2016

HEALTH ENHANCEMENT LIFESTYLE PROFILE (HELP) & HELP Screener

Older Adult Version (Age 55 or over)

Guide for Clinicians

Eric Hwang, PhD., OTR/L & Terry Peralta-Catipon, PhD., OTR/L
California State University, Dominguez Hills
6/6/2016

Contents

I. Introduction

The ***Health Enhancement Lifestyle Profile (HELP)*** is a comprehensive assessment that looks into various aspects of health-related lifestyle behaviors. The ***HELP*** was designed to be a self-report questionnaire or a structured interview tool for administering to adults aged 55 or older. This tool enables the understanding of old adults' habits and routines in various health-promoting behaviors, and, thus, yields client-centered lifestyle monitoring and/or recommendations. The existing literature on Successful Aging and lifestyle factors, as well as the domain and terminology included in *Occupational Therapy Practice Framework: Domain and Process*, 3rd edition (American Occupational Therapy Association [AOTA], 2014), contributed to the conceptualization and formation of the ***HELP***.

The ***HELP*** consists of three major sections: (a) Personal Information (e.g., age, gender, marital status, education, living arrangement, medical diagnoses, body weight and height), (b) Health Survey Items (5 self-rated items for measuring the overall health and sense of well-being), and (c) Lifestyle Survey Items (the 7 lifestyle behavior scales, 8 items in each scale). The 7 health-related lifestyle behavior scales include: ***(1) Exercise, (2) Diet, (3) Social and Productive Activities, (4) Leisure, (5) Activities of Daily Living (ADLs/IADLs), (6) Stress Management and Spiritual Participation, and (7) Other Health Promotion and Risk Behaviors.*** The scales help identify an individual's relative strengths and limitations among those distinct areas of lifestyle. Accordingly, lifestyle interventions or recommendations can be tailored to each individual's specific needs. The amount of time needed to complete the ***HELP*** is about 20-30 minutes. The scoring procedures for the ***HELP*** scales are described in a later section.

The ***HELP–Screener*** is a 15-item questionnaire (see ***Appendix***) that requires yes-or-no responses. Conceptually excerpted from the ***HELP***, the ***HELP–Screener*** also encompasses diverse aspects of health-related lifestyle behavior, such as exercise, diet, socialization, leisure, and spirituality. All 15 questions are positively worded. Responses are coded as 1 (yes) or 0 (no), yielding a score range of 0–15; higher scores are indicative of healthier lifestyles. The cut-off score established for the ***HELP–Screener*** is **9**. The time needed to complete the ***HELP– Screener*** is <5 min. For clinicians who work with large numbers of older adults in community settings, the 15-item ***HELP-Screener*** can be used as a time-efficient tool that first helps identify

individual clients who would benefit from the administration of the **HELP**.   That is, if a client's score on the **HELP–Screener** is < 9, the established cutoff, the clinician can then administer the **HELP**, leading to a more in-depth understanding of particular areas for intervention. It is, however, noteworthy that the cutoff for the **HELP–Screener** should be seen more as indicative rather than definitive (see Case Exemplifications in a later section for illustration). Clinicians can always exercise professional judgment in making clinical decisions after the screening.

II. Scoring Guide for the *HELP*

For the 7 lifestyle behavior scales (***Exercise, Diet, Social and Productive Activities, Leisure, ADLs/IADLs, Stress Management and Spiritual Participation, Other Health Promotion and Risk Behaviors***), individuals are asked to respond to each question according to their typical or routine performance during the past 3-mo period. Response categories generally include: ***7 d/wk, 5-6 d/wk, 3-4 d/wk, 1-2 d/wk, 1-2 d/mo*** and ***Never***. For the scale of ***Other Health Promotion and Risk Behaviors***, 6 items use the response categories of ***5 or more d/mo, 4 d/mo, 3 d/mo, 2 d/mo, 1 d/mo*** and ***Never.*** The following describes the scoring procedures for these 7 scales.

1. Assign a numeric value (score) to each of the response/frequency categories.

Frequency *(d/wk)*	Numeric Value (Score)	or	Frequency *(d/mo)*	Numeric Value (Score)
7 d/wk	*5*		*≥5 d/mo*	*5*
5-6 d/wk	*4*		*4 d/mo*	*4*
3-4 d/wk	*3*		*3 d/mo*	*3*
1-2 d/wk	*2*		*2 d/mo*	*2*
1-2 d/mo	*1*		*1 d/mo*	*1*
Never	*0*		*Never*	*0*

2. Reverse the following 13 negatively worded items. (Change from their originally assigned numeric values to the recoded/new numeric values.)

Scale	Item
II. *Diet*	Items 5, 6, 7, & 8
V. *ADLs/IADLs*	Items 1, 2, 3, 5, & 6
VII. *Other Health Promotion and Risk Behavior*	Items 1, 2, 3, & 4

Original Numeric Value		New Numeric Value
5	–>	*0*
4	–>	*1*
3	–>	*2*
2	–>	*3*

| 1 | –> | 4 |
| 0 | –> | 5 |

3. Sum up the scores assigned to the 8 items of each *HELP* scale to form a *scale score*. That is, you will come up with 7 *scale scores* corresponding to the seven *HELP* scales. The possible range for each *scale score* is 0 to 40, with higher scores indicating healthier lifestyles.

