

Tabel 1.2 De Functional Health Pattern Assessment Screening Tool (FHPAST) en relevante gezondheidspatronen voor psychosociale problematiek

Component	Gezondheidspatroon	Relevant voor psychosociale problematiek?
1: Health Risk/Threat	I fear for my safety	X
	I feel at risk for physical harm	
	I have difficulty urinating	
	I feel unusual physical symptoms with walking	
	I use recreational drugs	
	I have problems with bowel elimination	
	My physical abilities limit my activities of daily	
	I experience pain that interrupts my daily	
	When I drink alcohol, wine, or beer, I feel guilty	
	I have difficulty controlling my anger	X
	I have family problems that I find difficult to	X
	I experience physical discomfort when I am	X
	I smoke cigarettes	
	It is a burden to participate in family caretaking	X
	I have difficulty with my vision	
	I feel stress, tension, or pressure	X
	I worry a lot	X
2: General Well-Being & Self Confidence	I feel good about myself	X
	I feel in control of my life	X
	I feel good about the decisions I make	X
	I like the way I look	X
	I am happy with my life	X
	I am hopeful about the future	X
	I am satisfied with my problem-solving ability	X
	I am able to cope with stresses in my life	X
	I consider myself to be healthy	
	I am able to adjust to changes in my life	X
	I have enough energy for activities of daily living	X
	I am satisfied with my social life	X
	I am in excellent health	
	I heal easily	
	I am able to learn new information easily	
	I feel comfortable with the role I play in my	X
	I fall asleep without a problem	X
	I feel I can easily communicate with others	X
	I can concentrate for a long period of time	X
	I feel rested when I awake	
	I feel comfortable with my weight	
	The choices I make about my life are consistent	X
	I am satisfied with what I do for work	X
	I feel comfortable expressing my feelings and	X
	I have someone I can talk to when I need	X
	I am comfortable with my sexuality	X
	I am able to hear clearly	
3: Health Promotion/Protection Activity	I have an annual health examination	
	I am able to follow recommendations from my	
	I intentionally limit my dietary fat intake	
	I eat five to six servings of fruits and vegetables	
	I seek immediate attention for changes in my	

	I wear a seat belt	
	My health is important to me	
	Religious/spiritual practices give meaning to my	X
	I avoid the sun or use sunscreen	
	I drink six to eight glasses of water daily	
	I can make changes in my lifestyle to improve my	
	I do aerobic exercise for 20 min 23 or more times	
	I have a usual routine that I perform to help me	X