



PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

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

Produced in conjunction between Pathways to Wellness and AMIR (Assessment of Mental Health and Early Intervention for Refugees) at the department of psychology, Midsweden University

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.

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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.

هدایات: با استفاده از مقیاس در مقابل علائم مربوطه لطفا مقدار و یا مراتب علائم را که در طول ماه گذشته برایتان آزاردهنده بوده مشخص نمایید. لطفا در ستون مربوطه علامت بگذارید. در صورتیکه علائم درد در ماه گذشته برایتان آزاردهنده نبوده باشد، گزینه "نه اصلا" را انتخاب کنید.

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."

					علائم SYMPTOMS
شدید EXTREMELY	کمی زیاد QUITE A BIT	متوسط MODERATELY	کمی A LITTLE BIT	نه اصلا NOT AT ALL	
4	3	2	1	0	دردهای عضلات، استخوان و مفاصل Muscle, bone, joint pains .1
4	3	2	1	0	بیشتر اوقات احساس بی حالی، غمگینی و کم حوصلگی کردن Feeling down, sad, or blue most of the time .2
4	3	2	1	0	بیش از حد فکر کردن یا تفکرات بیش از حد Too much thinking or too many thoughts .3
4	3	2	1	0	احساس ناتوانی Feeling helpless .4
4	3	2	1	0	ترس ناگهانی بدون هیچ دلیل Suddenly scared for no reason .5
4	3	2	1	0	احساس بی حالی، گیجی و ضعف Faintness, dizziness, or weakness .6
4	3	2	1	0	احساس عصبانیت یا لرزه درونی Nervousness or shakiness inside .7
4	3	2	1	0	احساس بیقراری، عدم توانایی استراحت کردن Feeling restless, can't sit still .8
4	3	2	1	0	بسیار به آسانی گریه کردن Crying easily .9

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علائم ذیل مرتبط با تجربیات تکان دهنده و یا آسیب زا که در طول جنگ و مهاجرت تجربه نموده اید می باشد. از موارد ذیل در ماه گذشته چه مقدار تجربه کرده اید:

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



شدید
EXTREMELY

کمی زیاد
QUITE A BIT

متوسط
MODERATELY

کمی
A LITTLE BIT

نه اصلاً
NOT AT ALL

علائم
SYMPTOMS

4

3

2

1

0

داشتن تجربه از وقوع تروما یا آسیب: طوری رفتار یا احساس کنید که آن دوباره اتفاق می افتد.

Had the experience of reliving the trauma; acting or feeling as if it were happening again? .10

4

3

2

1

0

زمانیکه آسیب را بیاد می آورید آیا عکس العمل های فیزیکی (مانند، عرق کردن، سریع شدن ضربان قلب) داشته اید؟

Been having physical reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma? .11

4

3

2

1

0

به لحاظ عاطفی احساس بی حسی نموده اید (مانند، احساس غمگینی اما نتوانستید گریه کنید ، احساس عدم توانایی عشق و علاقه)؟

Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)? .12

4

3

2

1

0

به آسانی می ترسید (مثلاً وقتی که کسی شما را از عقب صدا بزند، طوری که شما انتظار آنرا نداشته باشید.)

Been jumpier, more easily startled (for example, when someone walks up behind you)? .13

بهترین جواب ذیل را دایره کنید. آیا احساس ذیل را دارید:

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

0	توانایی مقابله با هر مسئله ایی Able to handle (cope with) anything
1	توانایی مقابله با بیشتر مسایل Able to handle (cope with) most things
2	توانایی مقابله به بعضی مسایل، اما با بعضی مسایل دیگر مقابله نمی توانید Able to handle (cope with) some things, but not able to cope with other things
3	عدم توانایی مقابله با بیشتر مسایل Unable to cope with most things
4	عدم توانایی مقابله با هر مسئله ایی Unable to cope with anything

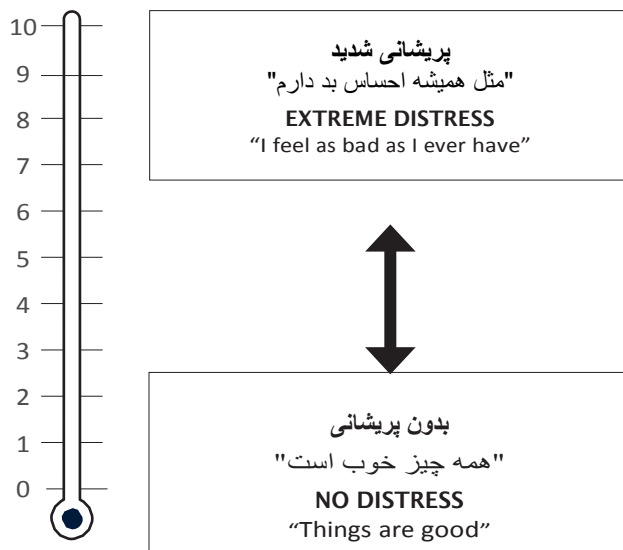
Add Total Score of items 1-14

ترمامیتر پریشانی

15. Distress Thermometer

لطفا به دور نمرات (0-10) حلقه نماید تا به بهترین نحو میزان پریشانی تانرا که در هفته گذشته به شمول امروز تجربه نموده اید توصیف کند.

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