Lifestyle and Health Practices Profile

NOTE: Please do NOT remove any of the text on this form. Do NOT use any other form but this one. Fill it in and submit in its entirety to aid in its grading.

Your Name: Date:

Your Instructor’s Name:

***Purpose:*** *This assignment is to help you gain insight regarding the influence of an individual’s lifestyle and health-related practices, on their opportunities for health promotion. You are to obtain a lifestyle and health practices profile using* ***yourself*** *as the client, and then practice analyzing the data to formulate a health promotion nursing diagnosis.*

***Disclaimer****: When completing a Lifestyle and Health Profile on an actual client, it is essential that the information is accurate and all areas are addressed. \*\*****Please note that for this assignment, a few sections containing sensitive informationhave been marked optional.\*\**** *This assignment will only be shared for academic-related purposes, and will not be seen by your classmates. However, if you wish to leave any of the areas marked“option to not respond”blank, points will not be deducted. All areas not marked as optional must be completed for full credit. Contact your visiting professor if you have any questions or concerns.*

***Directions****: Refer to the Personal Life and Health Practices Profile guidelines and grading rubric found in Course Resources to complete the information below. This assignment is worth 200 points.*

*Type your answers on this form. Click Save as and save the file with the assignment name and your last name, e.g., “NR305\_Week2\_Personal\_Lifestyle\_Form\_Smith”. When you are finished, submit the form to the Life and Health Practices Profile Dropbox by the deadline indicated in your guidelines. Post questions in the Q&A Forum or contact your instructor if you have questions about this assignment.*

**1: Complete the Life and Health Practices Profile (130 Points)**

Complete the Life and Health Practices Profile below, using **yourself** as the client. Please document your responses professionally, as you would in a client’s actual health record.Provide enough information to have answered the questions completely. For clarity, write full sentences in your documentation. All questions in each section must be addressed, except for those indicated as optional. If a question does not apply to you, please indicate this in the findings as “N/A”.

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| **Lifestyle and Health Practices Profile** |
| **Description of Typical Day** | **Findings** |
| Briefly describe your typical daily routine from the time you wake up until bedtime. |  |
| **Nutrition and Weight Management Questions** | **Findings** |
| What do you eat in a typical day? What type of foods do you prefer, how often do you eat throughout the day, and about how much do you eat? |  |
| Do you eat out frequently, or mainly prepare meals at home?If you eat out, what type of restaurants do you usually eat at? |   |
| Do you tend to eat only when hungry? Have you noticed if your eating habits change when you are stressed, bored, or depressed? |  |
| Who typically purchase and prepares the food you eat? |  |
| What type of fluids do you usually drink? How much? |  |
| **Activity and Exercise Questions** | **Findings** |
| Describe your daily activity patterns. |  |
| Do you follow an exercise plan? If yes, what types of exercise, for what duration, and how often? |  |
| Do you have physical limitations that do not allow you to follow a moderately strenuous exercise program?***\*\*option to not respond\*\**** |  |
| What type of activities do you enjoy for recreation and leisure? |  |
| **Sleep and Rest Questions** | **Findings** |
| Describe your typical sleeping patterns. |  |
| Do you have trouble falling asleep?  |  |
| About how many hours of sleep do you get each night? |  |
| Do you typically feel well-rested during the day? |  |
| Do you nap during the day? How often and for how long? |  |
| Do you have routine at night that helps you fall asleep? |  |
| **Substance Use Questions** | **Findings** |
| How much alcohol do you consume on the average?***\*\*option to not respond\*\**** |  |
| Do you consume beverages containing caffeine? If so, how often and how much? |  |
| Do you currently or have you ever smoked or used any form nicotine products? For how long? How many packs per week?Tell me about any past efforts to quit. |  |
| Have you ever taken a medication that was not prescribed to you? If so, explain.Do you currently use, or have you ever used, recreational drugs? If so, describe.***\*\*option to not respond\*\**** |  |
| Do you take vitamins or herbs or any other supplements? If so, what are they? |  |
| **Self-Care Questions** | **Findings** |
| Describe your best talents and abilities?  |  |
| How do you feel about yourself? Your appearance? |  |
| What are some examples of activities you do to keep yourself safe and healthy? Or to prevent disease?*(i.e., I apply sunscreen to prevent skin cancer.)* |  |
| Do you practice safe sex?***\*option to not respond\*\**** |  |
| How often do you schedule routine medical check-ups and screenings? |  |
| How often do you visit the dentist? |  |
| How often do you schedule a vision screening? |  |
| **Social Questions** | **Findings** |
| What do you do to relax? |  |
| With whom do you socialize frequently? |  |
| Are you involved in community activities? |  |
| Do you feel like you have enough time to socialize? |  |
| What do you consider to be your contribution to society?  |  |
| **Relationship Questions** | **Findings** |
| Who are the most important people in your life? Describe their relationship to you. |  |
| What was it like growing up in your family? |  |
| If applicable, describe any relationship you have with a spouse or significant other.***\*\*option to not respond\*\**** |  |
| If applicable, describe the relationship you have with your children. ***\*\*option to not respond\*\**** |  |
| If applicable, describe your relationship with your in-laws. ***\*\*option to not respond\*\**** |  |
| Do you have any pets? |  |
| Describe your role in your family. |  |
| **Values and Beliefs Questions** | **Findings** |
| What is most important to you in life? |  |
| What do you hope to accomplish in your lifetime? |  |
| Do you currently affiliate with a religion? Is this important to you?***\*\*option to not respond\*\**** |  |
| What gives you strength and hope? |  |
| **Education and Work Questions** | **Findings** |
| Tell me about your educational background. |  |
| Do you have future educational goals or plans? |  |
| If applicable, tell me about your work. What are your responsibilities? |  |
| Do you enjoy your work?  |  |
| Describe your relationship with your co-workers.  |  |
| Do you experience work-related stress? |  |
| Does your current income meet your needs?***\*\*option to not respond\*\**** |  |
| **Stress and Coping Questions** | **Findings** |
| Describe what makes you feel angry. |  |
| How would you describe your stress level, overall? |  |
| What do you do to manage anger and/or stress? |  |
| Where do you turn for assistance in times of crisis? |  |
| **Environment Questions** | **Findings** |
| Have you identified any risks in your home or neighborhood, or at your job? |  |
| Are there risks associated with any of your leisure or recreational activities? |  |
| What type of precautions do you take related to potential environmental hazards? *(i.e., I wear a respirator mask in the factory where I work.)* |  |
| Do you believe you are at risk of becoming a victim of violence? If yes, please explain. ***\*\*option to not respond\*\**** |  |
| *End of Profile. Please continue this assignment by answering the questions below.*  |

**2. Reflect on this experience (15 points)**

*The questions you answered in this profile are similar to those asked by nurses in practice settings every day. In 1-2 paragraphs, describe how it felt to put yourself in the client’s shoes. Did you feel vulnerable? Were some of the questions difficult to answer? Did you wonder why certain questions needed to be asked? Include some specific examples in your discussion.*

**3. Analyze your responses (45 points)**

*Carefully review your responses in the profile. In 1-2 paragraphs, provide an overall summary of the findings. Then, describe at least 2 opportunities you have identified for seeking a higher level of health. Provide some detail as to what prompted you to make your selections.*

**4. Write onehealth promotion nursing diagnosis (10 points)**

*Based on your analysis in #3, write one health promotion nursing diagnosis.*

*(Use the formula: “Readiness for enhanced \_\_\_\_\_\_ related to \_\_\_\_\_\_\_\_.”)*