

Patient Label

Magaca: _____

MRN: _____

Taariikhda: _____



Behavioral Health Monitoring Tool--Somali

Agabka Ka warhaynta Dhaqanka Caafimaadka

(PHQ-9) Muddadiila soo dhaafay ee 2 todobaad miyay ku lureen wax ka mid ah dhibaatooyinka soo socdaa?	Waxba dhammaanba	Dhowr maalmood	Wax ka badan nus maalmaha ah	Ugu dhowaan maalin kasta	
1. Xiisaha yar ama farxada samaynta waxybaaha	0	1	2	3	
2. Dareema niyad jab, walbahaar, ama rajo beel	0	1	2	3	
3. Dhibaato seexashada ama in la sii hurdo, ama aad u seexasho	0	1	2	3	
4. Dareemaya daal ama leh tamar yar	0	1	2	3	
5. Cunto doonis liidata ama aad wax u cunaya	0	1	2	3	
6. Dareemaya wax xun oo ku saabsan naftaada — ama inaad tahay guul daro ama aad waxba u tari wayday naftaada iyo qoyskaaga	0	1	2	3	
7. Dhibaatada ka fekerka waxyaabaha, sida akhriska jariidada ama daawashada teelfeeshanka	0	1	2	3	
8. U hadla ama u dhaqaaqa si gaabis ah oo dadka kale aanay ogaan karin Ama wax ku lid ah — aad u dareen badan ama aan joogi karin inaad dhaqaaqaysay wax ka badan inta caadiga ah	0	1	2	3	
9. Fikradaha inay ka wanaagsanaan doonaan haddii ay dhintaan ama naftooda waxyeelaan qaab ahaan	0	1	2	3	
10. Dareemaya cadho, werwer ama in halis lagu jiro	0	1	2	3	
11. Aan awoodayn joojinta ama xakamaynta werwerka	0	1	2	3	
12. Dhibaatooyinkaagu ma farageliyeen shaqadaada, qoyska ama hawlaha bulshadda?	0	1	2	3	
Fadlan ka jawaab su'aalahan ku saabsan sanadkiila soo dhaafay. (Haddii aad beddeshay cabbitaankaagii ama maandooriye isticmaalkii gudaha sanadkii la soo dhaafay, fadlan ka warbixi isticmaalkaagii u dambeeyay.) (AUDIT-C)					
13. Inteejeer ayaad cabtay cabbitaan ka kooban khamro?	Weligaynta 0	Si bile ah ama wax kayar 1	2 ilaa 4 wakhti bishii 2	2 ilaa 3 wakhti todobaadkii 3	4 ama wakhtiyo ka badan todobaadkii 4
14. Imisa cabbitaan ah oo ka kooban khamro ayaa cabtay maalin ka caadiga ah markaad cabbayso?	Waxba 0	1 ama 2 cabbitaan 0	3 ama 4 cabbitaan 1	5 ama 6 cabbitaan 2	7 ilaa 9 cabbitaan 3
15. Intee jeer ayaad qaadataa 6 ama cabbitaano ka badan hal mar?	Weligaynta 0	Ka yar bile 1	Bile ah 2	Todobaale 3	Maaline ama ugu badnaan maalin kasta 4
16. Intee jeer ayaad isticmaashay maarijoonaha? (Marijuana)	Weligaynta 0	Ka yar si bile ah 1	Bile ah 2	Todobaale 3	Maaline ama ugu badnaan maalin kasta 4
17. Intee jeer ayaad isticmaashay maandooriyaha sharci darrada ah ama aad u isticmaashay dawo qorin asbaabo aan caafimaad ahayn? (Drugs)	Weligaynta 0	Ka yar si bile ah 1	Bile ah 2	Todobaale 3	Maaline ama ugu badnaan maalin kasta 4
18. Qoryaha hubka miyaad heli kartaa?	Haa (Yes)		Maya (No)		

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Over the past 2 weeks , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
10. Feeling nervous, anxious or on edge	0	1	2	3
11. Not being able to stop or control worrying	0	1	2	3
12. Have your problems interfered with your work, family or social activities?	0	1	2	3

Please answer these questions about the past year. (If you have changed your drinking or substance use in the past year, please report on your most recent use.)

13. How often do you have a drink containing alcohol?	Never 0	Monthly or less 1	2 to 4 times a month 2	2 to 3 times a week 3	4 or more times a week 4	
14. How many drinks containing alcohol do you have on a typical day when you are drinking?	None 0	1 or 2 drinks 0	3 or 4 drinks 1	5 or 6 drinks 2	7 to 9 drinks 3	10 or more drinks 4
15. How often do you have <u>6 or more</u> drinks on one occasion?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	
16. How often have you used marijuana?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	
17. How often have you used an illegal drug (not marijuana) or used a prescription medication for non-medical reasons?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	
18. Do you have access to guns?			Yes	No		