Family Health Patterns Questions

Name

Professor

Course

Date

 Family Health Patterns Questions

**Values, Health Perception**

What do you feel about your family?

What are your family beliefs?

Are there any preexisting health conditions?

**Nutrition**

What do you do to promote healthy nutrition?

How many meals do you have in a day?

What do you understand by nutrition?

**Sleep/Rest**

Does anyone have a routine that inconveniences their rest?

Do you have any sleeping problems?

How many hours of sleep do you have?

**Elimination**

Are there any problems with toilet visits?

Have made any effort to gain assistance?

Are there any problems with urination?

**Activity and Exercise**

What are your main activities?

How often do you engage in your activities?

How important is exercise to you?

**Cognitive**

Do you have problems remembering?

Is there anyone who has a problem with reading and writing?

Is there anyone with nerve deficiencies?

**Sensory-Perception**

Do you have any problems with sensory perception?

How well do you think your sensory perceptions are?

Which is your favorite sensory perception?

**Self-Perception**

Do you have self-esteem issues?

What may be the cause of low self esteem?

What have you done to improve it?

**Role relationship**

Who is the breadwinner?

Who plays other roles in the family?

What other roles do you enjoy?

**Sexuality**

Are you shy about sexuality matters?

What do you think about sex?

Do you practice public display of affection?

**Coping**

How do you cope with stress?

What activities do you engage in?

Are there any people who help you with coping with stress?