

Patient Label

ስም: _____

MRN: _____

ዕለት: _____



Behavioral Health Monitoring Tool--Tigrinya

ናይ ባህሪ ጥዕና መቆጻጸሪ ሜላ

| ኣብቲ ዝሓለፈ 2 ሰሙን፣ ብገለ ካብዞም ዝሰዕቡ ጸገማት ክንደይ ዝኣክል ተጨኒቕካ ትፈልጥ? (PHQ-9) | ፈጹም ተጨኒቕ ኣይፈልጥን | ብዙሕ መዓልቲ | ንልዕሊ ፍርቂ ክትሰማዕልሉ መዓልቲታት | ኣስታት ኩሉ መዓልቲ | |
|---|------------------|------------------------------------|---------------------------|---------------------------|------------------------------|
| 1. ነገራት ኣብ ምግባር ትሓት ድሌት ወይከአ ታሕጓስ ምህላው | 0 | 1 | 2 | 3 | |
| 2. ምሕዛን፣ ምጭናቕ ወይከአ ተስፋ ምቕራጽ | 0 | 1 | 2 | 3 | |
| 3. ናይ ምውዳቕ ጸገም ምብዛሕ ወይ ንነዊሕ እዋን ምድቃስ | 0 | 1 | 2 | 3 | |
| 4. ናይ ድኻም ስምዒት ወይከአ ሓይሊ ምስኣን | 0 | 1 | 2 | 3 | |
| 5. ዕጹው ሸውሃት ወይከአ ልዕሊ ዓቕን ምብላዕ | 0 | 1 | 2 | 3 | |
| 6. ንገዛእ-ርእሰኻ ብሕማቕ ምጥማት – ኣይረብሕን ወይከአ ንባዕላይ ወይ ንቤተሰብይ ክሳራ እየ ኣልካ ምሕሳብ | 0 | 1 | 2 | 3 | |
| 7. ኣብ ነገራት ትኹረት ዘይምግባር፣ ንኣብነት ጋዜጣ ኣብ ምንባብ ወይከአ ተለቪዥን ኣብ ምርኣይ | 0 | 1 | 2 | 3 | |
| 8. ካልኣት ሰባት ክዕዘብዎ ክሳብ ዝኸለሉ ዘገም ኣልካ ምኻድ ወይከአ ምዘራብ። ወይከአ ብተቓራኒኡ – ኣዚኻ ምርባጽ ወይከአ ካብቲ ልሙድ ዝተፈልየ ዕረፍቲ ኣልቦ ምንቅስቓስ ምግባር ወይከአ ኮለል ምባል። | 0 | 1 | 2 | 3 | |
| 9. እንተዘመውት ወይከአ ንገዛእ-ርእሰይ እንተዝሃሲ ምሓሸኒ ዝብሉ ሓሳባት ምሓሸኒ ዝብሉ ሓሳባት | 0 | 1 | 2 | 3 | |
| 10. ናይ ሕርቃን፣ ነድሪ ወይ ቁጠዕ ስምዒት | 0 | 1 | 2 | 3 | |
| 11. ጭንቂ ክትገድፍ ወይ ክትቆጻጸር ዘይምኽኣል | 0 | 1 | 2 | 3 | |
| 12. እቶም ጸገማትካ ኣብ ልዕሊ ስራሕካ፣ ቤተሰብካ ወይ ማሕበራዊ ንጥፈታትካ ጽልዋ ጌሮምልካዶ? | 0 | 1 | 2 | 3 | |
| ብኸብረትካ ብዛዕባ እቲ ዝሓለፈ ዓመት እዞም ዝሰዕቡ ሕቶታት መልስ። (ኣብቲ ዝሓለፈ ዓመት ኣብ መስተ ወይከአ ምጥቃም ዕጸፋርስ ዝገበርካዮ ለውጢ እንተሃልዩ፣ ብኸብረትካ እቲ ንመወዳእታ እዋን ዝተጠቐምካዮ ሪፖርት ግበር።) | | | | | |
| (AUDIT-C) 13. ኣልኮላዊ መስተ ኣብ ክክንደይ ግዜ ትሰቲ? | ተጠቐመ ኣይፈልጥን 0 | ኣብ ወርሒ ሓደ ግዜ ወይ ካብ ሓደ ግዜ ንታሕቲ 1 | ካብ 2 ካሳዕ 4 ግዜ ኣብ ወርሒ 2 | ካብ 2 ካሳዕ 3 ግዜ ኣብ ሰሙን 3 | 4 ወይ ዝበዝሕ ግዜ ኣብ ሰሙን 4 |
| 14. ኣብ ሓደ መዓልቲ ክንደይ ኣልኮላዊ መስተ ትሰቲ? | ዋላሓን 0 | 1 ወይ 2 ይሰቲ 0 | 3 ወይ 4 ይሰቲ 1 | 5 ወይ 6 ይሰቲ 2 | ካብ 7 ካሳዕ 10 ወይ ካብኡ ንላዕሊ 3 |
| 15. ኣብ ክክንደይ ግዜ 6 ወይ ዝበዝሕ መስተ ኣብ ሓደ ግዜ ትሰቲ? | ተጠቐመ ኣይፈልጥን 0 | ኣብ ወርሒ ካብ ሓደ ግዜ 1 | ኣብ ወርሒ ሓደ ግዜ 2 | ኣብ ሰሙን ሓደ ግዜ 3 | ዕለታዊ ወይከአ ዳርጋ ዕለታዊ 4 |
| 16. ማሪዋና ክንደይ ክትጥቀም? (Marijuana) | ተጠቐመ ኣይፈልጥን 0 | ኣብ ወርሒ ካብ ሓደ ግዜ 1 | ኣብ ወርሒ ሓደ ግዜ 2 | ኣብ ሰሙን ሓደ ግዜ 3 | ዕለታዊ ወይከአ ዳርጋ ዕለታዊ 4 |
| 17. ዘይሕጋዊ ዕጸፋርስ ክንደይ ዝኣክል ትጥቀም ወይከአ ብሓኪም ዝተኣዘዘልካ መድሓኒት ክንደይ ንዘይሕክምናዊ ዕላማ ትጥቀም? (Drugs) | ተጠቐመ ኣይፈልጥን 0 | ኣብ ወርሒ ካብ ሓደ ግዜ 1 | ኣብ ወርሒ ሓደ ግዜ 2 | ኣብ ሰሙን ሓደ ግዜ 3 | ዕለታዊ ወይከአ ዳርጋ ዕለታዊ 4 |
| 18. ሽጉጥ ክትረከብ ትኽእልዶ? | እወ (Yes) | | ኣይፋል (No) | | |

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Behavioral Health Monitoring Tool

| 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 | | |