4. To obtain a *HELP total score*, you will sum up the 7 *scale scores* and divide the sum by 7. Likewise, the *HELP total score* ranges from 0 to 40, with higher scores indicating healthier lifestyles.

5. You may choose to compare the client's *HELP scale scores* and the *HELP total score* with the population norms through the *HELP Descriptors* shown in the table on the next page. With the table, you can use the client's obtained scores to locate the corresponding *HELP Descriptors* (i.e., *Much Less Healthy Than Most People, Less Healthy Than Most People, Similar to Most People, Healthier Than Most People, Much Healthier Than Most People*). However, please be advised that this procedure is optional since the *HELP* was designed to be an individualized (client–centered) tool that is to be used for establishing personal goals for enhancing healthy lifestyle behaviors. That is, the *HELP* should be administered periodically or before and after lifestyle interventions, modifications, or goal-setting to determine if any changes have occurred to the targeted/prioritized lifestyle behaviors.

6. Document the obtained *HELP scale scores* and *HELP Descriptors* using the *HELP Score Summary Form*. (Optional)

HELP SCORE SUMMARY FORM

(This is to be completed by the clinician. Please refer to *Guide for Clinicians* (p. 4-6) for *Scoring Guide*)

HELP Scale Scores and *HELP Descriptors*
(Fill in the obtained *HELP Scale Scores* and *HELP Descriptors*)

HELP Scale	HELP Scale Score	*HELP Descriptor *(see Table below)*
Exercise		
Diet		
Social & Productive Activities		
Leisure		
ADLs/IADLs		
Stress Management & Spiritual Participation		
Other Health Promotion & Risk Behaviors		
HELP Total		

* *HELP Descriptors*
(Use the obtained *HELP Scale Scores* to determine a *HELP Descriptor for each HELP scale*)

HELP Scale	*Much Less Healthy Than Most People*	*Less Healthy Than Most People*	*Similar to Most People*	*Healthier Than Most People*	*Much Healthier Than Most People*
Exercise	0–2	3–4	5–6	7–10	11–40
Diet	0–17	18–23	24–28	29–32	33–40
Social & Productive Activities	0–3	4–5	6–8	9–13	14–40
Leisure	0–3	4–6	7–10	11–15	16–40
ADLs/IADLs	0–14	16–24	25–28	29–33	34–40
Stress Management & Spiritual Participation	0–5	6–11	12–19	20–25	26–40
Other Health Promotion & Risk Behaviors	0–14	15–19	20–24	25–28	29–40
HELP Total	0–10	11–16	17–21	22–26	27–40

III. HELP Lifestyle Intervention Plan

The following forms can serve as a documentation template for developing lifestyle interventions or recommendations for the **HELP** scales and items that an individual client identified with goals for change. When providing lifestyle recommendations or consultation, it is important that clinicians consider the client's personal, environmental, and occupational/activity facilitators and barriers to the cultivation and maintenance of healthy lifestyle behaviors, such as motivation and interests, bodily symptoms (e.g., pain, fatigue), personal habits and routines, social support and networks, community resources, body functions and skills required by the chosen activity, activity cost, accessibility of facilities, transportation, and safety. Recommendations should also emphasize the strategies for enhancing or utilizing the recognized personal, environmental, and occupational/activity facilitators as well as those for eliminating the identified personal, environmental, and occupational/activity barriers. It is noteworthy that, although lifestyle behaviors are assessed through the seven **HELP** scales separately, any single lifestyle intervention/recommendation can be provided to simultaneously cover several **HELP** scales and goals. For example, a recommendation of a routine in which the individual walks to a nearby supermarket and shops for fresh ingredients to cook healthy homemade meals 3 times a week, instead of frequently driving to order meals at fast-food restaurants, can help reach the goals set up in three **HELP** scales: **Exercise**, **Diet**, and **ADLs/IADLs**. Case exemplifications shown in Section IV will further illustrate the clinical applications of the HELP scales and items.

