

# Personal Health Portfolio



## Chapter 1 Physical and Mental Health Assessment

Are you wondering how you are doing in regard to your overall health and well-being? This is the first of a series of self-assessment activities that are included in this text. Your Personal Health Portfolio, the final product of all activities, will be a collection of documents that explore your strengths and challenges. It will represent a snapshot of your health and self-reflections throughout the course.

This first portfolio activity is centered on an adaptation of a well-studied assessment tool (the Rand Corporation's Short Form 36) that will help you take a general look at components of your physical and mental health.

Read each question carefully and circle the point value corresponding to your answer.

### PHYSICAL FUNCTIONING

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
1. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	0	50	100
2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	0	50	100
3. Lifting or carrying groceries	0	50	100
4. Climbing several flights of stairs	0	50	100
5. Climbing one flight of stairs	0	50	100
6. Bending, kneeling, or stooping	0	50	100
7. Walking more than a mile	0	50	100
8. Walking several blocks	0	50	100
9. Walking one block	0	50	100

### LIMITATIONS DUE TO PHYSICAL HEALTH

During the past month, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	Yes	No
1. Cut down the amount of time you spent on work or other activities	0	100
2. Accomplished less than you would like	0	100
3. Were limited in the kind of work or other activities you did	0	100
4. Had difficulty performing work or other activities (e.g., it took extra effort)	0	100

### LIMITATIONS DUE TO EMOTIONAL PROBLEMS

During the past month, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	Yes	No
1. Cut down the amount of time you spent on work or other activities	0	100
2. Accomplished less than you would like	0	100
3. Didn't do work or other activities as carefully as usual	0	100

**ENERGY/FATIGUE**

These questions are about how you feel and how things have been going for you during the past month. For each question, give the one answer that comes closest to the way you have been feeling. How much of the time during the past month . . .

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
1. Did you feel full of pep?	100	80	60	40	20	0
2. Did you have a lot of energy?	100	80	60	40	20	0
3. Did you feel worn out?	0	20	40	60	80	100
4. Did you feel tired?	0	20	40	60	80	100

**EMOTIONAL WELL-BEING**

These questions are about how you feel and how things have been going for you during the past month. For each question, give the one answer that comes closest to the way you have been feeling. How much of the time during the past month . . .

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
1. Have you been a very nervous person?	0	20	40	60	80	100
2. Have you felt so down in the dumps that nothing could cheer you up?	0	20	40	60	80	100
3. Have you felt calm and peaceful?	100	80	60	40	20	0
4. Have you felt downhearted and blue?	0	20	40	60	80	100
5. Have you been a happy person?	100	80	60	40	20	0

**SOCIAL FUNCTIONING**

- During the past month, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Circle one number.)
- During the past month, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? (Circle one number.)

Not at all	100
Slightly	75
Moderately	50
Quite a bit	25
Extremely	0

All of the time	0
Most of the time	25
Some of the time	50
A little of the time	75
None of the time	100

**PAIN**

- How much bodily pain have you had during the past month? (Circle one number.)
- During the past month, how much did pain interfere with your normal work (including both work outside the home and housework)? (Circle one number.)

None	100
Very mild	80
Mild	60
Moderate	40
Severe	20
Very severe	0

Not at all	100
A little bit	75
Moderately	50
Quite a bit	25
Extremely	0

**GENERAL HEALTH**

- In general, you would say your health is

Excellent	100
Very good	75
Good	50
Fair	25
Poor	0

How TRUE or FALSE is *each* of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
2. I seem to get sick a little easier than other people.	0	25	50	75	100
3. I am as healthy as anybody I know.	100	75	50	25	0
4. I expect my health to get worse.	0	25	50	75	100
5. My health is excellent.	100	75	50	25	0

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## SCORING

Add up your scores from each section and divide by the number of questions in the section to obtain an average score. The highest possible score in each section is 100.

### PHYSICAL FUNCTIONING

$$\frac{\quad}{1} + \frac{\quad}{2} + \frac{\quad}{3} + \frac{\quad}{4} + \frac{\quad}{5} + \frac{\quad}{6} + \frac{\quad}{7} + \frac{\quad}{8} + \frac{\quad}{9} = \frac{\quad}{\text{raw score}} \div 9 = \frac{\quad}{\text{average}}$$

### LIMITATIONS DUE TO PHYSICAL HEALTH

$$\frac{\quad}{1} + \frac{\quad}{2} + \frac{\quad}{3} + \frac{\quad}{4} = \frac{\quad}{\text{raw score}} \div 4 = \frac{\quad}{\text{average}}$$

### LIMITATIONS DUE TO EMOTIONAL PROBLEMS

$$\frac{\quad}{1} + \frac{\quad}{2} + \frac{\quad}{3} = \frac{\quad}{\text{raw score}} \div 3 = \frac{\quad}{\text{average}}$$

### ENERGY/FATIGUE

$$\frac{\quad}{1} + \frac{\quad}{2} + \frac{\quad}{3} + \frac{\quad}{4} = \frac{\quad}{\text{raw score}} \div 4 = \frac{\quad}{\text{average}}$$

