



PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

Refugee Health Screener-15 (RHS-15) Amharic Version

Bilingual versions of the RHS-15 have been translated by an iterative process involving experts in the field, professional translators, and members of the refugee community so that each question is asked correctly according to language and culture. The English text is provided for reference only; using the English alone negates the sensitivity of this instrument.

DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Date of Arrival: _____ Health ID: _____

Administered by: _____ Date of Screen: _____

Developed by the *Pathways to Wellness* project and generously funded by Robert Wood Johnson Foundation, Bill and Melinda Gates Foundation, United Way of King County, Medina Foundation, The Seattle Foundation, Boeing Employees Community Fund and M.J. Murdock Charitable Trust. Production of the Amharic RHS-15 was made possible by the Maryland Department of Health and Mental Hygiene.

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ID# _____

የሰደተኛ ጤና ማጣሪያ (RHS-15)
REFUGEE HEALTH SCREENER-15 (RHS-15)



DATE: _____

መመሪያዎች፡ በእያንዳንዱ ስሜት ስር ውስጥ የሚገኘውን መመዘኛ በመጠቀም፣ እባክዎን ባለፈው ወር ውስጥ የነበረውን የሕመምዎን ደረጃ በተገቢው ዓምድ ውስጥ ምልክት ያድርጉ። ባለፈው ወር ውስጥ ሕመሙ ያመመዎት ካልነበረ፣ “በፍጹም” በሚለው አኳያ ይክበቡ።

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle “NOT AT ALL.”

ስሜት SYMPTOMS					
	በፍጹም NOT AT ALL	ትንሽ A LITTLE BIT	በመጠኑ MODERATELY	ከፍተኛ QUITE A BIT	ከፋኛ EXTREMELY
1. የጡንቻ (ጅምት)፣ የአጥንቶች መጋጠሚያ ሕመሞች Muscle, bone, joint pains	0	1	2	3	4
2. አብዛኛውን ጊዜ የመጫጫን ስሜት፣ የማዘን፣ ወይም ደስተኛ አለመሆን Feeling down, sad, or blue most of the time	0	1	2	3	4
3. ከሚገባ በላይ አብዝቶ ማሰብ ወይም ማውጣት ማውረድ Too much thinking or too many thoughts	0	1	2	3	4
4. መፍትሔ የማጣት ስሜት Feeling helpless	0	1	2	3	4
5. ያለምንም ምክንያት በድንገት መፍራት Suddenly scared for no reason	0	1	2	3	4
6. የመውደቅ ስሜት፣ የማዘር ወይም ድካም ስሜት Faintness, dizziness, or weakness	0	1	2	3	4
7. ከውስጥ የመሸበርና የመርበትበት ስሜት Nervousness or shakiness inside	0	1	2	3	4
8. አለመረጋጋት፣ የመቁነጥነጥ ስሜት Feeling restless, can't sit still	0	1	2	3	4
9. በቀላሉ ማልቀስ፣ ሆደባሻት Crying easily	0	1	2	3	4

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የሰደተኛ ጤና ማጣሪያ (RHS-15)
REFUGEE HEALTH SCREENER-15 (RHS-15)



DATE:

የሚከተሉት ስሜቶች፣ በጦርነት ውይም በሰደት ወቅት ካጋጠሙዎት፣ አስቃቂ ሁኔታዎች ጋር ሊዛመዱ ይችላሉ። ባለፈው ወር ውስጥ የሚከተሉት ስሜቶች ምን ያህል ተከስተው ያውቃሉ።

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

ስሜቶች SYMPTOMS	NOT AT ALL	ትንሽ A LITTLE BIT	በመጠኑ MODERATELY	ከፍተኛ QUITE A BIT	ከፍተኛ EXTREMELY
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10. ያሳለፉት አስቃቂ ግዜ በእላሙርዎ እየተመላለሰ አሁንም ያስቸግርዎታል?
Had the experience of reliving the trauma; acting or feeling as if it were happening again?

0	1	2	3	4
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11. ያሳለፉትን አስቃቂ ሁኔታ ሲያስታውሱ በሰውነትዎ ላይ ለምሳሌ የልብ ምት መጨመር ወይም የማላብ ስሜት ይሰማዎታል?
Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?

0	1	2	3	4
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12. ስሜትዎ የደንዘዘ እንደሆነ ተሰምቶት ያውቃል (ለምሳሌ፣ ሃዘን ተሰምቶት ግን ማልቀስ አልቻሉም፣ የማፍቀር ስሜቶች ሊኖርዎት አለመቻል)?
Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?

0	1	2	3	4
---	---	---	---	---

13. ተደናግጠው፣ በቀላሉ ተጨንቀው ያውቃሉ (ለምሳሌ፣ አንድ ሰው ከኋላዎ እየተራመደ ሲመጣ)?
Been jumpier, more easily startled (for example, when someone walks up behind you)?

0	1	2	3	4
---	---	---	---	---

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የሰደተኛ ጤና ማጣሪያ (RHS-15)
REFUGEE HEALTH SCREENER-15 (RHS-15)



DATE: _____

14. ባጠቃላይ በሕይወትዎ፣ ስለሚከተሉት የሚሰማዎት ምንድን ነው።
Circle the one best response below. Do you feel that you are:

- የሚያጋጥምዎትን ማንኛውንም ነገር ሊቋቋሙት፣ ሊወጡት እንደሚችሉ 0
Able to handle (cope with) anything
- የሚያጋጥሙዎትን አብዛኞቹን ነገሮች ሊቋቋሙት፣ ሊወጡት እንደሚችሉ 1
Able to handle (cope with) most things
- አንዳንድ ነገሮችን መቋቋም፣ መወጣት እንደሚችሉ፣ ግን ሌሎች ነገሮችን፣ ሊቋቋሙ እንደማይችሉ 2
Able to handle (cope with) some things, but not able to cope with other things
- አብዛኞቹን ነገሮች መቋቋም እንደማይችሉ 3
Unable to cope with most things
- ማንኛውንም ነገር መቋቋም እንደማይችሉ 4
Unable to cope with anything

Add Total Score of items 1–14

15. የጭንቀት መለኪያ
Distress Thermometer



እባክዎን የዛሬውንም ጨምሮ ባለፈው ሳምንት ውስጥ የገጠመዎትን የጭንቀት ደረጃ በደንብ የሚገልጸው ቁጥር ላይ (0-10) ይክበቡ።
Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: **1** ITEMS 1–14 IS ≥ 12 OR **2** DISTRESS THERMOMETER IS ≥ 5

CHECK ONE: POSITIVE NEGATIVE SELF-ADMINISTERED NOT SELF-ADMINISTERED



PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

Refugee Health Screener-15 (RHS-15) Arabic Version

Bilingual versions of the RHS-15 have been translated by an iterative process involving experts in the field, professional translators, and members of the refugee community so that each question is asked correctly according to language and culture. The English text is provided for reference only; using the English alone negates the sensitivity of this instrument.

DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Date of Arrival: _____ Health ID: _____

Administered by: _____ Date of Screen: _____

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تعليمات: باستخدام المقياس الموجود بجانب كل عرض من الأعراض، يرجى الإشارة إلى درجة مضايقته كل عرض لك على مدى الشهر الماضي. ضع دائرة في العمود المناسب. إذا لم يكن العرض مضايقاً لك خلال الشهر الماضي، فضع دائرة في عمود «لا شيء على الإطلاق».

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

					الأعراض SYMPTOMS
إلى أقصى حد EXTREMELY	كثيراً QUITE A BIT	معتدلاً MODERATELY	قليلاً A LITTLE BIT	لا شيء على الإطلاق NOT AT ALL	
4	3	2	1	0	1. آلام في العضلات والعظام والمفاصل Muscle, bone, joint pains
4	3	2	1	0	2. الشعور بالكآبة معظم الاوقات Feeling down, sad, or blue most of the time
4	3	2	1	0	3. كثرة التفكير Too much thinking or too many thoughts
4	3	2	1	0	4. الشعور بعدم القدرة على المساعدة (الشعور بالعجز) Feeling helpless
4	3	2	1	0	5. رعب مباغت بدون سبب Suddenly scared for no reason
4	3	2	1	0	6. إغماء أو دوخة أو ضعف Faintness, dizziness, or weakness
4	3	2	1	0	7. عصبية أو ارتجاف داخلي Nervousness or shakiness inside
4	3	2	1	0	8. عدم الشعور بالسكينة و عدم القدرة على الثبات Feeling restless, can't sit still
4	3	2	1	0	9. البكاء بسهولة Crying easily

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التجارب التالية يمكن ان تكون تجارب مؤلمة متعلقة بالحرب او الهجرة, كم مرة شعرت بالاعراض تالية خلال شهر الماضي:

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:



إلى أقصى حد
EXTREMELY

كثيراً
QUITE A BIT

معتدلاً
MODERATELY

قليلاً
A LITTLE BIT

لا شيء على الإطلاق
NOT AT ALL

الأعراض
SYMPTOMS

4

3

2

1

0

10. هل عانيت من استعادة تذكرك لهذه الصدمة بخيالك أو تمثيلها أو الشعور كأنها تحدث مرة أخرى؟

Had the experience of reliving the trauma; acting or feeling as if it were happening again?

4

3

2

1

0

11. هل عانيت من ردود فعل بدنية (على سبيل المثال، كثرة تصبب العرق، سرعة دقات القلب) عندما تم تذكرك بالصدمة؟

Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?

4

3

2

1

0

12. هل شعرت بانعدام المشاعر (على سبيل المثال، تشعر بالحزن ولكنك لا تستطيع البكاء، أو غير قادر على الإحساس بمشاعر الحب)؟

Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?

4

3

2

1

0

13. الأختلاج و سرعة الآجفال (مثال على ذلك، تشعر أن هناك شخص يمشي ورائك)

Been jumpier, more easily startled (for example, when someone walks up behind you)?