HELP Lifestyle Intervention Plan: Name:_____ Date:_____
Exercise

Items identified with Goal for change (Fill in additional pages if needed)

Item #: _____

Current frequency:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Item #: _____

Current frequency:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Item #: _____

Current frequency:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Identification of Facilitators	**Identification of Barriers**
Personal:	Personal:
Environmental:	Environmental:
Occupational/Activity:	Occupational/Activity:

Recommendation 1 (Interventions/activities recommended as well as strategies for enhancing the facilitators or eliminating the barriers)

Recommendation 2

Recommendation 3

HELP Lifestyle Intervention Plan: Name:_____ Date:_____

Diet

Items identified with Goal for change (Fill in additional pages if needed)

Item #: _____

Current frequency:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Item #: _____

Current frequency:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Item #: _____

Current frequency:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Identification of Facilitators	**Identification of Barriers**
Personal:	Personal:
Environmental:	Environmental:
Occupational/Activity:	Occupational/Activity:

Recommendation 1 (Interventions/activities recommended as well as strategies for enhancing the facilitators or eliminating the barriers)

Recommendation 2

Recommendation 3

HELP Lifestyle Intervention Plan: Name:_____ Date:_____
Productive & Social Activities

Items identified with Goal for change (Fill in additional pages if needed)					
Item #: _____					
Current frequency: ☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change: ☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Item #: _____					
Current frequency: ☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change: ☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Item #: _____					
Current frequency: ☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change: ☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Identification of Facilitators	**Identification of Barriers**
Personal:	Personal:
Environmental:	Environmental:
Occupational/Activity:	Occupational/Activity:

Recommendation 1 (Interventions/activities recommended as well as strategies for enhancing the facilitators or eliminating the barriers)

Recommendation 2

Recommendation 3

HELP Lifestyle Intervention Plan: Name:_____ Date:_____
Leisure

Items identified with Goal for change (Fill in additional pages if needed)

Item #: _____

Current frequency: ☐ 7 d/wk   ☐ 5-6 d/wk   ☐ 3-4 d/wk   ☐ 1-2 d/wk   ☐ 1-2 d/mo   ☐ Never
Goal for change: ☐ 7 d/wk   ☐ 5-6 d/wk   ☐ 3-4 d/wk   ☐ 1-2 d/wk   ☐ 1-2 d/mo   ☐ Never

Item #: _____

Current frequency: ☐ 7 d/wk   ☐ 5-6 d/wk   ☐ 3-4 d/wk   ☐ 1-2 d/wk   ☐ 1-2 d/mo   ☐ Never
Goal for change: ☐ 7 d/wk   ☐ 5-6 d/wk   ☐ 3-4 d/wk   ☐ 1-2 d/wk   ☐ 1-2 d/mo   ☐ Never

Item #: _____

Current frequency: ☐ 7 d/wk   ☐ 5-6 d/wk   ☐ 3-4 d/wk   ☐ 1-2 d/wk   ☐ 1-2 d/mo   ☐ Never
Goal for change: ☐ 7 d/wk   ☐ 5-6 d/wk   ☐ 3-4 d/wk   ☐ 1-2 d/wk   ☐ 1-2 d/mo   ☐ Never

Identification of Facilitators	**Identification of Barriers**
Personal:	Personal:
Environmental:	Environmental:
Occupational/Activity:	Occupational/Activity:

Recommendation 1 (Interventions/activities recommended as well as strategies for enhancing the facilitators or eliminating the barriers)

Recommendation 2

Recommendation 3

HELP Lifestyle Intervention Plan: Name:_____ Date:_____
ADLs/IADLs

Items identified with Goal for change   (Fill in additional pages if needed)

Item #: _____

Current frequency:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Item #: _____

Current frequency:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Item #: _____

Current frequency:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Identification of Facilitators	**Identification of Barriers**
Personal:	Personal:
Environmental:	Environmental:
Occupational/Activity:	Occupational/Activity:

Recommendation 1 (Interventions/activities recommended as well as strategies for enhancing the facilitators or eliminating the barriers)

Recommendation 2

Recommendation 3

HELP Lifestyle Intervention Plan: Name:_____ Date:_____

Stress Management & Spirituality Participation

Items identified with Goal for change (Fill in additional pages if needed)					
Item #: _____					
Current frequency: ☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change: ☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Item #: _____					
Current frequency: ☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change: ☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Item #: _____					
Current frequency: ☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change: ☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Identification of Facilitators	**Identification of Barriers**
Personal:	Personal:
Environmental:	Environmental:
Occupational/Activity:	Occupational/Activity:

Recommendation 1 (Interventions/activities recommended as well as strategies for enhancing the facilitators or eliminating the barriers)

Recommendation 2

Recommendation 3

HELP Lifestyle Intervention Plan: Name:_____ Date:_____
Other Health Promotion and Risk Behaviors

Items identified with Goal for change (Fill in additional pages if needed)

Item #: _____

Current frequency:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Item #: _____

Current frequency:	☐ 5 or more d/mo	☐ 4 d/mo	☐ 3 d/mo	☐ 2 d/mo	☐ 1 d/mo	☐ Never
Goal for change:	☐ 5 or more d/mo	☐ 4 d/mo	☐ 3 d/mo	☐ 2 d/mo	☐ 1 d/mo	☐ Never

Item #: _____

Current frequency:	☐ 5 or more d/mo	☐ 4 d/mo	☐ 3 d/mo	☐ 2 d/mo	☐ 1 d/mo	☐ Never
Goal for change:	☐ 5 or more d/mo	☐ 4 d/mo	☐ 3 d/mo	☐ 2 d/mo	☐ 1 d/mo	☐ Never

