



PATHWAYS TO WELLNESS

Integrating Refugee Health and Well-Being

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

Produced in collaboration with North Carolina Farmworker Health Program, Office of Rural Health

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 Cuban Spanish RHS-15 was made possible by the Kentucky Office for Refugees.

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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# _____






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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 POQUITO A LITTLE BIT | MODERADAMENTE MODERATELY | BASTANTE QUITE A BIT | MUCHÍSIMO EXTREMELY |
| 1. Tiene dolor en las coyunturas, 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 o piensa demasiado Too much thinking or too many thoughts | 0 | 1 | 2 | 3 | 4 |
| 4. Se siente indefenso o incapaz 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 temblores 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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Los síntomas siguientes pueden estar relacionados con experiencias traumáticas. 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 |
| <p>10. ¿Ha revivido algún trauma; actuando o sintiendo como si estuviera pasando otra vez?</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. ¿Ha tenido reacciones FÍSICAS (por ejemplo, sudoraciones, palpitaciones) cuando algo le recuerda algún trauma?</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. ¿Siente ausencia de emociones (por ejemplo, se siente triste pero no puede llorar o se siente incapaz de mostrar afecto)?</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. ¿Se siente sobresaltado fácilmente, se asusta con más facilidad (por ejemplo, si alguien se para detrás de usted)?</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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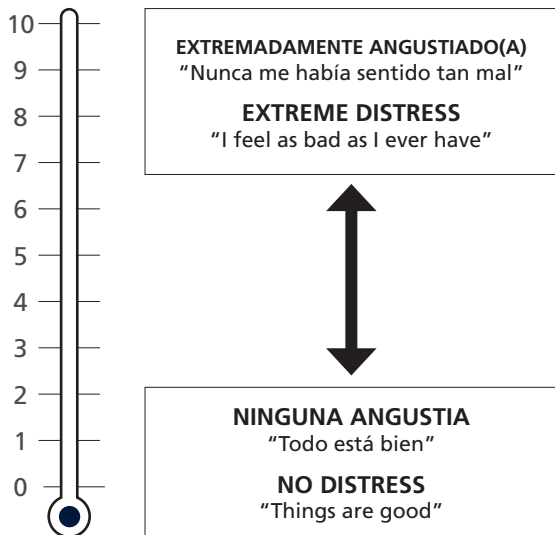
14. De las oraciones a continuación, marque o circule la respuesta que mejor describa cómo se siente. Usted siente que:

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

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

Add Total Score of items 1–14

15. Termómetro de la angustia
Distress Thermometer



PRIMERO: 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 \geq 12 OR **2** DISTRESS THERMOMETER IS \geq 5

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