14. ضع دائرة حول أفضل رد أدناه. هل تحس أنك:
Circle the one best response below. Do you feel that you are:

0	قادر على التعامل مع (مواجهة) أي شيء Able to handle (cope with) anything
1	قادر على التعامل مع (مواجهة) معظم الأشياء Able to handle (cope with) most things
2	إنك قادر على مواجهة بعض الأمور وغير قادر على مواجهة الأمور الأخرى Able to handle (cope with) some things, but not able to cope with other things
3	أنك غير قادر على مواجهة معظم الأمور Unable to cope with most things
4	إنك غير قادر على مواجهة كل الأمور Unable to cope with anything

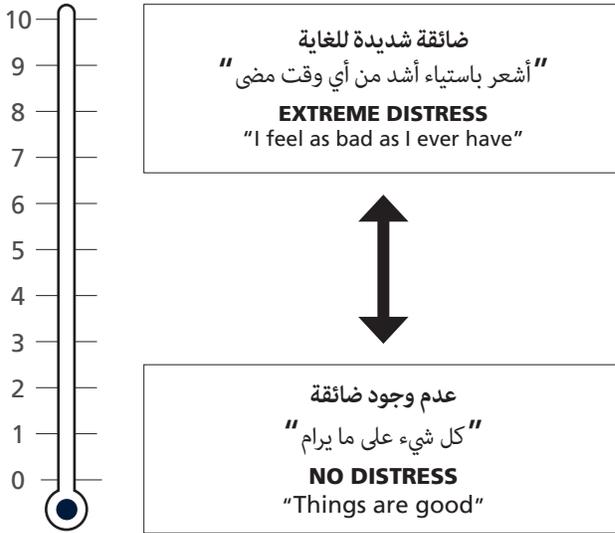
Add Total Score of items 1–14

مقياس حدة الضائقة

15. Distress Thermometer

الرقم (من صفر إلى ١٠) الذي يصف مقدار حدة الضائقة التي عانيت في الأسبوع الماضي بما فيه هذا اليوم.

Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.



SCORING SCREENING IS POSITIVE IF: ① ITEMS 1–14 IS ≥ 12 OR ② DISTRESS THERMOMETER IS ≥ 5

CHECK ONE: POSITIVE NEGATIVE

SELF-ADMINISTERED NOT SELF-ADMINISTERED



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DEMOGRAPHIC INFORMATION

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Gender: _____ Date of Arrival: _____ Health ID: _____

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လမ်းညွှန်ချက်များ - ရောဂါပြုလက္ခဏာတစ်ခုစီ၏ဘေးတွင်ရှိသည့် ဇယားပြကော်လံကိုအသုံးပြုပြီးသင့်ကိုလွန်ခဲ့သည့်လတွင် မည်သည့် ရောဂါလက္ခဏာစုက မည်မျှအဆင့်အထိအနှောင့်အယှက်ပေးခဲ့သည်ကိုကျေးဇူးပြု၍တင်ပြပါ။ သင့်လျော်သောအကွက်ထဲတွင်အမှတ်ရေးခြစ်ပေးပါ။ သင့်ကိုသင့်ရောဂါပြုလက္ခဏာ ကလွန်ခဲ့သည့်လ တွင် အနှောင့်အယှက်မပေးခဲ့လျှင် “လုံးဝမရှိ” ကိုပိုင်းပါ။

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle “NOT AT ALL.”

ရောဂါလက္ခဏာများ SYMPTOMS					
	လုံးဝမရှိ NOT AT ALL	အနည်းငယ် A LITTLE BIT	အသင့်အတင့် MODERATELY	နည်းနည်းများ QUITE A BIT	အလွန်များ EXTREMELY
၁။ ကြွက်သား၊ အရိုး၊ အဆစ် နာခြင်း 1. Muscle, bone, joint pains	0	1	2	3	4
၂။ စိတ်ဝါကျ၊ ဝမ်းနည်း၊ သို့မဟုတ် ဝမ်းနည်းကြေကွဲမှုများ အများအားဖြင့်ခံစားရခြင်း။ 2. Feeling down, sad, or blue most of the time	0	1	2	3	4
၃။ အလွန်စဉ်းစားခြင်း သို့မဟုတ် အတွေးများခြင်း 3. Too much thinking or too many thoughts	0	1	2	3	4
၄။ ကူညီမှုမရှိတော့ဟုခံစားရခြင်း 4. Feeling helpless	0	1	2	3	4
၅။ အကြောင်းမရှိပဲရုတ်တရက်ကြောက်ရွံ့ထိတ်လန့်သည် 5. Suddenly scared for no reason	0	1	2	3	4
၆။ သတိမေ့မျောခြင်း၊ မူးနှောက်ရီဝေခြင်း၊ သို့မဟုတ် အားနည်းခြင်း 6. Faintness, dizziness, or weakness	0	1	2	3	4
၇။ ထိတ်လန့်တုန်လှုပ်ချောက်ခြားခြင်း သို့မဟုတ် ကိုယ်တွင်း၌တုန်ရီခြင်း 7. Nervousness or shakiness inside	0	1	2	3	4
၈။ ဂဏာမငြိမ်သလိုခံစားရခြင်း၊ နေထိုင်ထိုင်မသာဖြစ်ခြင်း 8. Feeling restless, can't sit still	0	1	2	3	4
၉။ အငိုလွယ်ခြင်း 9. Crying easily	0	1	2	3	4

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အောက်ပါရောဂါလက္ခဏာများမှာ စစ်ပွဲများနှင့်ပြောင်းရွှေ့စဉ်ကရလာသော ကြောက်မက်ဖွယ်ရာ အတွေ့အကြုံများနှင့်ပတ်သက်သော အတွေ့အကြုံများ ဖြစ်သည်။ လွန်ခဲ့သည့်လတွင်-

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

ရောဂါလက္ခဏာများ SYMPTOMS					
	လုံးဝမရှိ NOT AT ALL	အနည်းငယ် A LITTLE BIT	အသင့်အတင့် MODERATELY	နည်းနည်းများ QUITE A BIT	အလွန်များ EXTREMELY
၁၀။ သင့် ကိုယ်/စိတ်ကြောင့်ဖြစ်ပေါ်လာသောစိတ်ဖိစီးမှု ဖြစ် ရပ်များနှင့်ပတ်သက် သည့်အတွေ့အကြုံများကို ပြန်လည်ဖြစ်ပျက်သလိုမျိုးမြင်တွေ့ ရသလား သို့မဟုတ် ခံစားခဲ့ရပါသလား။	၀	၁	၂	၃	၄
10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?					
၁၁။ သင် ကိုယ်/စိတ်ကြောင့်ဖြစ်ပေါ်လာသောစိတ်ဖိစီးမှုဖြစ် ရပ်များ ပြန်တွေးမိ သည့်အခါ သင့် ခန္ဓာကိုယ်တုံ့ပြန်မှု (ဥပမာ - ဇောချွေးပြန်၊ နှလုံးခုန်နှုန်းမြန်) တစ်ခုခုဖြစ်ခဲ့ပါသလား။	၀	၁	၂	၃	၄
11. Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?					
၁၂။ သင်ခံစားမှုမရှိသကဲ့သို့အရမ်းဝမ်းနည်းကြေကွဲ (ဥပမာ - ဝမ်းနည်းပေမယ့်ငိုလို့မရ၊ ချစ်စိတ်မပေါ်လာ မှု) ရသလိုမျိုးခံစားမိခဲ့သလား။	၀	၁	၂	၃	၄
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?					
၁၃။ သင်လန့်ခုန် သို့မဟုတ် လန့်ဖျပ်လွယ်ခဲ့သလား။ (ဥပမာ၊ သင်လမ်းလျှောက်နေစဉ် တစ်ဦးဦးက သင့်နောက်ဘက်မှနေ၍ပုတ်လိုက်ခြင်း)	၀	၁	၂	၃	၄
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?					

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၁၄။ အောက်ပါအဖြေများမှ အကောင်းဆုံးအဖြေတစ်ခုကို ဝိုင်းထားပါ။ သင်အောက်ပါကဲ့သို့ခံစားရသည်-
14. Circle the one best response below. Do you feel that you are:

မည်သည့်အရာမဆိုကိုကိုင်တွယ်ဖြေရှင်း (ရင်ဆိုင်) နိုင်သည် Able to handle (cope with) anything	၀ 0
အများအားဖြင့်ကိုင်တွယ်ဖြေရှင်း (ရင်ဆိုင်) နိုင်သည် Able to handle (cope with) most things	၁ 1
ကျွန်ုပ်ဖြတ်သန်းသွားရသောအရာတစ်ချို့ကိုကိုင်တွယ်ဖြေရှင်း (ရင်ဆိုင်) နိုင်ပေမယ့်အခြားအရာတစ်ချို့ကို မရင်ဆိုင်နိုင်ပါ။ Able to handle (cope with) some things, but not able to cope with other things	၂ 2
ကျွန်ုပ်ဖြတ်သန်းသွားရသောအရာများကိုအများအားဖြင့်မရင်ဆိုင်နိုင်ပါ။ Unable to cope with most things	၃ 3
ကျွန်ုပ်ဖြတ်သန်းသွားရသောမည်သည့်အရာမဆိုမရင်ဆိုင်နိုင်ပါ။ Unable to cope with anything	၄ 4

Add Total Score of items 1-14

၁၅။ စိတ်ဖိစီးမှုတိုင်းသာမိမိတာ ၁၅။

15. Distress Thermometer



လွန်ခဲ့သောအပတ်မှ ယနေ့အ တွင်း သင့်ခံစားခဲ့ရသော သင့်စိတ်သောက နှင့်အနီးစပ်ဆုံးကိုကညီသောနံပါတ်ကို ဖော် ပြပါအတိုင်း (၀ မှ ၁၀) အတွင်းဝိုင်းပေးပါ။

Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: ① ITEMS 1-14 IS ≥ 12 OR ② DISTRESS THERMOMETER IS ≥ 5

CHECK ONE: POSITIVE NEGATIVE SELF-ADMINISTERED NOT SELF-ADMINISTERED



PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

Refugee Health Screener-15 (RHS-15) Cuban Spanish Version

Bilingual versions of the RHS-15 have been translated by an iterative process involving experts in the field, professional translators, and members of the refugee community so that each question is asked correctly according to language and culture. The English text is provided for reference only; using the English alone negates the sensitivity of this instrument.

DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Date of Arrival: _____ Health ID: _____

Administered by: _____ Date of Screen: _____

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ID# _____

CUBAN SPANISH REFUGEE HEALTH SCREENER-15 (RHS-15)



DATE _____

INSTRUCCIONES: Usando la escala que se encuentra al lado de cada síntoma, indique el grado en que dicho síntoma le ha causado molestias durante el último mes. Marque la columna correspondiente. Si el síntoma no le ha causado molestias durante el último mes, encierre en un círculo "NADA".

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

SÍNTOMAS SYMPTOMS					
	NADA NOT AT ALL	UN POCO A LITTLE BIT	MODERADAMENTE MODERATELY	BASTANTE QUITE A BIT	MUCHÍSIMO EXTREMELY
1. Tiene dolor en las articulaciones, huesos y músculos Muscle, bone, joint pains	0	1	2	3	4
2. Está decaído(a) o triste la mayor parte del tiempo Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Está sobrecargado de pensamientos Too much thinking or too many thoughts	0	1	2	3	4
4. Se siente indefenso o inútil Feeling helpless	0	1	2	3	4
5. De pronto se siente asustado sin ningún motivo Suddenly scared for no reason	0	1	2	3	4
6. Se siente débil, mareado o como si se fuera a desmayar Faintness, dizziness, or weakness	0	1	2	3	4
7. Tiene nerviosismo o palpitaciones Nervousness or shakiness inside	0	1	2	3	4
8. Se siente inquieto, no puede quedarse tranquilo Feeling restless, can't sit still	0	1	2	3	4
9. Llora fácilmente Crying easily	0	1	2	3	4

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ID# _____

DATE _____

Los síntomas siguientes pueden estar relacionados con experiencias traumáticas vividas durante una guerra o emigración. Durante el último mes, con qué intensidad:

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

SÍNTOMAS SYMPTOMS					
	NADA NOT AT ALL	UN POCO A LITTLE BIT	MODERADAMENTE MODERATELY	BASTANTE QUITE A BIT	MUCHÍSIMO EXTREMELY
10. ¿Ha revivido el trauma; actuando o sintiendo como si estuviera pasando otra vez? Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. ¿Ha tenido reacciones FÍSICAS (por ejemplo, sudoraciones, palpitaciones) cuando algo le recuerda el trauma? Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. ¿Siente ausencia de emociones (por ejemplo, se siente triste pero no puede llorar o se siente incapaz de mostrar afecto)? Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. ¿Se siente sobresaltado fácilmente, se asusta con más facilidad (por ejemplo, si alguien se para detrás de usted)? Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

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ID#

DATE

14. De las oraciones a continuación, marque o circule la respuesta que mejor describa cómo se siente. Usted siente que:

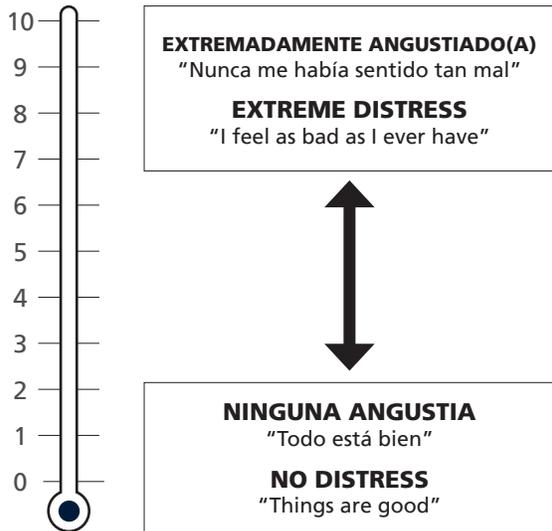
Circle the one best response below. Do you feel that you are:

- | | |
|---|----------|
| Es capaz de lidiar (hacerle frente) con cualquier cosa
Able to handle (cope with) anything | 0 |
| Es capaz de lidiar (hacerle frente) con la mayoría de las cosas
Able to handle (cope with) most things | 1 |
| Es capaz de lidiar (hacerle frente) con algunas cosas, pero no puede hacerles frente a otras cosas
Able to handle (cope with) some things, but not able to cope with other things | 2 |
| No puede lidiar con la mayoría de las cosas
Unable to cope with most things | 3 |
| No puede lidiar con nada
Unable to cope with anything | 4 |

Add Total Score of items 1–14

15. Termómetro de la angustia

Distress Thermometer



Encierre en un círculo el número (del 0 al 10) que mejor describa cuánta angustia ha estado sintiendo esta última semana, incluyendo el día de hoy.

Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: **1** ITEMS 1–14 IS ≥ 12 OR **2** DISTRESS THERMOMETER IS ≥ 5

CHECK ONE: POSITIVE NEGATIVE SELF-ADMINISTERED NOT SELF-ADMINISTERED



PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

Refugee Health Screener-15 (RHS-15) English Version

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DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Date of Arrival: _____ Health ID: _____

Administered by: _____ Date of Screen: _____

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ID# _____

REFUGEE HEALTH SCREENER-15 (RHS-15)



DATE _____

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

SYMPTOMS					
	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

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ID# _____

REFUGEE HEALTH SCREENER-15 (RHS-15)



DATE _____

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

SYMPTOMS					
	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

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ID# _____

REFUGEE HEALTH SCREENER-15 (RHS-15)



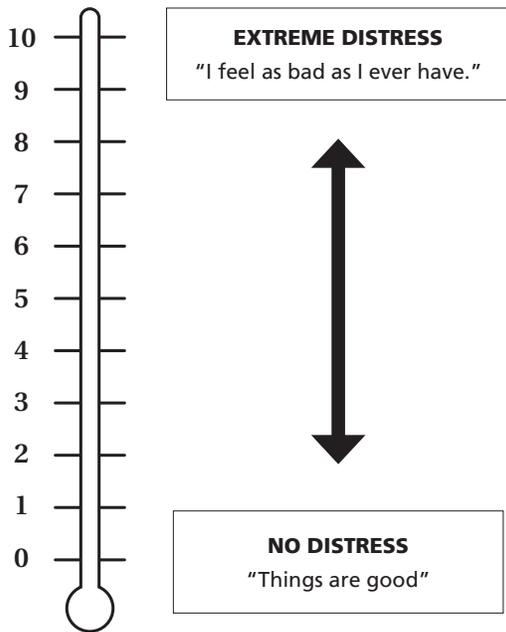
DATE _____

14. Circle the one best response below. Do you feel that you are:

Able to handle (cope with) anything	0
Able to handle (cope with) most things	1
Able to handle (cope with) some things, but not able to cope with other things	2
Unable to cope with most things	3
Unable to cope with anything	4

Add Total Score of items 1–14

15. Distress Thermometer



Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: **1** ITEMS 1–14 IS ≥ 12 OR **2** DISTRESS THERMOMETER IS ≥ 5

CHECK ONE: **POSITIVE** **NEGATIVE** **SELF-ADMINISTERED** **NOT SELF-ADMINISTERED**



PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

Refugee Health Screener-15 (RHS-15) Farsi Version

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DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Date of Arrival: _____ Health ID: _____

Administered by: _____ Date of Screen: _____

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دستورالعمل: لطفاً با استفاده از مقیاس مندرج در هر ردیف، مشخص نمایید این علائم جسمی یا روحی در یک ماه گذشته تا چه اندازه شما را آزار داده است. در ادامه، متناسب با حال روحی خود علامت ضربدر بگذارید. اگر نشانه یا علائمی وجود دارد که در یک ماه گذشته با آن مواجه نشده اید روی گزینه «اصلاً» ضربدر بگذارید.

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."



بسیار شدید EXTREMELY	تا حدی QUITE A BIT	بطور متوسط MODERATELY	کم A LITTLE BIT	اصلاً NOT AT ALL	علائم جسمی یا روحی SYMPTOMS
4	3	2	1	0	1. دردهای عضلانی، استخوانی یا مفصلی Muscle, bone, joint pains
4	3	2	1	0	2. احساس بی حوصلگی، اندوه، یا افسردگی در اکثر مواقع Feeling down, sad, or blue most of the time
4	3	2	1	0	3. زیاد فکر کردن یا افکار زیادی در سر داشتن Too much thinking or too many thoughts
4	3	2	1	0	4. احساس درماندگی Feeling helpless
4	3	2	1	0	5. ترس ناگهانی و بی دلیل Suddenly scared for no reason
4	3	2	1	0	6. سستی، سرگیجه، یا ضعف Faintness, dizziness, or weakness
4	3	2	1	0	7. عصبیت یا لرزش درونی Nervousness or shakiness inside
4	3	2	1	0	8. حس بی قراری، آرام و قرار نداشتن Feeling restless, can't sit still
4	3	2	1	0	9. به آسانی به گریه افتادن Crying easily

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علائمی که در ذیل می آید باید مرتبط با اتفاقی در دوران جنگ و مهاجرت باشد که سبب آسیب روحی شده است.
در ماه گذشته تا چه اندازه با موارد ذیل مواجه شده اید:

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:



بسیار شدید
EXTREMELY

تا حدی
QUITE A BIT

بطور متوسط
MODERATELY

کم
A LITTLE BIT

اصلاً
NOT AT ALL

علائم جسمی یا روحی
SYMPTOMS

4

3

2

1

0

10. آیا با این تجربه روبرو شده اید که اتفاق منجر به آسیب دیدگی دوباره برایتان زنده شود و طوری رفتار کنید یا احساس نمایید که انگار آن اتفاق دوباره برایتان رخ داده است؟

Had the experience of reliving the trauma; acting or feeling as if it were happening again?

4

3

2

1

0

11. آیا با یادآوری آن اتفاق واکنش های جسمانی (مثلاً خیس غرق شدن، یا ضربان تند قلب) داشته اید؟

Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?

4

3

2

1

0

12. آیا با کرختی احساسی مواجه شده اید (مثلاً احساس کنید غمگین هستید اما نمی توانید گریه کنید، یا نمی توانید احساسات دوستانه خود را نشان دهید)؟

Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?