Identification of Facilitators	**Identification of Barriers**
Personal:	Personal:
Environmental:	Environmental:
Occupational/Activity:	Occupational/Activity:

Recommendation 1 (Interventions/activities recommended as well as strategies for enhancing the facilitators or eliminating the barriers)

Recommendation 2

Recommendation 3

HELP Lifestyle Intervention Plan: Name:_____ Date:_____

SUMMARY NOTES

Clinician: _____

IV. Case Exemplifications

Case #1

Margaret, 68-year-old, living with her husband in a senior apartment in an urban area, has diagnoses of rheumatoid arthritis, chronic back pain, hypertension and hypercholesterolemia. She participates twice a week in a community-based adult day healthcare program. Margaret is aware of her sedentary lifestyle with irregular physical activity due to chronic pain; she frequently sits in her recliner watching TV or reading during the day when not attending the day care program. She complains of difficulty making homemade meals because of her arthritic pain in fingers and weakness of both hands. Margaret scores 8 out of 15 on the ***HELP–Screener***. In light of Margaret's below cutoff score, the occupational therapist (OT) decides to administer the 56-item ***HELP*** on her to obtain more in-depth understanding of particular areas of lifestyle that warrant recommendations.

Margaret's scores in three ***HELP*** scales, ***exercise***, ***diet***, and ***ADLs/IADLs***, fall into the normative descriptor of "***Less Healthy Than Most People***" (see Margaret's ***HELP SCORE SUMMARY FORM*** on p. 17). The OT carefully reviews with Margaret the specific "less healthy" behaviors indicated by the relevant items and scales in the ***HELP***, such as low frequency of joint stretching, muscle strengthening and aerobic exercises; over consumption of foods high in cholesterol, sodium, and saturated fat; insufficient intake of fruits, vegetables and whole-grain foods; and low participation in food shopping and meal preparation. They both agree that the three deficit areas in her lifestyle are in fact intertwined by the issue surrounding physical pain and inactivity. Taking into account all the PEO factors (e.g., interest, motivation, community sources, diagnostic attributes, functional capability and limitation), the OT and Margaret collaboratively establish the following ***HELP*** intervention plan.

HELP SCORE SUMMARY FORM
(This is to be completed by the clinician. Please refer to *Guide for Clinicians* (p. 4-6) for *Scoring Guide*)

Name: _____Margaret_____   **Date:** ___4/28/15____

HELP Scale Scores and *HELP Descriptors*
(Fill in the obtained *HELP Scale Scores* and *HELP Descriptors*)

HELP Scale	HELP Scale Score	*HELP Descriptor (see Table below)*
Exercise	*4*	*Less Healthy Than Most People*
Diet	*22*	*Less Healthy Than Most People*
Social & Productive Activities	*8*	*Similar to Most People*
Leisure	*8*	*Similar to Most People*
ADLs/IADLs	*24*	*Less Healthy Than Most People*
Stress Management & Spiritual Participation	*20*	*Healthier Than Most People*
Other Health Promotion & Risk Behaviors	*24*	*Similar to Most People*
HELP Total	*18*	*Similar to Most People*

* HELP Descriptors
(Use the obtained *HELP Scale Scores* to determine a *HELP Descriptor for each HELP scale*)

HELP Scale	*Much Less Healthy Than Most People*	*Less Healthy Than Most People*	*Similar to Most People*	*Healthier Than Most People*	*Much Healthier Than Most People*
Exercise	0–2	3–4	5–6	7–10	11–40
Diet	0–17	18–23	24–28	29–32	33–40
Social & Productive Activities	0–3	4–5	6–8	9–13	14–40
Leisure	0–3	4–6	7–10	11–15	16–40
ADLs/IADLs	0–14	16–24	25–28	29–33	34–40
Stress Management & Spiritual Participation	0–5	6–11	12–19	20–25	26–40
Other Health Promotion & Risk Behaviors	0–14	15–19	20–24	25–28	29–40
HELP Total	0–10	11–16	17–21	22–26	27–40

HELP

Lifestyle Intervention Plan

(This is to be completed through collaboration between the clinician and the client.)

Facility: __Long Beach Adult Day Healthcare Center__

Client: _____Margaret Smith_____

Clinician: _____Eric Hwang, PhD., OTR/L_____

Date: _____4/28/15_____

HELP Lifestyle Intervention Plan:　　　　Name:___Margaret____　Date:___4/28/15__

Exercise

Items identified with Goal for change (Fill in additional pages if needed)

Item #: ___1___

How many days per week do you walk outside or on a treadmill for 20 minutes or longer as a form of exercise?

	7 d/wk	5-6 d/wk	3-4 d/wk	1-2 d/wk	1-2 d/mo	Never
Current frequency:	☐	☐	☐	☐	☐ **1-2 d/mo**	☐
Goal for change:	☐	☐	☐ **3-4 d/wk**	☐	☐	☐

Item #: ___2___

How many days per week do you perform stretching or flexibility exercises (such as joint mobility/stretching exercise, calisthenics or Yoga)?

