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| **Functional Health Pattern Assessment (FHP)** |
| **Pattern of Health Perception and Health Management:**   * How does the person describe current health? * What does the person do to maintain health? * What does person know about links between lifestyle and health? * How big a problem is financing health care for this person? * Can this person report his/her medications and the reason for taking them? * If this person has allergies, what does he/she do to prevent/manage them? * What does the person know about medical problems in his/her family? * Have there been any important illnesses/injuries in this person’s life? |
| **Nutritional-Metabolic Pattern:**   * Is this person well-nourished? * How does this person’s food intake compare with recommended food intake? * Does this person have any disease that affects nutritional/metabolic function? |
| **Pattern of Elimination:**   * Are the person’s excretory functions within normal range? * Does the person have any disease of the digestive system, urinary system, or skin? |
| **Pattern of Activity and Exercise:**   * How does this person describe his/her weekly pattern of:   Activity/Leisure?--Exercise/Recreation?   * + - Does this person have any disease that affects his/her:   Cardio/Respiratory System?--Musculoskeletal System? |
| **Cognitive/Perceptual Pattern:**   * Does this person have any sensory deficits? If yes, are they corrected? * Can this person express himself/herself clearly and logically? * What is this person’s level of education? * Does this person have any disease that affects mental or sensory functions? * If this person has pain, describe it and its causes. |
| **Pattern of Sleep and Rest:**   * Describe this person’s sleep/wake cycle. * Does this person appear physically rested and relaxed? |
| **Pattern of Self-Perception and Self-Concept:**   * Is there anything unusual about this person’s appearance? * Does this person seem comfortable with his/her appearance? * Describe this person’s feeling state. |
| **Role-Relationship Pattern:**   * How does this person describe his/her various roles in life? * Has, or does this person presently have positive role models for these roles? * Which relationships are most important to this person at this time? * Is this person presently going through any changes in role or relationships? If yes, describe changes. |
| **Sexuality – Reproductive Pattern:**   * Is this person satisfied with his/her situation related to sexuality? * Does this person have any disease/dysfunction of the reproductive system? * Is this person satisfied with his/her plans regarding children? |
| **Pattern of Coping and Stress Tolerance:**   * How does this person cope with difficult situations/problems? * Do these coping mechanism/actions help or make things worse? * Has this person had any treatment for emotional distress? |
| **Pattern of Value and Beliefs:**   * What principles did this person learn as a child that are still important to him/her? * Does this person identify with any social, religious, ethnic, regional, cultural, or other groups? * What support systems does this person currently have? |