4

3

2

1

0

13. بیشتر از جا می پرید یا سریعتر دچار هراس می شوید، (مثلاً وقتی کسی پشت سر شما راه می رود)؟

Been jumpier, more easily startled (for example, when someone walks up behind you)

14. در زیر دور بهترین جواب دایره بکشید. آیا احساس می کنید که:
Circle the one best response below. Do you feel that you are:

0 می توانم با همه چیز روبرو شوم (با آن کنار بیایم)
Able to handle (cope with) anything

1 می توانم با بیشتر چیزها روبرو شوم (با آن کنار بیایم)
Able to handle (cope with) most things

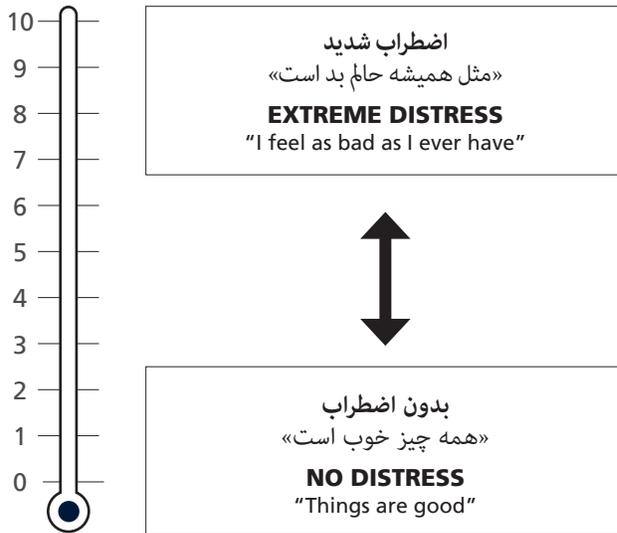
2 می توانم فقط با بعضی اتفاقات زندگی روبرو شوم (با آن کنار بیایم)، ولی نه با هر اتفاقی
Able to handle (cope with) some things, but not able to cope with other things

3 نمی توانم با اکثر اتفاقات زندگی کنار بیایم
Unable to cope with most things

4 نمی توانم با هیچیک از اتفاقات زندگی کنار بیایم
Unable to cope with anything

Add Total Score of items 1-14

سنجش میزان پریشانی
15. Distress Thermometer



لطفاً دور عدد (۰ تا ۱۰) که میزان اضطراب شما را در هفته گذشته، شامل امروز، به بهترین شکل توصیف می نماید دایره بکشید.

Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: ① ITEMS 1-14 IS ≥ 12 OR ② DISTRESS THERMOMETER IS ≥ 5

CHECK ONE: POSITIVE NEGATIVE

SELF-ADMINISTERED NOT SELF-ADMINISTERED



PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

Refugee Health Screener-15 (RHS-15) French Version

Bilingual versions of the RHS-15 have been translated by an iterative process involving experts in the field, professional translators, and members of the refugee community so that each question is asked correctly according to language and culture. The English text is provided for reference only; using the English alone negates the sensitivity of this instrument.

DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Date of Arrival: _____ Health ID: _____

Administered by: _____ Date of Screen: _____

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ID# _____

LE DEPISTAGE MEDICAL DU REFUGIE (RHS-15)

REFUGEE HEALTH SCREENER-15 (RHS-15)



DATE: _____

INSTRUCTIONS: Veuillez indiquer le point auquel vos symptômes vous ont dérangé ce mois dernier en utilisant l'échelle qui se trouve à coté de chaque symptôme. Cochez la colonne qui convient. Si vous n'avez pas eu ce symptôme au cours du mois dernier, alors cochez "PAS DU TOUT."

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

SYMPTOMES SYMPTOMS					
	PAS DU TOUT NOT AT ALL	UN TOUT PETIT PEU A LITTLE BIT	ASSEZ MODERATELY	BEAUCOUP QUITE A BIT	EXTRÊMEMENT EXTREMELY
1. Douleurs des muscles, des os, des articulations Muscle, bone, joint pains	0	1	2	3	4
2. Se sentir abattu(e) ou triste Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Penser excessivement ou avoir trop de pensées Too much thinking or too many thoughts	0	1	2	3	4
4. Se sentir impuissant(e) (incapable) Feeling helpless	0	1	2	3	4
5. Etre soudainement effrayé(e) sans cause Suddenly scared for no reason	0	1	2	3	4
6. Vertige, affaiblissement ou vous sentir comme si vous alliez vous évanouir Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervosité, instabilité ou tremblement à l'intérieur du corps Nervousness or shakiness inside	0	1	2	3	4
8. Se sentir agité(e), ne pas pouvoir rester tranquille Feeling restless, can't sit still	0	1	2	3	4
9. Pleurer facilement Crying easily	0	1	2	3	4

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ID# _____

LE DEPISTAGE MEDICAL DU REFUGIE (RHS-15)

REFUGEE HEALTH SCREENER-15 (RHS-15)



DATE: _____

Les symptômes suivant peuvent être liés aux expériences traumatisantes (moments difficiles) vécues pendant la guerre et votre déplacement à cause de la guerre. Combien de fois, au cours du mois dernier, avez-vous:

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

					
SYMPTOMES SYMPTOMS	PAS DU TOUT NOT AT ALL	UN TOUT PETIT PEU A LITTLE BIT	ASSEZ MODERATELY	BEAUCOUP QUITE A BIT	EXTREMEMENT EXTREMELY
10. Eu l'expérience de revivre le traumatisme (moment difficile), ou avez agi ou senti que vous reviviez ces moments difficiles?	0	1	2	3	4
Had the experience of reliving the trauma; acting or feeling as if it were happening again?					
11. Eu des réactions PHYSIQUES (par exemple: transpiration ou battements de cœur plus rapides) quand vous vous rappelez du traumatisme (moment difficile)?	0	1	2	3	4
Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?					
12. Eu le sentiment de ne sentir aucune émotion ou de sentir émotionnellement insensible (par exemple, vous sentir triste sans pouvoir pleurer ou incapable d'avoir des sentiments affectueux)?	0	1	2	3	4
Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?					
13. Eté plus nerveux(se) ou sursauté plus facilement (par exemple, quand quelqu'un vous approche par derrière)?	0	1	2	3	4
Been jumpier, more easily startled (for example, when someone walks up behind you)?					

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ID# _____

LE DEPISTAGE MEDICAL DU REFUGIE (RHS-15)

REFUGEE HEALTH SCREENER-15 (RHS-15)



DATE: _____

14. Encercliez l'une des meilleures réponses ci-dessous. Sentez-vous que :

Circle the one best response below. Do you feel that you are:

Vous parvenez à surmonter ou vaincre tout ce qui vous arrive **0**
Able to handle (cope with) anything

Vous parvenez à surmonter ou vaincre la plupart des choses qui vous arrivent **1**
Able to handle (cope with) most things

Vous parvenez à surmonter ou vaincre certaines choses, mais incapable d'en surmonter d'autres **2**
Able to handle (cope with) some things, but not able to cope with other things

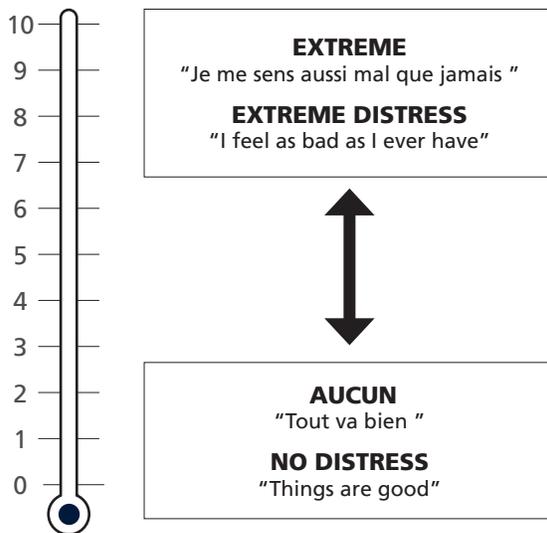
Vous ne parvenez pas à surmonter ou vaincre la plupart des choses **3**
Unable to cope with most things

Vous ne parvenez pas à rien surmonter **4**
Unable to cope with anything

Add Total Score of items 1–14

15. Echelle de Problèmes Emotionels (Soucis)

Distress Thermometer



S'il vous plaît encercliez le numéro (0-10) qui décrit les mieux de les problèmes emotionels (soucis) que vous avez ressenti pendant cette dernière semaine y compris aujourd'hui.

Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: **1** ITEMS 1–14 IS ≥ 12 OR **2** DISTRESS THERMOMETER IS ≥ 5

CHECK ONE: POSITIVE NEGATIVE

SELF-ADMINISTERED NOT SELF-ADMINISTERED



PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

Refugee Health Screener-15 (RHS-15) Karen Version

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DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Date of Arrival: _____ Health ID: _____

Administered by: _____ Date of Screen: _____

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DATE / နံၤသီ:

တၢ်န့ၣ်ကျဲတဖၣ်- စူးကါနီၣ်ထီၣ်လၢအအိၣ်လၢ တၢ်ပနီၣ်တဖၣ်အကပၤစုၣ်စုၣ်ဝံၤ, ဝံသးစူးပၤဖျါထီၣ် မ့ၢ်တၢ်ပနီၣ်တဖၣ်အံၤမၤတံၢ်တံၢ် နၢလၢအပူၤကွၢ်တလၢလၢအပတီၢ်ထဲလဲၣ်. တၢ်နီၣ်ဖဲကဘျးပၤအကျိၤလၢအကြၢးဝဲဘၣ်ဝဲအပူၤတက့ၢ်. ဖဲအပူၤကွၢ်တလၢ, တၢ်အပ နီၣ်တဖၣ် မ့ၢ်တမၤတံၢ်တံၢ်နၢလၢ လၢလၢအပူၤကွၢ်သၢပျၢၤအယီ, ကဝီၤယၢ် “နီတဲး” တက့ၢ်.

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle “NOT AT ALL.”

