HEALTH ENHANCEMENT LIFESTYLE PROFILE - Screening Form (HELP-Screener)
Older Adult Version (Age 55 or over)

A Tool That Empowers You to Take Charge of Your Life and Health

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HEALTH ENHANCEMENT LIFESTYLE PROFILE Screening Form
(HELP-Screener)

Name: ___________________________   Date: ________________

A. Personal Information

1. Age: __________

2. Gender: [ ] Male   [ ] Female

3. Ethnicity: [ ] Caucasian   [ ] Mexican American, Mexican Origin
[ ] African American   [ ] Puerto Rican, Cuban, Other Latino or Hispanic
[ ] Asian American, Pacific Islander   [ ] Other __________________
[ ] Native American (Indian, Alaskan, Hawaiian)

4. Marital Status: [ ] Single   [ ] Divorced
[ ] Dating   [ ] Separated
[ ] Engaged   [ ] Widowed
[ ] Married   [ ] Cohabitating

5. Living arrangement over the past 3 months:
   [ ] Single family home   [ ] Independent living community
   [ ] Condo/Townhouse   [ ] Assisted living residence
   [ ] Apartment   [ ] Nursing home/Skilled nursing facility
   [ ] Room rental   [ ] Other _____________________________
   [ ] Dormitory

6. Do you have any of the following conditions or health problems? (Check all that apply)

   Autoimmune:
   [ ] Lupus
   [ ] Rheumatoid Arthritis

   General Medicine:
   [ ] Cancer
   [ ] Eye/Vision (e.g., glasses)
   [ ] Heart Disease
   [ ] Diabetes
   [ ] Hearing
   [ ] Hypertension/High Blood Pressure
   [ ] Obesity
   [ ] Respiratory (e.g., asthma, COPD)
   [ ] Sleeping Problem
   [ ] Other _____________________________

   Mental Health
   [ ] Addiction
   [ ] Anorexia
   [ ] Anxiety/Stress/Panic
   [ ] Attention Disorder
   [ ] Autism
   [ ] Bipolar Disorder
   [ ] Bulimia
   [ ] Cutting
   [ ] Depression
   [ ] OCD
   [ ] Phobia
   [ ] PTSD
   [ ] Schizophrenia
   [ ] Other _____________________________

   Musculoskeletal:
   [ ] Back/Neck Pain
   [ ] Carpal Tunnel Syndrome
   [ ] Difficulties with Walking
   [ ] Fractures
   [ ] Osteoarthritis
   [ ] Osteoporosis
   [ ] Scoliosis
   [ ] Tendinitis

   Neurological
   [ ] Multiple Sclerosis
   [ ] Parkinson’s
   [ ] Stroke
   [ ] Other _____________________________

7. Your height: _________________; your weight: _________________
### B. HELP-Screener Questions

Please check "Yes" or "No" for each of the following statements.

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<tbody>
<tr>
<td>1.</td>
<td>I spend sufficient time taking good care of myself (e.g., grooming, showering, cooking, house cleaning).</td>
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<td>2.</td>
<td>I avoid health-risk behaviors (e.g., excessive drinking, smoking, consuming over-the-counter drugs).</td>
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<td>3.</td>
<td>I consume a variety of healthy foods rich in protein, fiber, or calcium everyday (e.g., white meat, fish, fruits, vegetables, milk, soy products).</td>
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<td>4.</td>
<td>I go out with my family or friends at least once a week.</td>
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<td>5.</td>
<td>I pursue my hobbies at least once a week.</td>
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<td>6.</td>
<td>I have skills for coping with stress.</td>
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<td>7.</td>
<td>I frequently monitor my health (e.g., blood pressure, blood sugar, body weight).</td>
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<td>8.</td>
<td>I frequently get quality sleep and rest.</td>
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<td>9.</td>
<td>I engage in my religious/spiritual activities at least once a week.</td>
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<td>10.</td>
<td>I frequently avoid those foods high in fat, cholesterol, sodium, or sugar (e.g., red meat, butter, eggs, canned soup, desserts).</td>
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<td>11.</td>
<td>I frequently read the nutrition facts labels of food products before buying/eating them.</td>
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<td>12.</td>
<td>I exercise more than twice a week.</td>
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<td>13.</td>
<td>I engage in activities in my community (e.g., attending senior center, volunteering) at least once a week.</td>
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<td>14.</td>
<td>I frequently look for resources or information on health promotion through the mass media, health practitioners, or classes/clubs.</td>
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<td>15.</td>
<td>I frequently avoid sedentary activities/behaviors (e.g., watching TV, sitting and reading).</td>
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For detailed information about the use of this screening tool, please refer to the HELP Guide for Clinicians.