	7 d/wk	5-6 d/wk	3-4 d/wk	1-2 d/wk	1-2 d/mo	Never
Current frequency:	☐	☐	☐	☐ **1-2 d/wk**	☐	☐
Goal for change:	☐	☐	☐ **3-4 d/wk**	☐	☐	☐

Item #: _____

	7 d/wk	5-6 d/wk	3-4 d/wk	1-2 d/wk	1-2 d/mo	Never
Current frequency:	☐	☐	☐	☐	☐	☐
Goal for change:	☐	☐	☐	☐	☐	☐

Identification of Facilitators	**Identification of Barriers**
Personal: *health awareness, motivation for lifestyle change, sociable*	Personal: *rheumatoid arthritis, chronic back pain sedentary lifestyle, irregular physical activity*
Environmental: *community-based adult day healthcare program, senior center free classes, husband*	Environmental:
Occupational/Activity:	Occupational/Activity: *Exercise may cause pain and fatigue.*

Recommendation 1 (Interventions/activities recommended as well as strategies for enhancing the facilitators or eliminating the barriers)

To set up a routine in which Margaret and the husband walk to a nearby supermarket and shop for ingredients to cook healthy homemade meals at least 3 times a week, instead of frequently driving to order meals at fast-food restaurants.
- *OT prescription of assistive devices for shopping, such as a foldable grocery cart*

Recommendation 2

To attend a free yoga class offered at the senior citizens center 2X/wk.
(continue to participate in OT/PT maintenance exercise program offered at the community-based adult day healthcare center 2X/wk)

Recommendation 3

To walk to the nearby weekend framers' market to purchase 3 to 5 favorite vegetables and fruits on weekends.

HELP Lifestyle Intervention Plan:
Diet

Items identified with Goal for change (Fill in additional pages if needed)

Item #: ___3___
How many days per week do you eat 5 or more servings of fruits and vegetables?

	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☑ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Current frequency:						
Goal for change:	☐ 7 d/wk	☑ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Item #: ___6___
How many days per week do you eat 2 or more servings of foods typically high in sodium (salt) (such as canned soup, hot dog, ham, bacon, sausage, prepackaged frozen dinners, potato chips, cheeses and pickles)?

	☐ 7 d/wk	☑ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Current frequency:						
Goal for change:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☑ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Item #: ___7___
How many days per week do you eat 2 or more servings of foods typically high in saturated or trans fats (such as fatty beef, fried chicken, butter, lard, margarine, cream, cheese, bacon, hamburgers)?

	☐ 7 d/wk	☑ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Current frequency:						
Goal for change:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☑ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Identification of Facilitators	**Identification of Barriers**
Personal: *health awareness, motivation for lifestyle change*	Personal: *hypertension, hypercholesterolemia*
Environmental: *nearby supermarket and healthy food store, weekend farmers' market*	Environmental: *nearby fast food restaurants with drive through service*
Occupational/Activity:	Occupational/Activity: *difficulty in homemade meal preparation due to UE pain and weakness*

Recommendation 1 (Interventions/activities recommended as well as strategies for enhancing the facilitators or eliminating the barriers)
To set up a routine in which Margaret and the husband walk to a nearby supermarket and shop for ingredients to cook healthy homemade meals at least 3 times a week, instead of frequently driving to order meals at fast-food restaurants.

Recommendation 2
To walk to the nearby weekend framers' market to purchase 3 to 5 favorite vegetables and fruits on weekends.

Recommendation 3

HELP Lifestyle Intervention Plan:
ADLs/IADLs

Items identified with Goal for change (Fill in additional pages if needed)

Item #: __4__

How many days per week do you participate in or help with food or merchandise shopping for yourself or household?

	7 d/wk	5-6 d/wk	3-4 d/wk	☑ 1-2 d/wk	1-2 d/mo	Never
Current frequency:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☑ **1-2 d/wk**	☐ 1-2 d/mo	☐ Never
Goal for change:	☐ 7 d/wk	☑ **5-6 d/wk**	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Item #: __8__

How many days per week do you participate in or help with meal preparation/planning for yourself or household?

	7 d/wk	5-6 d/wk	3-4 d/wk	1-2 d/wk	1-2 d/mo	Never
Current frequency:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☑ **1-2 d/wk**	☐ 1-2 d/mo	☐ Never
Goal for change:	☐ 7 d/wk	☑ **5-6 d/wk**	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Item #: _____

	7 d/wk	5-6 d/wk	3-4 d/wk	1-2 d/wk	1-2 d/mo	Never
Current frequency:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never
Goal for change:	☐ 7 d/wk	☐ 5-6 d/wk	☐ 3-4 d/wk	☐ 1-2 d/wk	☐ 1-2 d/mo	☐ Never

Identification of Facilitators	**Identification of Barriers**
Personal:	Personal:
health awareness, motivation for lifestyle change	*arthritic pain in fingers, weakness of both hands*
Environmental:	Environmental:
nearby supermarket and healthy food store, weekend farmers' market	*nearby fast food restaurants with drive through service*
Occupational/Activity:	Occupational/Activity:
	difficulty in homemade meal preparation due to UE pain and weakness

Recommendation 1 (Interventions/activities recommended as well as strategies for enhancing the facilitators or eliminating the barriers)
To set up a routine in which Margaret and the husband walk to a nearby supermarket and shop for ingredients to cook healthy homemade meals at least 3 times a week, instead of frequently driving to order meals at fast-food restaurants.