တၢ်ပနီၣ်တဖၣ် SYMPTOMS					
	နီတဲး NOT AT ALL	တဲးတဖျဲ A LITTLE BIT	ဖဲအကြၢး MODERATELY	အတဲး QUITE A BIT	အိၣ်ဖဲ EXTREMELY
၁. ယုၢ်ညၣ်, ယံ, အဆၢတဖၣ်ဆါ 1. Muscle, bone, joint pains	၀	၁	၂	၃	၄
၂. တူၢ်ဘၣ်လၢအသးဂံၢ်ဘါစၢ်, သး အုး, မ့တမ့ၢ် သးဘၣ်ဖျိၣ် အါတက့ၢ် 2. Feeling down, sad, or blue most of the time	၀	၁	၂	၃	၄
၃. ဆိကမိၣ်တၢ်အါတလၢ(မ့) တၢ်ဆိကမိၣ်အါတလၢ 3. Too much thinking or too many thoughts	၀	၁	၂	၃	၄
၄. တူၢ်ဘၣ်လၢတၢ်မၤစၢၤတအိၣ် 4. Feeling helpless	၀	၁	၂	၃	၄
၅. သတူၢ်ကလၢပျံၤတၢ်ဖးတၢ်လၢတအိၣ်ဒီးတၢ်ဂ့ၢ်နီတဲး 5. Suddenly scared for no reason	၀	၁	၂	၃	၄
၆. သးသပုၤ, ခိၣ်မူၤခိၣ်တယူၤ, မ့တမ့ၢ် ဂံၢ်ဘါစၢ် 6. Faintness, dizziness, or weakness	၀	၁	၂	၃	၄
၇. ပျံၤတၢ်သးတဂၢ် ဒီး တၢ်ကနိးကစုၣ်လၢအပူၤ 7. Nervousness or shakiness inside	၀	၁	၂	၃	၄
၈. တူၢ်ဘၣ်လၢတအိၣ်ဘျးအိၣ်သါဘၣ်, အိၣ်တတူၤလီၤ တီၤလီၤ 8. Feeling restless, can't sit still	၀	၁	၂	၃	၄
၉. ဟီၣ်ညီ 9. Crying easily	၀	၁	၂	၃	၄

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တၢ်ဆါကွၢ်ဂီၤပနီၣ်လၢအပိၣ်လွဲတဖၣ်ဘၣ်သ့ၣ်သ့ၣ်ဘၣ်သးတၢ်လဲၤခီဖျိလၢအဘၣ်သးဒီးတၢ်ဖုးတၢ်ယၤဒီးတၢ်သးလီၢ်သးကျဲတဖၣ်လၢအမၤဘၣ်ဒီးနသ့ၣ်နသး နှဲ ဖဲအပူၤကွၢ်တလၢနတူၢ်ဘၣ်ဆဲးအါလဲၣ်-သ့

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

					
တၢ်ပနီၣ်တဖၣ် SYMPTOMS	နီတဲး NOT AT ALL	တဲးတဖၣ် A LITTLE BIT	ဖဲအတၢ် MODERATELY	အတဲး QUITE A BIT	အါၣ်မး EXTREMELY
၁၀. နအိၣ်ဒီးတၢ်လဲၤခီဖျိလၢအမၤသ့ၣ်နီၣ်ထီၣ် ကွၢ်တၢ်လၢအမၤဘၣ်ဒီးနသ့ၣ် နသးလၢ နသးပူၤနီၣ်တၢ်တဖၣ်, လၢအမၤအသး မ့တမ့ၢ် နတူၢ်ဘၣ်ဒီးသိးတၢ်အံၤကယဲထီၣ်ကဒီး အသီတဘျီခါ.	၀	၁	၂	၃	၄
10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
၁၁. တၢ်မၤအသးဒီးနနီၢ်ခိကွၢ်ဂီၤတမံၤမံၤ (အဒိ - ကပၤကဝါပြီ, သးစံၣ်ချ) ဖဲနသ့ၣ်နီၣ်ထီၣ်ကွၢ်တၢ်လၢအမၤဘၣ်ဒီးနသ့ၣ် နသးလၢနသးပူၤနီၣ်တသ့ဘၣ်တဖၣ်ခါ.	၀	၁	၂	၃	၄
11. Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
၁၂. နတူၢ်ဘၣ်လၢနသးဘၣ်ဒီးခိၣ်မးတုၤဒၣ်လဲၣ်နထူတရုထီၣ်(အဒိ, သးအုးဘၣ်ဆၣ် ဟီၣ်တန့ၢ်, တၢ်တူၢ်ဘၣ်လၢအိၣ်ဒီးတၢ်အဲၣ် တၢ်ကွဲတသ့) ဘၣ်န့ၣ်ခါ.	၀	၁	၂	၃	၄
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
၁၃. နဖုး မ့တမ့ၢ် နဖုးသံပျီၢ်သံညီ (အဒိ, ဖဲပုၤတဂၤဂၤဟးလၢနလီၢ်ခဲအါ) ခါ.	၀	၁	၂	၃	၄
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

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၁၄. ၁၄. ကွၢ်ယၢ်တၢ်စံးဆၢလၢအဂ့ၤကတၢၢ်လၢလၢ်တက့ၢ်. မ့ၢ်နတ့ၢ်ဘၣ်လၢန-
14. Circle the one best response below. Do you feel that you are:

ယ(ကွၢ်ဆၢၣ်မဲၣ်ဒီးတၢ်)တၢ်တမံၤလၢ်လၢ်သ့ Able to handle (cope with) anything	၀ 0
ယ(ကွၢ်ဆၢၣ်မဲၣ်ဒီးတၢ်)တၢ်အါမံၤသ့ Able to handle (cope with) most things	၁ 1
ယ(ကွၢ်ဆၢၣ်မဲၣ်ဒီးတၢ်)တၢ်ဂ့ၢ်တနီၤသ့, ဘၣ်ဆၢၣ်ယကွၢ်ဆၢၣ်မဲၣ်တၢ်ဂ့ၢ်အဂၤတဖၣ်တသ့ Able to handle (cope with) some things, but not able to cope with other things	၂ 2
ယကွၢ်ဆၢၣ်မဲၣ်တၢ်ဂ့ၢ်အါတက့ၢ်တသ့ဘၣ် Unable to cope with most things	၃ 3
ယကွၢ်ဆၢၣ်မဲၣ်တၢ်ဂ့ၢ်တသ့နီၣ်တမံၤ Unable to cope with anything	၄ 4

Add Total Score of items 1-14

15. တၢ်သ့ၣ်ကိၢ်သးဂီၤတၢ်ဘၣ်ယိၣ်သမိမံထၢၣ်
Distress Thermometer



- ဝံသးဂီၤကတၢၢ်ယၢ် နီၣ်ဂံၢ်ဖျၢၣ်
(၀ - ၁၀) လၢအထဲဖျါထီၣ်ဘၣ်ဃး လၢအပူၤကွၢ်
တနွံတုၤမ့ၢ်မဆါတနံၤအံၤ နတၢ်သ့ၣ်ကိၢ်သးဂီၤ အပတီၢ်အိၣ်
ထဲလဲၣ်န့ၣ်လီၤ.

Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: **1** ITEMS 1-14 IS ≥ 12 OR **2** DISTRESS THERMOMETER IS ≥ 5

CHECK ONE: POSITIVE NEGATIVE SELF-ADMINISTERED NOT SELF-ADMINISTERED



PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

Refugee Health Screener-15 (RHS-15) Nepali Version

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DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Date of Arrival: _____ Health ID: _____

Administered by: _____ Date of Screen: _____

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DATE / मिति:

निर्देशनहरू : प्रत्येक लक्षणलाई नाप्नका लागि संगै दिइएको नाप संख्यालाई प्रयोग गरेर, वितेका महिनामा तपाईंलाई पिरोल्ने गरेको लक्षणको मात्रालाई कृपया संकेत गर्नुहोस । कृपया उपयुक्त कालममा चिन्ह लगाउनुहोस । यदि सो लक्षण वितेको महिनामा तपाईंको निम्ति पिरलो नवनेका भए “एकदमै नभएको” भन्ने कालमलाई गोलो लगाउनुहोस ।

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle “NOT AT ALL.”

लक्षणहरू SYMPTOMS					
	एकदमै नभएको NOT AT ALL	अलि कति मात्र A LITTLE BIT	सामान्य कतिमल MODERATELY	धेरै न QUITE A BIT	अति सार EXTREMELY
१. मासपेशी, हड्डी, जार्नी दुख्नु 1. Muscle, bone, joint pains	०	१	२	३	४
२. धेरै जसो समय भोक्रिनु, उदास हुनु वा निन्याउरोपन आउनु 2. Feeling down, sad, or blue most of the time	०	१	२	३	४
३. धेरै सोची राख्नु वा धेरै सोचाइहरू आइ राख्नु 3. Too much thinking or too many thoughts	०	१	२	३	४
४. असहाय भएको महशुस हुनु 4. Feeling helpless	०	१	२	३	४
५. कारण बिना नै एक्कासी तर्सनु 5. Suddenly scared for no reason	०	१	२	३	४
६. मुर्छापनु, रिगटा लाग्नु वा कमजोरी हुनु 6. Faintness, dizziness, or weakness	०	१	२	३	४
७. भित्रवाट अतालिनु वा हल्लनु 7. Nervousness or shakiness inside	०	१	२	३	४
८. वेचैनी महशुस गर्नु, स्थिर भएर बस्न नसक्नु 8. Feeling restless, can't sit still	०	१	२	३	४
९. सजिलै रुनु 9. Crying easily	०	१	२	३	४

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DATE / मिति:

तल दिएका आघातजन्य लक्षणहरु युद्धको बेला र आप्रवासको बेला संग सम्बन्धित हुन सक्छ । तपाईंलाई यस्तो बितेको महिनामा कति भयो

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

लक्षणहरु SYMPTOMS					
	एकदमै नभएको NOT AT ALL	अलि कति मात्र A LITTLE BIT	सामान्य किसिमले MODERATELY	धेरै न QUITE A BIT	अति सार EXTREMELY
१०. के तपाईंलाई यो फेरि हुँदै छ भन्ने जस्तो गरी आघात (ट्रामा) को भ्रमको, क्रिया वा भावनाको अनुभूति भएको थियो?	०	१	२	३	४
10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
११. आघात (ट्रामा) को वारेमा संझाइ दिदा के तपाईंलाई शारीरिक प्रतिक्रियाहरु (उदाहरणका लागि पसिनाले भिज्नुभएको, मुटु छिटो छिटो चलेर धुक धुक गर्ने) हुने गरेका थिए ?	०	१	२	३	४
11. Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
१२. के तपाईं भावनात्मक रूपले चेतनाशून्य (उदाहरणका लागि उदास हुने तर रुन नसक्ने, प्रेमका भावनाहरु जगाउन असमर्थ हुने) भएको महशुस गर्नु भएको छ ?	०	१	२	३	४
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
१३. के तपाईं जुरुक्क उठ्ने लिने वा त्यसै भस्किने (उदाहरणका लागि जब कोही मानिस तपाईंको पछाडि हिंड्दछ) खालको हुनु भएको थियो ?	०	१	२	३	४
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

