HEALTH PERCEPTION-HEALTH MANAGEMENT PATTERN

1. History
   a. How has general health been?
   b. Any colds in past year? When appropriate: absences from work?
   c. Most important things you do to keep healthy? Think these things make a difference to health? (Include family folk remedies when appropriate.) Use of cigarettes, alcohol, drugs? Breast self-examination?
   d. Accidents (home, work, driving)?
   e. In past, been easy to find ways to follow suggestions from physicians or nurses?
   f. When appropriate: what do you think caused this illness? Actions taken when symptoms perceived? Results of action?
   g. When appropriate: things important to you in your health care? How can we be most helpful?

2. Examination—general health appearance

NUTRITIONAL-METABOLIC PATTERN

1. History
   a. Typical daily food intake? (Describe.) Supplements (vitamins, type of snacks)?
   b. Typical daily fluid intake? (Describe.)
   c. Weight loss or gain? (Amount.) Height loss or gain? (Amount.)
   d. Appetite?
   e. Food or eating: Discomfort? Swallowing? Diet restrictions?
   f. Heal well or poorly?
   g. Skin problems: Lesions? Dryness?
   h. Dental problems?

2. Examination
   d. Actual weight, height.
   e. Temperature.
   f. Intravenous feeding–parenteral feeding (specify)?

ELIMINATION PATTERN

1. History
   b. Urinary elimination pattern? (Describe.) Frequency? Problem in control?
   c. Excessive perspiration? Odor problems?
   d. Body cavity drainage, suction, and so on? (Specify.)

2. Examination—when indicated: examine excreta or drainage color and consistency.

ACTIVITY-EXERCISE PATTERN

1. History
   a. Sufficient energy for desired or required activities?
   b. Exercise pattern? Type? Regularity?
   c. Spare-time (leisure) activities? Child: play activities?

   d. Perceived ability (code for level) for:
      Feeding _______ Dressing _______ Cooking _______  
      Bathing _______ Grooming _______ Shopping _______  
      Toileting _______ General mobility _______  
      Bed mobility _______ Home maintenance _______  

   Functional Level Codes:
   Level 0: full self-care
   Level I: requires use of equipment or device
   Level II: requires assistance or supervision from another person
   Level III: requires assistance or supervision from another person and equipment or device
   Level IV: is dependent and does not participate

   2. Examination
      a. Demonstrated ability (code listed above) for:
         Feeding _______ Dressing _______ Cooking _______  
         Bathing _______ Grooming _______ Shopping _______  
         Toileting _______ General mobility _______  
      b. Gait _______ Posture _______ Absent body part? (Specify.)
      c. Range of motion (joints) _______ Muscle firmness _______  
      d. Hand grip _______ Can pick up a pencil? _______  
      e. Pulse (rate) _______ (rhythm) _______ Breath sounds _______  
      f. Respirations (rate) _______ (rhythm) _______ Breath sounds _______  
      g. Blood pressure _______  
      h. General appearance (grooming, hygiene, and energy level)

SLEEP-REST PATTERN

1. History
   a. Generally rested and ready for daily activities after sleep?
   b. Sleep onset problems? Aids? Dreams (nightmares)? Early awakening?
   c. Rest-relaxation periods?

2. Examination
   a. When appropriate: Observe sleep pattern.

COGNITIVE-PERCEPTUAL PATTERN

1. History
   a. Hearing difficulty? Hearing aid?
   b. Vision? Wear glasses? Last checked? When last changed?
   c. Any change in memory lately?
   d. Important decision easy or difficult to make?
   e. Easiest way for you to learn things? Any difficulty?
   f. Any discomfort? Pain? When appropriate: How do you manage it?

2. Examination
   a. Orientation.
   b. Hears whisper?
   c. Reads newspaper?
   d. Grasps ideas and questions (abstract, concrete)?
   e. Language spoken?
   f. Vocabulary level. Attention span.

Functional Health Patterns Assessment (Adult)—cont’d

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<tr>
<th>SELF-CONCEPT PATTERN</th>
<th>SEXUALITY-REPRODUCTIVE PATTERN</th>
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<tr>
<td><strong>History</strong></td>
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<tr>
<td>a. How describe self? Most of the time, feel good (not so good) about self?</td>
<td>a. When appropriate to age and situations: Sexual relationships satisfying? Changes? Problems?</td>
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<tr>
<td>b. Changes in body or things you can’t do? Problem to you?</td>
<td>b. When appropriate: Use of contraceptives? Problems?</td>
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<td>c. Changes in way you feel about self or body (since illness started)?</td>
<td>c. Female: When menstruation started? Last menstrual period? Menstrual problems? Para? Gravida?</td>
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<td>e. Ever feel you lose hope?</td>
<td>a. None unless problem identified or pelvic examination is part of full physical assessment.</td>
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<td><strong>Examination</strong></td>
<td><strong>COPING-STRESS TOLERANCE PATTERN</strong></td>
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<tr>
<td>a. Eye contact. Attention span (distraction).</td>
<td>1. History</td>
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<td>b. Voice and speech pattern. Body posture</td>
<td>a. Any big changes in your life in the last year or two? Crisis?</td>
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<td>c. Nervous (5) or relaxed (1); rate from 1 to 5.</td>
<td>b. Who’s most helpful in talking things over? Available to you now?</td>
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<td>d. Assertive (5) or passive (1); rate from 1 to 5.</td>
<td>c. Tense or relaxed most of the time? When tense, what helps?</td>
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<th>ROLES-RELATIONSHIPS PATTERN</th>
<th>VALUES-BELIEFS PATTERN</th>
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<tr>
<td><strong>History</strong></td>
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<tr>
<td>b. Any family problems you have difficulty handling (nuclear or extended)?</td>
<td>b. Religion important in life? When appropriate: Does this help when difficulties arise?</td>
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<td>c. Family or others depend on you for things? How managing?</td>
<td>c. When appropriate: Will being here interfere with any religious practices?</td>
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<td>d. When appropriate: How family or others feel about illness or hospitalization?</td>
<td>2. Examination: None.</td>
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<td>e. When appropriate: Problems with children? Difficulty handling?</td>
<td>3. Other concerns</td>
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<td>f. Belong to social groups? Close friends? Feel lonely (frequency)?</td>
<td>a. Any other things we haven’t talked about that you would like to mention?</td>
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<td>g. Things generally go well at work? (School?)</td>
<td>b. Any questions?</td>
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<td>h. When appropriate: Income sufficient for needs?</td>
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