Xyuas dav dav</i> | Qhov nyhav nce (nce phaus) | Qhov nyhav txo (poob phaus) | Kev pw tsaug zog tau hloov |
| <i>Pob ntseg</i> | Txwm txwm | Kev hnov lus txo mus | Kiv taub hau |
| <i>Qhov ntswg</i> | Ua qaj | Kev hnov ntshiab hloov | Txia kua |
| <i>Caj pas</i> | Ua pa hawb pob | Mob | Nqos nyuab |
| <i>Kev ua pa</i> | Ua pa tsis nto | Hawb pob | Hnoos qeev |
| <i>Kev ntshav khiav</i> | Mob hauv siab | Cov pob taws o | Plawv tshee |
| <i>Plab hnyuv</i> | Xeev siab | Kub pab plawv | Ntws rov qab |
| <i>Pob txha nqaij</i> | Mob pob tes pob taw | Pob tes pob taw txhav txhav | Pob tes pob taw o |
| <i>Sab leeg</i> | Qaug dab peg | Tsaus muag | Tsis muaj zog |
| <i>Lub hlwb</i> | Hloov siab ntsws kev xav sai | Txhawj xeeb | |
| <i>Kua yug ib ce</i> | Tsis tiv no | Tsis tiv sov | Tshee |
| <i>Ntshav ib ce</i> | Los ntshav | Doog ntshav | |
| <i>Tawv nqaij</i> | Ua pob | Nti | Rau tes taw hloov |

Kev Ua Xua

Yog koj muaj teeb meem kev ua xua, thov teb cov lus nug hauv qab no:

 Puas yog cov teeb meem hauv qab no tshwm shim tib lub sijhawm? ***Kws kho mob cov lus cim***

Npe: _____
 Hnub Yug: _____
 Hnub Tim Hnub No: _____

Lus Nug Tus Neeg Mob Tshiab

- | | | |
|------------------------------|-----------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yog | <input type="checkbox"/> Tsis yog | Hawb pob |
| <input type="checkbox"/> Yog | <input type="checkbox"/> Tsis yog | Nqos nyuab |
| <input type="checkbox"/> Yog | <input type="checkbox"/> Tsis yog | Caj pas ti ti |
| <input type="checkbox"/> Yog | <input type="checkbox"/> Tsis yog | Mob plab txawv txawv |
| <input type="checkbox"/> Yog | <input type="checkbox"/> Tsis yog | Di ncauj/di muag/tes/taw o |
| | | |
| <input type="checkbox"/> Yog | <input type="checkbox"/> Tsis yog | Puas yog koj ntxhov siab loj? |
| <input type="checkbox"/> Tau | <input type="checkbox"/> Tsis tau | Tsis ntev los no koj puas tau noj tshuaj los sis tshuaj pab ib ce tshiab? |
| <input type="checkbox"/> Tau | <input type="checkbox"/> Tsis tau | Koj cov tshuaj puas tau raug hloov kom noj nce ntxiv los sis txo mus? |
| <input type="checkbox"/> Tau | <input type="checkbox"/> Tsis tau | Koj puas tau kis kab mob ib qho tsis ntev los no? |
| <input type="checkbox"/> Kov | <input type="checkbox"/> Tsis kov | Koj puas kov txog khoom siv roj hmab ua? |
| <input type="checkbox"/> Tau | <input type="checkbox"/> Tsis tau | Koj puas tau muaj kab mob siab? |
| <input type="checkbox"/> Tau | <input type="checkbox"/> Tsis tau | Koj los sis koj tsev neeg puas tau mob qog qa hlav? |
| <input type="checkbox"/> Tau | <input type="checkbox"/> Tsis tau | Koj los sis koj tsev neeg puas tau muaj mob nqaj tawv o huam los sis mob qij txha? |
| <input type="checkbox"/> Tau | <input type="checkbox"/> Tsis tau | Koj los sis cov neeg leej twg hauv koj tsev neeg puas tau mob ua xua los sis ib ce o? |

Puas muaj ib qho twg hauv qab no ua rau ua xua los sis o?

- | | |
|----------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Cua sov | <input type="checkbox"/> Cua txias |
| <input type="checkbox"/> Ua ev xes xais
(siv lub zog) | <input type="checkbox"/> Kev ntxhov siab |
| <input type="checkbox"/> Kev nyuaj siab | <input type="checkbox"/> Zaub mov |
| <input type="checkbox"/> Tshuaj noj | <input type="checkbox"/> Aspirin/Ibuprofen |
| <input type="checkbox"/> Zaub mov | <input type="checkbox"/> Ntshav coj khaub ncaws |

Kev Qaug Zaub Mov

Yog koj txhawj xeeb txog kev qaug zaub mov, thov teb cov lus nug hauv qab no:

Muaj teeb meem dab tsi tom qab noj ib yam zaub mov twg?

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Ua xua | <input type="checkbox"/> Mob plab |
| <input type="checkbox"/> Caj pas o | <input type="checkbox"/> Ntuav |
| <input type="checkbox"/> Khaus qa | <input type="checkbox"/> Zawv plab |
| <input type="checkbox"/> Txhaws ntswg | <input type="checkbox"/> Hawb pob |
| <input type="checkbox"/> tawv o khaus | <input type="checkbox"/> Lwm yam |

Yuav tau noj yam zaub mov nyau npaum li cas es thiaj muaj tau qhov teeb meem? _____

Hov ntev tom qab noj tas es thiaj muaj cov teeb meem? _____

 Paub Tsis paub Koj puas paub seb yam zaub mov twg thiaj ua rau qaug?

Yog paub, qhia kom tseeb: _____

 Tau Tsis tau Qhov kev qaug puas tau ua rau tau mus ntsib chav ER los sis pw tsev kho mob?

Yog tau, thaum twg: _____

Npe: _____
 Hnub Yug: _____
 Hnub Tim Hnub No: _____

Lus Nug Tus Neeg Mob Tshiab

Kev Raug Kab Plev

Yog koj txhawj xeeb txog kev raug kab plev, thov teb cov lus nug hauv qab no:

Muaj teeb meem dab tsi tom qab koj raug ib tug kab plev?

- | | |
|---------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Ua xua | <input type="checkbox"/> Mob plab |
| <input type="checkbox"/> Caj pas o | <input type="checkbox"/> Ntuav |
| <input type="checkbox"/> Khaus qa | <input type="checkbox"/> Zawv plab |
| <input type="checkbox"/> Txhaws ntswg | <input type="checkbox"/> Hawb pob |
| <input type="checkbox"/> Ib ce o | <input type="checkbox"/> Tsis nco qab hlias |

Kws kho mob cov lus cim

Puas tsawg tus kab plev koj ua ntej yuav muaj qhov teeb meem? _____

Hov ntev tom qab koj raug plev es thiaj li muaj qhov teeb meem? _____

Paub Tsis paub Koj puas paub seb hom kab twg (nkawj, nkawj daj, ntseeb, muv) thiaj ua kom muaj qhov teeb meem?

Yog paub, qhia kom tseeb: _____

Tau Tsis tau Qhov teeb meem puas tau ua kom mus ntsib chav ER los sis pw tsev kho mob?

Yog tau, thaum twg: _____

Tshuav dab tsi ntxiv uas koj xav kom tus kws kho mob paub?