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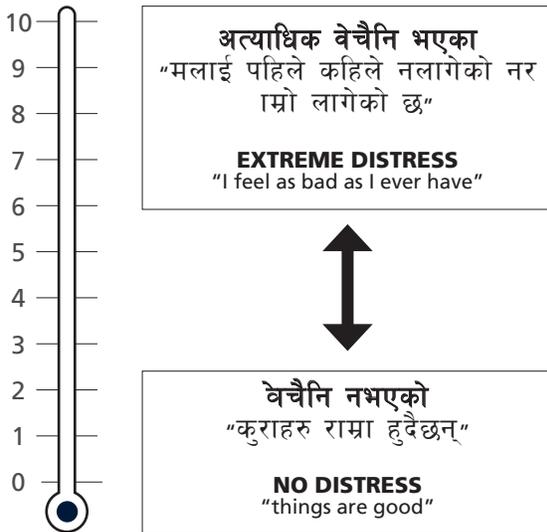
१४. तल दिइएको उत्कृष्ट जवाफलाई गोलो लगाउनुहोस् । के तपाईंलाई यस्तो हुन्छ भन्ने लाग्दछ :

14. Circle the one best response below. Do you feel that you are:

कुनै पनि कुरालाई सम्हाल्न (सामना गर्न) सक्न Able to handle (cope with) anything	0 0
अधिकांश कुराहरूलाई सम्हाल्न (सामना गर्न) सक्ने Able to handle (cope with) most things	१ 1
केही कुराहरूलाई सम्हाल्न (सामाना गर्न) सक्ने तर अरु धेरै कुराहरूको सामाना गर्ने नसक्ने Able to handle (cope with) some things, but not able to cope with other things	२ 2
धेरैजसो कुराहरूलाई सामाना गर्न नसक्न Unable to cope with most things	३ 3
कुनै पनि कुराहरूलाई सामाना गर्न नसक्न Unable to cope with anything	४ 4

Add Total Score of items 1–14

15. वेचैन (डिस्ट्रेस) मापन थर्मोमिटर Distress Thermometer



तपाईंले भोगि रहनु भएको वेचैनलाई राम्ररी वर्णन गर्नको लागि आज लगायत गत हप्ता तपाईंले अनुभव गरि रहनु भएको वेचैनलाई नम्बर (० देखि १० सम्म) मा कृपया चिन्ह लगाउनुहोस् ।

Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: ① ITEMS 1–14 IS ≥ 12 OR ② DISTRESS THERMOMETER IS ≥ 5

CHECK ONE: POSITIVE NEGATIVE

SELF-ADMINISTERED NOT SELF-ADMINISTERED



PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

Refugee Health Screener-15 (RHS-15) Russian Version

Bilingual versions of the RHS-15 have been translated by an iterative process involving experts in the field, professional translators, and members of the refugee community so that each question is asked correctly according to language and culture. The English text is provided for reference only; using the English alone negates the sensitivity of this instrument.

DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Date of Arrival: _____ Health ID: _____

Administered by: _____ Date of Screen: _____

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Инструкция: Используя шкалу напротив каждого симптома, пожалуйста, определите степень, в которой симптом беспокоил Вас в течение последнего месяца. Поставьте галочку в соответствующей колонке. Если симптом не беспокоил Вас в течение последнего месяца, обведите «СОВСЕМ НЕ БЕСПОКОИЛ».

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

СИМПТОМЫ SYMPTOMS					
	СОВСЕМ НЕ БЕСПОКОИЛ NOT AT ALL	НЕМНОГО A LITTLE BIT	СРЕДНЕ MODERATELY	БЕСПОКОИЛ ДОСТАТОЧНО СИЛЬНО QUITE A BIT	ОЧЕНЬ СИЛЬНО EXTREMELY
1. Боли в мышцах, костях, суставах Muscle, bone, joint pains	0	1	2	3	4
2. Плохое настроение, печаль, уныние Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Много мыслей в голове. Постоянно думаете о разных проблемах Too much thinking or too many thoughts	0	1	2	3	4
4. Ощущение своей беспомощности Feeling helpless	0	1	2	3	4
5. Неожиданный страх без видимой причины Suddenly scared for no reason	0	1	2	3	4
6. Головокружения, слабость, предобморочное состояние Faintness, dizziness, or weakness	0	1	2	3	4
7. Состояние нервозности, ощущаете дрожь в теле Nervousness or shakiness inside	0	1	2	3	4
8. Беспокойство, состояние неусидчивости Feeling restless, can't sit still	0	1	2	3	4
9. Часто хочется плакать Crying easily	0	1	2	3	4

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Следующие ниже перечисленные симптомы могут быть связаны с травматическими событиями, пережитыми во время войны, в результате религиозных преследований или во время процесса переселения из одной страны в другую. Как часто в течение последнего месяца Вы:

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

СИМПТОМЫ SYMPTOMS					
	СОВСЕМ НЕ БЕСПОКОИЛ NOT AT ALL	НЕМНОГО A LITTLE BIT	СРЕДНЕ MODERATELY	БЕСПОКОИЛ ДОСТАТОЧНО СИЛЬНО QUITE A BIT	ОЧЕНЬ СИЛЬНО EXTREMELY
<p>10. Вновь переживаете травматическое событие, реагируете и чувствуете себя, как будто это случается с Вами опять?</p> <p>Had the experience of reliving the trauma; acting or feeling as if it were happening again?</p>	0	1	2	3	4
<p>11. Ощущаете физиологическую реакцию (например, потливость, учащенное сердцебиение) при упоминании о травматическом событии?</p> <p>Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?</p>	0	1	2	3	4
<p>12. Ощущаете эмоциональную пустоту (чувствуете печаль, но не можете плакать, не в состоянии переживать нежные чувства)?</p> <p>Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?</p>	0	1	2	3	4
<p>13. Легко вздрагиваете и пугаетесь (например, когда кто-то подходит к Вам сзади)?</p> <p>Been jumpier, more easily startled (for example, when someone walks up behind you)?</p>	0	1	2	3	4

DATE / Дата

14. Обведите кружком один наиболее правильный ответ. Чувствуете ли Вы, что:
Circle the one best response below. Do you feel that you are:

Вы способны справиться с чем угодно
Able to handle (cope with) anything

0

Вы способны справиться с большинством задач
Able to handle (cope with) most things

1

Вы способны справиться с некоторыми, но не со всеми вещами
Able to handle (cope with) some things, but not able to cope with other things

2

Вы не способны справиться с большинством вещей в Вашей жизни
Unable to cope with most things

3

Вы не способны справиться ни с чем
Unable to cope with anything

4

Add Total Score of items 1–14

15. ТЕРМОМЕТР СТРЕССА
Distress Thermometer



Пожалуйста, обведите число (от 0 до 10), которое лучше всего определяет степень стресса, который Вы испытывали в течение последней недели, включая сегодняшний день.

Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: **1** ITEMS 1–14 IS ≥ 12 OR **2** DISTRESS THERMOMETER IS ≥ 5

CHECK ONE: **POSITIVE** **NEGATIVE**

SELF-ADMINISTERED

NOT SELF-ADMINISTERED



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DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Date of Arrival: _____ Health ID: _____

Administered by: _____ Date of Screen: _____

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DATE / Дата

Инструкция: Используя шкалу напротив каждого симптома, пожалуйста, определите степень, в которой симптом беспокоил Вас в течение последнего месяца. Поставьте галочку в соответствующей колонке. Если симптом не беспокоил Вас в течение последнего месяца, обведите «СОВСЕМ НЕ БЕСПОКОИЛ».

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

СИМПТОМЫ SYMPTOMS					
	СОВСЕМ НЕ БЕСПОКОИЛ NOT AT ALL	НЕМНОГО A LITTLE BIT	СРЕДНЕ MODERATELY	БЕСПОКОИЛ ДОСТАТОЧНО СИЛЬНО QUITE A BIT	ОЧЕНЬ СИЛЬНО EXTREMELY
1. Боли в мышцах, костях, суставах Muscle, bone, joint pains	0	1	2	3	4
2. Плохое настроение, печаль, уныние Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Много мыслей в голове. Постоянно думаете о разных проблемах Too much thinking or too many thoughts	0	1	2	3	4
4. Ощущение своей беспомощности Feeling helpless	0	1	2	3	4
5. Неожиданный страх без видимой причины Suddenly scared for no reason	0	1	2	3	4
6. Головокружения, слабость, предобморочное состояние Faintness, dizziness, or weakness	0	1	2	3	4
7. Состояние нервозности, ощущаете дрожь в теле Nervousness or shakiness inside	0	1	2	3	4
8. Беспокойство, состояние неусидчивости Feeling restless, can't sit still	0	1	2	3	4
9. Часто хочется плакать Crying easily	0	1	2	3	4

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Следующие ниже перечисленные симптомы могут быть связаны с травматическими событиями, пережитыми во время войны, в результате религиозных преследований или во время процесса переселения из одной страны в другую. Как часто в течение последнего месяца Вы:

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

СИМПТОМЫ SYMPTOMS					
	СОВСЕМ НЕ БЕСПОКОИЛ NOT AT ALL	НЕМНОГО A LITTLE BIT	СРЕДНЕ MODERATELY	БЕСПОКОИЛ ДОСТАТОЧНО СИЛЬНО QUITE A BIT	ОЧЕНЬ СИЛЬНО EXTREMELY
<p>10. Вновь переживаете травматическое событие, реагируете и чувствуете себя, как будто это случается с Вами опять?</p> <p>Had the experience of reliving the trauma; acting or feeling as if it were happening again?</p>	0	1	2	3	4
<p>11. Ощущаете физиологическую реакцию (например, потливость, учащенное сердцебиение) при упоминании о травматическом событии?</p> <p>Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?</p>	0	1	2	3	4
<p>12. Ощущаете эмоциональную пустоту (чувствуете печаль, но не можете плакать, не в состоянии переживать нежные чувства)?</p> <p>Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?</p>	0	1	2	3	4
<p>13. Легко вздрагиваете и пугаетесь (например, когда кто-то подходит к Вам сзади)?</p> <p>Been jumpier, more easily startled (for example, when someone walks up behind you)?</p>	0	1	2	3	4

DATE / Дата

14. Обведите кружком один наиболее правильный ответ. Чувствуете ли Вы, что:
Circle the one best response below. Do you feel that you are:

Вы способны справиться с чем угодно
Able to handle (cope with) anything

0

Вы способны справиться с большинством задач
Able to handle (cope with) most things

1

Вы способны справиться с некоторыми, но не со всеми вещами
Able to handle (cope with) some things, but not able to cope with other things

2

Вы не способны справиться с большинством вещей в Вашей жизни
Unable to cope with most things

3

Вы не способны справиться ни с чем
Unable to cope with anything

4

Add Total Score of items 1–14

15. ТЕРМОМЕТР СТРЕССА Distress Thermometer



Пожалуйста, обведите число (от 0 до 10), которое лучше всего определяет степень стресса, который Вы испытывали в течение последней недели, включая сегодняшний день.

Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: ① ITEMS 1–14 IS ≥ 12 OR ② DISTRESS THERMOMETER IS ≥ 5

CHECK ONE: POSITIVE NEGATIVE

SELF-ADMINISTERED NOT SELF-ADMINISTERED



PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

Refugee Health Screener-15 (RHS-15) Somali Version

Bilingual versions of the RHS-15 have been translated by an iterative process involving experts in the field, professional translators, and members of the refugee community so that each question is asked correctly according to language and culture. The English text is provided for reference only; using the English alone negates the sensitivity of this instrument.

DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Date of Arrival: _____ Health ID: _____

Administered by: _____ Date of Screen: _____

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TILMAAMO: Adoo isticmaalaya qiyaaska ku xigta calaamad kasta, fadlan muuji heerka calaamadu ay dhib kugu haysay bishii hore. Dhig calaamad meesha saxda ah. Haddii calaamaddu aanay dhib kugu hayn bishii hore, goobo gali "MAYA HABA YARAATEE."

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

CALAAMADAHA SYMPTOMS					
	MAYA HABA YARAATEE NOT AT ALL	WAX YAR A LITTLE BIT	SI DHEXE MODERATELY	YARA BADAN QUITE A BIT	XAD DHAAF AH EXTREMELY
1. Xanuun muruqyo, lafaha, iyo xubnuhu meeshay iska-galaan Muscle, bone, joint pains	0	1	2	3	4
2. Ma caajisantahay, murugaysantahay waakhtiyada badankiis Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Fikir badan ama fikrado badan Too much thinking or too many thoughts	0	1	2	3	4
4. Miyaad daremaysaa caawin la'aan Feeling helpless	0	1	2	3	4
5. Cabsi sabab la'aan Suddenly scared for no reason	0	1	2	3	4
6. Suuxid, wareerid tabar daro/tabar la'aan Faintness, dizziness, or weakness	0	1	2	3	4
7. Walwal, walbahaar, khalkhal, cabsi jirka gudhiisa ah Nervousness or shakiness inside	0	1	2	3	4
8. Miyaa daremaysaa nasasho la'aan aan la fariisan karin murugo awgeed Feeling restless, can't sit still	0	1	2	3	4
9. Si fudud u ooyaya Crying easily	0	1	2	3	4

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Calaamadaha soo socdaa waxa dhici karta inay la xidhiidhaan naxdin ama qarracan khibradeedsida dagaal ama guurid. Imisaad bishii hore la kulantay:

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

					
CALAAMADAHA SYMPTOMS	MAYA HABA YARAATEE NOT AT ALL	WAX YAR A LITTLE BIT	SI DHEXE MODERATELY	YARA BADAN QUITE A BIT	XAD DHAAF AH EXTREMELY

10. Marka aad dareemaysid in qibraad qaracan ah aad soo martay kugu dhici doonto mar kale?

Had the experience of reliving the trauma; acting or feeling as if it were happening again?

0 1 2 3 4

11. Markaad soo xasuusatid khibrada (tusaale, kugu soo dhacday wadnahu xoog) makuu boodboodaa, mana dhididaa qaracan awgiis?

Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?

0 1 2 3 4

12. Naxdintoo kaa tagta sida dareemaha oo kale (marka aad murug dareemeysid laakiin aanad ooyi karin, ama dareemeynin wax kalgacal/naxaris anan kugu jirin?)

Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?

0 1 2 3 4

13. Boodid, marka si fuduud u naxdid (sida qof marka uu gadaashaada socdo)?

Been jumpier, more easily startled (for example, when someone walks up behind you)?

0 1 2 3 4

14. Xariiq jawaabta ugu fiican ee hoose, miyaad dareentaa inaad:

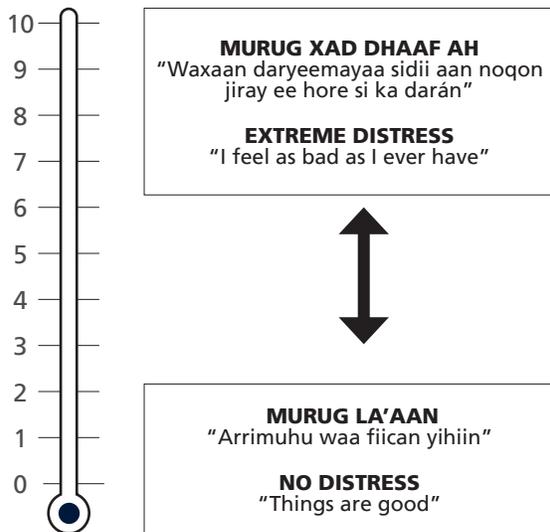
Circle the one best response below. Do you feel that you are:

Xamili karto (awoodo) wax kastoo Able to handle (cope with) anything	0
Xamili karto (awoodo) waxyaabaha badanaa Able to handle (cope with) most things	1
Xamili karto (awoodo) waxyaabaha qaarkood laakiin aanad awoodi karin wax kale Able to handle (cope with) some things, but not able to cope with other things	2
Waxa ugu badan aanad xamilikarin (awoodin) Unable to cope with most things	3
Waxba aanad xamili karin (awoodin) Unable to cope with anything	4

Add Total Score of items 1–14

15. Cabiraha Murugada Badan

Distress Thermometer



Fadlan goobo gali tirada (0-10) taasoo si fiican u sharxaysa inta murugo aad la kulmaysey toddobaadkii hore ooy maantu kujirto.

Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: ❶ ITEMS 1–14 IS ≥ 12 OR ❷ DISTRESS THERMOMETER IS ≥ 5 CHECK ONE: POSITIVE NEGATIVE SELF-ADMINISTERED NOT SELF-ADMINISTERED



PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

Refugee Health Screener-15 (RHS-15) Swahili Version

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DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Date of Arrival: _____ Health ID: _____

Administered by: _____ Date of Screen: _____

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DATE / TAREHE:

MAELEKEZO: Ukitumia kipimo kando ya kila dalili, tafadhali ainisha kiwango ambacho dalili imekuwa ikikusumbua mwezi uliopita. Weka alama katika safu hisika. Kama dalili haijawahi kukusumbua wakati wa mwezi uliopita, weka mduara "SI HATA KIDOGO."

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

DALILI ZA AFYA SYMPTOMS					
	HAJANIS-UMBWA HATA KIDOGO NOT AT ALL	IMENIS-UMBWA KIDOGO TU A LITTLE BIT	IMENIS-UMBWA KIASI MODERATELY	IMENIS-UMBWA KIDOGO KIASI QUITE A BIT	IMENIS-UMBWA KABISA EXTREMELY
1. Maumivu ya misuli, mifupa, viungo Muscle, bone, joint pains	0	1	2	3	4
2. Kusikia vibaya, huzuni, au kuwa na moyo mzito wakati mwingi Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Kufikiria sana au mawazo mengi Too much thinking or too many thoughts	0	1	2	3	4
4. Kujisikia kama sijiwezi Feeling helpless	0	1	2	3	4
5. Kuogopa ghafla bila sababu Suddenly scared for no reason	0	1	2	3	4
6. Kuzirai, kizunguzungu, au udhaifu Faintness, dizziness, or weakness	0	1	2	3	4
7. Wkuwa na wasiwasi ama kutetemeka ndani Nervousness or shakiness inside	0	1	2	3	4
8. Kutojisikia mtulivu, huwezi kukaa tulivu Feeling restless, can't sit still	0	1	2	3	4
9. Kulia kwa urahisi Crying easily	0	1	2	3	4

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DATE / TAREHE:

Dalili zifuatazo zinaweza kuhusiana na uzoefu kiwewe wakati wa vita na uhamiaji. Ni kwa kiasi gani katika kipindi cha mwezi uliopita wewe:

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

DALILI ZA AFYA SYMPTOMS					
	HAIJANIS- UMBWA HATA KIDOGO NOT AT ALL	IMENIS-UMBWA KIDOGO TU A LITTLE BIT	IMENIS-UMBWA KIASI MODERATELY	IMENIS-UMBWA KIDOGO KIASI QUITE A BIT	IMENIS-UMBWA KABISA EXTREMELY
<p>10. Ulikuwa na uzoefu wa kurudiwa kiwewe; kutenda au kuhisi kama ilikuwa inafanyika tena?</p> <p>Had the experience of reliving the trauma; acting or feeling as if it were happening again?</p>	0	1	2	3	4
<p>11. Umekuwa na mjibizo wa KIMWILI (kwa mfano, kutokwa na jasho, moyo kupiga haraka) wakati ukikumbushwa kuhusu kiwewe?</p> <p>Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?</p>	0	1	2	3	4
<p>12. Ulijisikia ganzi kihisia (kwa mfano, kusikia huzuni lakini huwezi kulia, kushindwa kuwa na hisia za upendo)?</p> <p>Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?</p>	0	1	2	3	4
<p>13. Umekuwa ukigutushwa sana, kushtuliwa kwa urahisi zaidi (kwa mfano, wakati mtu anatembea nyuma yako)?</p> <p>Been jumpier, more easily startled (for example, when someone walks up behind you)?</p>	0	1	2	3	4