Recommendation 2
To walk to the nearby weekend framers' market to purchase 3 to 5 favorite vegetables and fruits on weekends.

Recommendation 3
OT prescription of UE home exercise programs for decreasing arthritic pain and increasing muscle strength

Recommendation 4
OT prescription of adaptive tools for cooking (e.g., an electric can opener, grippers, rocker knives, lightweight cookware sets etc.)

Recommendation 5
OT recommendation of websites that offer homemade food recipes and tips for dietary restrictions due to hypertension and hypercholesterolemia

HELP Lifestyle Intervention Plan: Name:___Margaret___ Date:___4/28/15___

SUMMARY NOTES
Due to the intertwined nature of the proposed changes for Margaret's lifestyle behaviors, some of the recommendations described above can work simultaneously for her multiple goals set for enhancing exercise, healthy diet and/or ADLs/IADLs. OT will monitor and give feedback on Margaret's lifestyle behaviors through the day care program's routine progress notes and re-administers the HELP during the semi-annual reassessment.

Clinician: ___Eric Hwang, PhD., OTR/L___

Case #2

  Ronald, 70-year-old, a retired chemistry professor, living alone in a two-story house, has a long history of type 2 diabetes and currently suffered a mild stroke. Ronald is referred to the occupational therapist (OT) by his physician for functional and home safety evaluation. An initial occupational profile interview reveals that Ronald has become indifferent to outings and socialization since his wife passed away last year. The results of functional assessments indicate no significant limitations in ADLs and IADLs post-stroke and Ronald further compliments himself on his ability to adhere to the healthy diet plan recommended by a diabetes specialist. Upon discussion, both Ronald and the OT agree that his primary goal should focus on a holistic approach to health promotion and wellness.

  Although Ronald scores 10 on the **HELP–Screener** (above the cutoff), he is found to exhibit a health-risk behavioral pattern pertaining to physical inactiveness as evidenced by three unendorsed items ("*I exercise more than twice a week*", "*I engage in activities in my community at least once a week*", and "*I frequently avoid sedentary activities/behaviors*"). Subsequently, the OT decides to administer three pertinent **HELP** scales (***exercise***, ***social and productive activities***, ***leisure***) that offer an opportunity to observe a rich array of health promoting behaviors favoring physical activeness. His obtained three **HELP scale scores** are shown below.

HELP SCORE SUMMARY FORM

HELP Scale Scores and HELP Descriptors   Name:__Ronald___   Date:__5/18/15___

HELP Scale	HELP Scale Score	HELP Descriptor
Exercise	3	*Less Healthy Than Most People*
Diet	NA	NA
Social & Productive Activities	4	*Less Healthy Than Most People*
Leisure	6	*Less Healthy Than Most People*
ADLs/IADLs	NA	NA
Stress Management & Spiritual Participation	NA	NA
Other Health Promotion & Risk Behaviors	NA	NA
HELP Total	NA	NA

Alongside the results of the three **HELP** scales, Ronald's personal choices and goals for increasing the breadth and frequency of physical and social activities are determined:

- To walk outside with "Jimmy" (dog) for at least 20 min, 3 times a week. (***exercise***)
- To "rehabilitate" and care for Sophia's (wife) rose garden, 30-60 min, 3 times a week. (***leisure***)
- To "return" to the community golf club, once a week. (***exercise***, ***leisure***)
- To visit Linda (daughter) and tutor two grandsons on weekends, 1-2 times a month. (***social and productive activities***)
- To go fishing with pals, 1-2 times a month. (***leisure***, ***social and productive activities***)

Given Ronald's initiative and motivation on his lifestyle modifications, the OT instructs Ronald in self-administering and scoring the **HELP** every 3 months as a means of appraising and maintaining healthy lifestyle behaviors.

