

2016

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 Cohabiting

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.

	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](#).