

Health Promotion and the Individual

Gordon's Functional Health Patterns Assessment (Adult)

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

- a. Skin: Bony prominences? Lesions? Color changes? Moistness?
- b. Oral mucous membranes: Color? Moistness? Lesions?
- c. Teeth: General appearance and alignment? Dentures? Cavities? Missing teeth?
- d. Actual weight, height. e. Temperature.
- f. Intravenous feeding—parenteral feeding (specify)?

ELIMINATION PATTERN

1. History

- a. Bowel elimination pattern? (Describe) Frequency? Character? Discomfort? Problem in control? Laxatives?
- 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 newsprint?
- d. Grasps ideas and questions (abstract, concrete)?
- e. Language spoken.
- f. Vocabulary level. Attention span.

Functional Health Patterns Assessment (Adult) - cont'd

SELF-PERCEPTION—SELF-CONCEPT PATTERN

1. History

- a. How describe self? Most of the time, feel good (not so good) about self?
- b. Changes in body or things you can't do? Problem to you?
- c. Changes in way you feel about self or body (since illness started)?
- d. Things frequently make you angry? Annoyed? Fearful? Anxious?
- e. Ever feel you lose hope?

2. Examination

- a. Eye contact. Attention span (distraction)
- b. Voice and speech pattern. Body posture
- c. Nervous (5) or relaxed (1); rate from 1 to 5.
- d. Assertive (5) or passive (1); rate from 1 to 5.

ROLES-RELATIONSHIPS PATTERN

1. History

- a. Live alone? Family? Family structure (diagram)?
- b. Any family problems you have difficulty handling (nuclear or extended)?
- c. Family or others depend on you for things? How managing?
- d. When appropriate: How family or others feel about illness or hospitalization?
- e. When appropriate: Problems with children? Difficulty handling?
- f. Belong to social groups? Close friends? Feel lonely (frequency)?
- g. Things generally go well at work? (School?)
- h. When appropriate: Income sufficient for needs?
- i. Feel part of (or isolated in) neighborhood where living?

2. Examination

- a. Interaction with family member(s) or others (if present).

SEXUALITY-REPRODUCTIVE PATTERN

1. History

- a. When appropriate to age and situations: Sexual relationships satisfying? Changes? Problems?
- b. When appropriate: Use of contraceptives? Problems?
- c. Female: When menstruation started? Last menstrual period? Menstrual problems? Para? Gravida?

2. Examination

- a. None unless problem identified or pelvic examination is part of full physical assessment.

COPING-STRESS TOLERANCE PATTERN

1. History

- a. Any big changes in your life in the last year or two? Crisis?
- b. Who's most helpful in talking things over? Available to you now?
- c. Tense or relaxed most of the time? When tense, what helps?
- d. Use any medicines, drugs, alcohol?
- e. When (if) have big problems (any problems) in your life, how do you handle them?
- f. Most of the time is this (are these) way(s) successful?

2. Examination: None.

VALUES-BELIEFS PATTERN

1. History

- a. Generally get things you want from life? Important plans for the future?
- b. Religion important in life? When appropriate: Does this help when difficulties arise?
- c. When appropriate: Will being here interfere with any religious practices?

2. Examination: None.

3. Other concerns

- a. Any other things we haven't talked about that you would like to mention?
- b. Any questions?