V. Psychometric Properties of the HELP

Establishment of the HELP Normative Descriptors

As mentioned previously, clinicians may choose to compute a scale score for each Help scale and the HELP total. With the obtained scores, the clinician can locate the corresponding *HELP Descriptors* (i.e., ***Much Less Healthy Than Most People, Less Healthy Than Most People, Similar to Most People, Healthier Than Most People, Much Healthier Than Most People***). The *HELP Descriptors* provide an estimate of how the client compares with others in terms of his or her health-related lifestyle behaviors. These descriptors were derived from examination of the frequency distribution of scores in the standardization sample of 645 older adults ($\geq$ 55 yr.) representative of diverse ethnic and socioeconomic groups in California. Cutoff scores for the *HELP Descriptors* were established as follows:

- *Much Less Healthy Than Most People* = below 2nd percentile (2%) of the study population
- *Less Healthy Than Most People* = between 2% and 16% of the study population
- *Similar to Most People* = between 16% and 84% of the study population
- *Healthier Than Most People* = between 84% and 98% of the study population
- *Much Healthier Than Most People* = above 98% of the study population

Content Validity

The preliminary content validity of the *HELP* was supported through two pilot testing procedures involving convenience samples of community-dwelling older adults: focus group and field pretesting (Hwang, 2010a). Both methods were aimed to enhance the relevance and clarity of the test items and to better reflect the perspectives of healthy lifestyle by older adults. The results from two pilot testing procedures, including participants' feedback and preliminary data, led to necessary revisions and modifications in different technical aspects of the *HELP* such as question formation (e.g., separation of double-barrel questions), item wording, and response categories (Hwang, 2010a).

Rasch Measurement Model: Unidimensionality and Data-Model Fit

A sample of 257 older adults were recruited for a study that examined the internal validity of the *HELP* via the Rasch measurement model. Unidimensionality and data-model fit were largely supported for each of the seven *HELP* scales through the analyses of principal components of residuals, fit statistics, local independency, and differential item functioning

(DIF) (Hwang, 2010a). The item hierarchy formed through logits provided an expected pattern of healthy lifestyle behaviors for the **HELP** scales. Acceptable to good person separation and reliability statistics supported the clinical applicability and consistency of the **HELP** scores for measuring lifestyle behaviors among older adults. Finally, analysis of the rating scale structure confirmed the functioning of the 0- to 5-point rating scale used by the **HELP**. Overall, evidence of the internal validity of the **HELP** scales increases clinicians' confidence in using the instrument for intervention planning, monitoring, and outcome measurement of the targeted lifestyle behaviors. Although it is important to recognize the framework of healthy lifestyle as a whole, the subtotal score generated from each of the seven **HELP** scales can represent a conceptually distinct contributor to the healthy lifestyle (Hwang, 2010a). Accordingly, service planning can emphasize strategies to systematically facilitate or modify behaviors relevant to those specific lifestyle factors and behaviors concerning the individual.

Classic Test Theory: Reliability and Validity

Classic test theory was also used to examine validity and reliability of the **HELP** (Hwang, 2010b, 2010c). Construct validity was supported by the interrelationships found among the seven **HELP** scales and by the statistically significant correlations shown between **HELP** results and global health status including the self-related health and the number of chronic conditions; namely, the higher the **HELP** scores, the better the self-rated health and the lower the number of chronic conditions (Hwang, 2010b). Another study was conducted to determine convergent validity of the **HELP** (Hwang, 2010c). This study included a sample of 158 community-dwelling older adults who were asked to complete both the **HELP** and the **RAND-36** (Hays & Morales, 2001), a health-related quality of life (QoL) survey. Multiple regression revealed that five of seven **HELP** scales (***exercise***, ***diet, ADLs***, ***stress management and spiritual participation***, ***other health promotion and risk behaviors***) served as significant predictors for the **RAND-36** ($R^2 = 0.69$, $p < 0.0001$), indicating the potential contribution of healthy lifestyle behaviors to QoL for older adults (Hwang, 2010c). Finally, analysis of Cronbach's alpha, which examines the internal consistency of test items within a scale, yielded acceptable to good reliability coefficients (.75 to .92) across the **HELP** scales (Hwang, 2010b).

In summary, the **HELP** attempted to define lifestyle in a broader sense of the term to cover those physiological, psychological, social, and spiritual dimensions of health currently delineated in the literature of successful aging and occupational therapy. The psychometric properties confirmed through the multiple studies support that such an all-encompassing measure

can hold the key to understanding the influences of various lifestyle factors on health, sense of well-being and QoL among older adults.

VI. Psychometric Properties of the HELP–Screener

Establishment of the HELP-Screener Cutoff Score

As mentioned previously, for clinicians who work with large numbers of older adults in community settings, the 15-item ***HELP-Screener*** (see Appendix) can be used as a time-efficient tool that first helps identify individual clients who would benefit from the administration of the ***HELP***. To establish the cutoff criterion score for the ***HELP–Screener***, a study using a quota sampling technique was conducted to recruit a sample of 494 older adults representative of diverse ethnic and socioeconomic groups in California (Hwang, 2012a). Data collected were tested for skewness and standard errors. The resultant Fisher skewness coefficient suggested that the distribution of data derived from the sample demonstrated a normal distribution. Therefore, one standard deviation below the mean of ***HELP–Screener*** total scores from the study sample was used to form the cutoff score (i.e., 9) for the ***HELP–Screener*** (Hwang, 2012a). That is, if a client's score on the ***HELP–Screener*** is < 9, the established cutoff, the clinician can then conduct the original 56-item ***HELP***, leading to a more in-depth understanding of particular areas for intervention (Hwang, 2010a, 2012a).

