

Staying Healthy Assessment (SHA) On Demand Training for Providers

Staying Healthy Assessment
9 - 11 Years

Child's Name (Print & last) _____ Date of Birth _____ Female Male Today's Date _____ Grade in School _____

Person Completing Form Parent Relative Friend Guardian School Attendance Regular? Yes No
 Other (Specify) _____

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not want an answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

Question	Yes	No	Skip
1. Does your child drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does your child eat fruits and vegetables at least two times per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your child eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does your child drink more than one cup (8 oz.) of juice per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does your child drink soda, juice drinks, sports drinks, energy drinks, or other sweetened drinks more than once per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does your child exercise or play sports most days of the week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Are you concerned about your child's weight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Does your child watch TV or play video games less than 2 hours per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Does your home have a working smoke detector?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Does your home have the phone number of the Poison Control Center (800-272-1233) posted by your phone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Do your child always use a seat belt in the back seat (or use a booster seat if under 4'9")?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Does your child spend time near a swimming pool, creek, or lake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Does your child spend time in a home where a gun is kept?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Does your child spend time with anyone who carries a gun, knife, or other weapon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Does your child always wear a helmet when riding a bike, skateboard, or scooter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Staying Healthy Assessment (SHA) is a tool developed by the Department of Health Care Services (DHCS) to replace the Individual Health Education Behavioral Assessment (IHEBA).

The SHA/IHEBA is a required component of the Initial Health Assessment.

Provider training is a required component of the SHA. All primary care providers must take one of two online SHA trainings.

Our SHA webinar training is available on our website.

When you complete the training, please fill-in and sign the attestation.

After you sign the attestation, click the **Send button to email** to send it to our Help Desk.

In the pop-up box that opens, click the **Default Email** radio button, then click the **Continue** button.

When the email window opens, enter **SHA Provider Training Completed** in the subject line.

Click the email **Send** button to mail the Attestation to our Help Desk.

Note: The webinar and the attestation work best with Internet Explorer (IE) browsers.

[Click here](#) to start the Staying Healthy Assessment training webinar.

Or, copy and paste this link into an IE browser window to start the Assessment Training:

<http://www.partnershiphp.org/Providers/HealthServices/Documents/Health%20Education/SHAProvider%20Education001Recording.mp4>

[Click Here](#) to open the Attestation.

Or, copy and paste this link into an IE browser window to open and complete the Attestation:

<http://www.partnershiphp.org/Providers/HealthServices/Documents/Health%20Education/IHEBAAttestation.pdf>

Please contact Betsy Campbell, Southern Region **(707) 863-4256** or Susanna Sibilsky, Northern Region **(530) 999-6835** if you have any questions about the webinar or the attestation.