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DATE / TAREHE:

14. Kwa ujumla kuhusu maisha yako, je unajisikia kwamba:

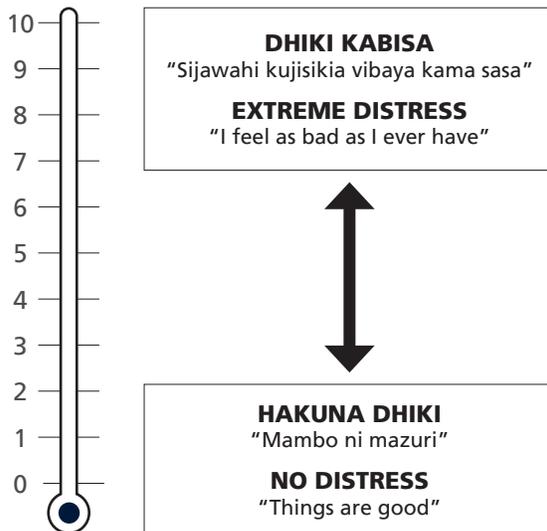
Circle the one best response below. Do you feel that you are:

- | | |
|--|----------|
| Una uwezo wa kushughulikia (kukabiliana na) kitu chochote
Able to handle (cope with) anything | 0 |
| Una uwezo wa kushughulikia (kukabiliana na) mambo mengi
Able to handle (cope with) most things | 1 |
| Una uwezo wa kushughulikia (kukabiliana na) baadhi ya vitu, lakini huwezi kukabiliana na vitu vingine
Able to handle (cope with) some things, but not able to cope with other things | 2 |
| Huwezi kukabiliana na vitu vingi
Unable to cope with most things | 3 |
| Huwezi kukabiliana na chochote
Unable to cope with anything | 4 |

Add Total Score of items 1–14

15. Kipimajoto cha Dhiki

Distress Thermometer



Tafadhali tia mduara nambari (0-10) ambayo inafafanua bora ni kwa jinsi gani umekuwa na dhiki katika wiki iliyopita ikiwa ni pamoja na leo.

Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: **1** ITEMS 1–14 IS ≥ 12 OR **2** DISTRESS THERMOMETER IS ≥ 5
CHECK ONE: POSITIVE NEGATIVE SELF-ADMINISTERED NOT SELF-ADMINISTERED



PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

Refugee Health Screener-15 (RHS-15) Tigrinya Version

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DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Date of Arrival: _____ Health ID: _____

Administered by: _____ Date of Screen: _____

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ID#

መርመራ ጥዕና ስደተኛታት-15 (RHS-15)

REFUGEE HEALTH SCREENER-15 (RHS-15)



DATE:

መምርሰታት:- ኣብ ጎረ እቲ ነፍሲ ወከፍ ምልክት ሕማም ሰፊሩ ዘሎ መምዘኒ ዓቀን ርኢኻ/ኺ : እቲ ዝስምዓካ/ኪ ወይ ዝረኣየካ/ኪ ዘሎ ጠንቂ ሕማም ኣብዚ ዝሓለፈ ወርሒ ክሳብ ክንደይ ከምዘሻቐለካ/ኪ ኣመልክት/ቲ። እንተድኣ እቲ ጠንቂ ሕማም ኣብዚ ዝሓለፈ ወርሒ ዘየሻቐለካ/ኪ ኮይኑ ኣብ "ብፍጹም" ዝብል ዓንኬል ኣመልክት/ቲ።

INSTRUCTIONS: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

ጠንቅታት SYMPTOMS					
	ፊደሎም NOT AT ALL	ቆሩብ A LITTLE BIT	ብምጠኑ MODERATELY	ብርቕዕ QUITE A BIT	ብጠዕም EXTREMELY
1. ጭዋዳ፣ ዓጽሚ፣ ቃንዝ መላግብ ኣዕጽምቲ Muscle, bone, joint pains	0	1	2	3	4
2. ምቕዛን፣ ምጉሃይ፣ መብዝሕትኡ ግዜ ዘይምሕጻስ Feeling down, sad, or blue most of the time	0	1	2	3	4
3. ብዙሕ ምሕሳብ፣ ወይ ብሓሳብ ምህውታት Too much thinking or too many thoughts	0	1	2	3	4
4. ትሑት ዓቕሚ ክሰምዓካ/ኪ ከሎ Feeling helpless	0	1	2	3	4
5. ብዘይምክንያት ሃንደበታዊ ፍርሂ Suddenly scared for no reason	0	1	2	3	4
6. ርእሰኻ ጽርዕ-ሩዕ ክብለካ/ኪ፣ ሃለዋትካ/ኪ ኣጥፊእካ/ኪ ምውዳቕ ወይ ሓይልኻ/ኺ ምስ ዝጠልመካ/ኪ Faintness, dizziness, or weakness	0	1	2	3	4
7. ሸቕልቀል ምባል ወይ ብውሽጥኻ/ኺ ዘይምርግጋእ Nervousness or shakiness inside	0	1	2	3	4
8. ዘይምቕሳን፣ ሸገርገር ወይ ሓፍ-ኮፍ ምባል Feeling restless, can't sit still	0	1	2	3	4
9. ብቕሊሉ ምብካይ Crying easily	0	1	2	3	4

Developed by the Pathways to Wellness project and generously funded by Robert Wood Johnson Foundation, Bill and Melinda Gates Foundation, United Way of King County, Medina Foundation, The Seattle Foundation, Boeing Employees Community Fund and M.J. Murdock Charitable Trust.

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Pathways to Wellness: Integrating Refugee Health and Well-Being is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle & King County, and Michael Hollifield, M.D. of Pacific Institute for Research & Evaluation. For more information, please contact The Pathways Project at 206-816-3253 or pathways@lcsnw.org.

ID# _____

መርመራ ጥዕና ስደተኛታት-15 (RHS-15)

REFUGEE HEALTH SCREENER-15 (RHS-15)



DATE: _____

እዘም ዝሰዕብ ምልክታት ምስ ተመኩሮ ናይ ግዜ ኩናትን ስደትን ስቅያት ዝተተሓሓዙ ክኾኑ ይኽእሉ እዮም። ኣብ ዝሓለፈ ወርሒ ክንደይ ካብዘም ዝሰዕቡ ኢጋጢ ሞምኻ/ኺ?

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

ጠንቅታት SYMPTOMS	ራዲ ምን NOT AT ALL	ቆሩብ A LITTLE BIT	ብምጠኑ MODERATELY	ብርቆ QUITE A BIT	ብጠዕራ EXTREMELY
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10. ብስምዒት ወይ ብግብሪ እቲ ዘሕለፍኻ/ክዮ ስቅያት ከም እንደገና ከምዚ ሕጂ ዝኸውን ዘሎዶ ኮይኑ ይስምዓካ/ኪ?

Had the experience of reliving the trauma; acting or feeling as if it were happening again?

	0	1	2	3	4
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11. ነቲ ዘሕለፍኻ/ክዮ ስቅያት ክትዝክር/ሪ ኮላኻ/ኺ፡ አካላዊ ግብረመልሲ (ንኣብነት ምርጻፍ፡ ተረግታ ልቢ ምንጎር) ይስምዓካ/ኪ ዶ?

Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?

	0	1	2	3	4
--	----------	----------	----------	----------	----------

12. ናይ ስምዒት ምድንዛዝ (ንኣብነት ጉሂኻ ዘይምብካይ ፡ ፍቅራዊ ስምዒት ዘይምህላው) አለካ/ኪ ዶ?

Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?

	0	1	2	3	4
--	----------	----------	----------	----------	----------

13. ብቐሊሉ ትሰንብድ/ዲ ዶ? (ንኣብነት ሰብ ብድሕሬኻ/ኺ እንተመጸ)?

Been jumpier, more easily startled (for example, when someone walks up behind you)?

	0	1	2	3	4
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ID#

መርመራ ጥዕና ስደተኛታት-15 (RHS-15)

REFUGEE HEALTH SCREENER-15 (RHS-15)



DATE:

14. እኔ ዝበለጸ መልሲ ካብዚ ኣብ ታሕቲ ዘሎ ምልክት ግበረሉ። እንታይ ይስምዓኩም፡-

Circle the one best response below. Do you feel that you are:

ምስ ዘጋጥሙ ኩነታት ክጻወር ይክእል እየ። Able to handle (cope with) anything	0
ምስ መብዛሕትኡ ዘጋጥም ኩነታት ክጻወር ይክእል እየ። Able to handle (cope with) most things	1
ኣብ ሂወተይ ዘጋጥሙ ሓደ ሓደ ኩነታት ክጻወርም ይክእል እየ። ሓደ ሓደ ኩነታት ድማ ክጻወርም ኣይክእልን እየ። Able to handle (cope with) some things, but not able to cope with other things	2
ኣብ ሂወተይ ዘጋጥሙኒ መብዛሕትኡም ኩነታት ክጻወርም ኣይክእልን እየ። Unable to cope with most things	3
ኣብ ሂወተይ ዘጋጥሙኒ ዝኹኑ ኩነታት ክጻወርም ኣይክእልን እየ። Unable to cope with anything	4

Add Total Score of items 1–14

15. ናይ ጭንቀት መምዘኒ ቴርሞሙተር
DISTRESS THERMOMETER



ካብ ዝሓለፈ ሰሙን ክሳብ ሎሚ ማዕረ ክንደይ ክም ዝተጨነቐካ/ኪ ካብ 0 ክሳብ 10 (ካብ ጭንቀት የለን ክሳብ ጽንኩር) ዘሎ ቁጽሪ ብምክባብ ኣመልኪት/ቲ።

Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

SCORING SCREENING IS POSITIVE IF: **1** ITEMS 1–14 IS \geq 12 OR **2** DISTRESS THERMOMETER IS \geq 5

CHECK ONE: POSITIVE NEGATIVE SELF-ADMINISTERED NOT SELF-ADMINISTERED