Content Validity

To ensure the preliminary content validity of the HELP–Screener, the questionnaire draft was pilot tested on a convenience sample of 32 community-dwelling older adults using one-on-one debriefing interviews (Hwang, 2012a). As a result, minor revisions were made to strengthen the questions' semantic clarity. In general, the HELP–Screener was considered easy to understand and time efficient.

Rasch Dichotomous Model: Unidimensionality and Data-Model Fit

Further psychometric properties of the ***HELP–Screener*** were substantiated through the Rasch dichotomous model using data derived from the normative sample (Hwang, 2012a). First, principal components analysis of the standardized residuals confirmed the unidimensional construct of the ***HELP–Screener***; thus, the application of the 15-item questionnaire as a measure of the overall lifestyle behavior is warranted. Second, goodness-of-fit statistics further supported the fit of the items to the Rasch model. Third, the correlation of standardized residuals between pairs of items largely supported the criterion of local independence (free of residual covariance) for the 15 items. Moreover, the DIF analysis corroborated the consistency of item calibration across gender, age, and ethnicity. Finally, the item hierarchy demonstrated through logits

formed a sequential ordering of *HELP–Screener* items from least to most difficult with no indication of item overlap or gaps (Hwang, 2012a). All these results consolidated the internal validity of the *HELP–Screener*.

Classic Test Theory: Reliability and Validity

A study including a sample of 310 community-dwelling older adults examined concurrent validity and construct-related validity of the *HELP–Screener* (Hwang, 2012b). Concurrent validity was supported through a high correlation ($r_s = .65$; $p < .0001$) between the scores of the *HELP–Screener* and the original 56-item *HELP*. The construct-related validity was confirmed using the hypothesis-testing procedure. The first hypothesis was substantiated by a moderate negative correlation ($r_s = -.47$; $p < .0001$) between the test scores and the numbers of chronic illness reported by participants. The second hypothesis was validated by a moderate correlation ($r_s = .58$; $p < .0001$) between the test scores and self-ratings of health by participants. The 15-items *HELP–Screener* is, to a certain extent, representative and predictive of the measure by the all-encompassing 56-item *HELP*, and, is indicative of the overall health status of older adults.

The internal consistency of *HELP–Screener* was analyzed using data derived from a sample of 483 older adults (Hwang, 2013). The resultant Cronbach's α coefficient of .74 indicated an acceptable level of internal consistency. The test–retest reliability study using a 2-week interval with 90 participants yielded an intraclass correlation coefficient of .93, indicating a high degree of temporal stability of the instrument at the scale level. Moreover, good to excellent degrees of agreement found through the *k* statistic ($k_s = .76–.96$) and percentage of agreement (96%–99%) between the test and retest scores of each item further supported *HELP–Screener*'s test–retest reliability at the item level (Hwang, 2013). Such evidence of the consistency and stability of the test results is clinically important as it links to the purpose of the *HELP–Screener* for detecting habitual patterns of health-compromising behaviors among older adults.

In summary, conceptually akin to the multiple subscales included in the original *HELP*, the *HELP–Screener* defines healthy lifestyle as a broader term that encompasses the physical, dietary, psychological, social, spiritual, and occupational aspects of health promoting behavior. This instrument can serve as a quick initial screen that would indicate whether further evaluation with the original 56-item HELP is necessary. Clinicians working with older adults in various

clinical settings can benefit from using such a short, wide-ranging lifestyle screening as part of their routine evaluation for the clients.

Appendix

Health Enhancement Lifestyle Profile – Screening Form

HELP– Screener

HEALTH ENHANCEMENT LIFESTYLE PROFILE Screening Form (HELP SCREENER)

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

	Yes	No
1. I spend sufficient time taking good care of myself (e.g., grooming, showering, cooking, house cleaning).		
2. I avoid health-risk behaviors (e.g., excessive drinking, smoking, consuming over-the-counter drugs).		
3. I consume a variety of healthy foods rich in protein, fiber, or calcium everyday (e.g., white meat, fish, fruits, vegetables, milk, soy products).		
4. I go out with my family or friends at least once a week.		
5. I pursue my hobbies at least once a week.		
6. I have skills for coping with stress.		
7. I frequently monitor my health (e.g., blood pressure, blood sugar, body weight).		
8. I frequently get quality sleep and rest.		
9. I engage in my religious/spiritual activities at least once a week.		
10. I frequently avoid those foods high in fat, cholesterol, sodium, or sugar (e.g., red meat, butter, eggs, canned soup, desserts).		
11. I frequently read the nutrition facts labels of food products before buying/eating them.		
12. I exercise more than twice a week.		
13. I engage in activities in my community (e.g., attending senior center, volunteering) at least once a week.		
14. I frequently look for resources or information on health promotion through the mass media, health practitioners, or classes/clubs.		
15. I frequently avoid sedentary activities/behaviors (e.g., watching TV, sitting and reading).		

For detailed information about the use of this screening tool, please refer to the HELP Guide for Clinicians.

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