### EMOTIONAL WELL-BEING

$$\frac{\quad}{1} + \frac{\quad}{2} + \frac{\quad}{3} + \frac{\quad}{4} + \frac{\quad}{5} = \frac{\quad}{\text{raw score}} \div 5 = \frac{\quad}{\text{average}}$$

### SOCIAL FUNCTIONING

$$\frac{\quad}{1} + \frac{\quad}{2} = \frac{\quad}{\text{raw score}} \div 2 = \frac{\quad}{\text{average}}$$

### PAIN

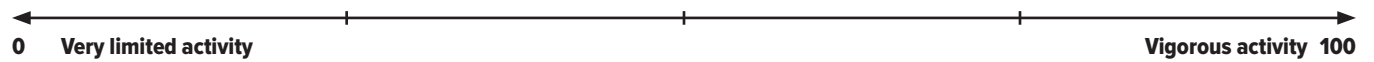
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### GENERAL HEALTH

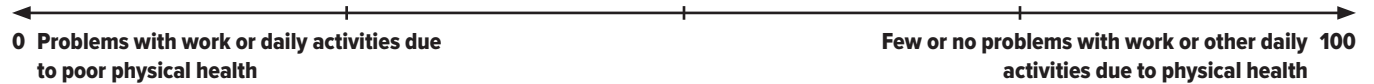
$$\frac{\quad}{1} + \frac{\quad}{2} + \frac{\quad}{3} + \frac{\quad}{4} + \frac{\quad}{5} = \frac{\quad}{\text{raw score}} \div 5 = \frac{\quad}{\text{average}}$$

Your scores can be interpreted in the following manner. Mark an X where your score falls on the continuum for each section. Recognize that the behaviors exist on a continuum with low scores indicating areas of concern and higher scores indicating healthier behaviors/feelings.

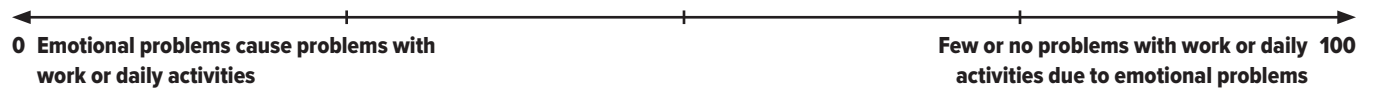
### PHYSICAL FUNCTIONING



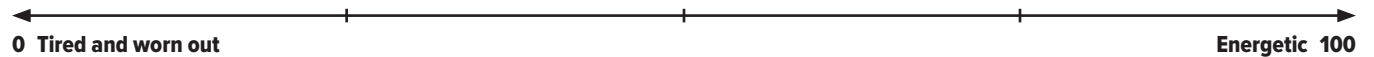
### LIMITATIONS DUE TO PHYSICAL HEALTH



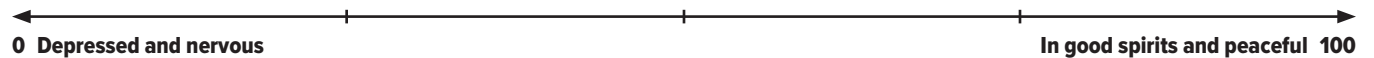
### LIMITATIONS DUE TO EMOTIONAL PROBLEMS



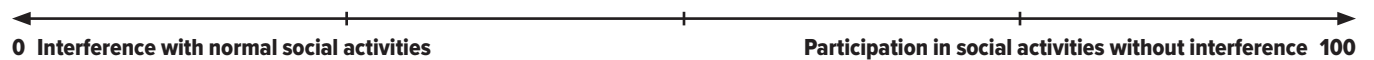
### ENERGY/FATIGUE



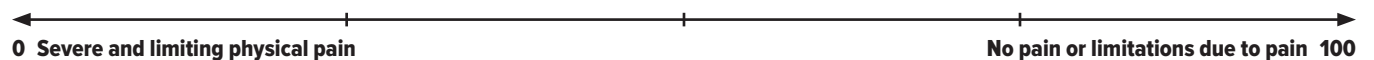
### EMOTIONAL WELL-BEING



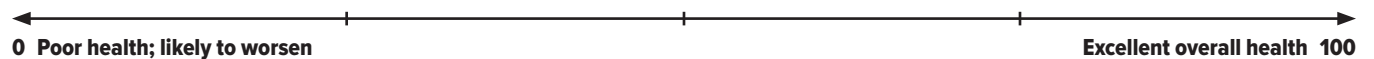
### SOCIAL FUNCTIONING



### PAIN



### GENERAL HEALTH



Source: Adapted from the 36-Item Short Form Health Survey developed from the Medical Outcomes Study. Santa Monica, CA: RAND Corporation.

## CRITICAL THINKING QUESTIONS

1. Look over your total scores. In what areas do you have high scores—reflecting healthier behaviors and feeling? In what areas do you have lower scores—reflecting possible areas of concern?
2. In areas of higher scores, what helps you maintain healthy behaviors? Consider your personal knowledge about what it means to be healthy and your attitudes and beliefs. Then consider the other levels of the socioecological model—consider how you are supported by friends and family, your school community and living situation, institutions to which you belong, and local or national policies.
3. In areas of lower scores, what are some of the barriers that make improvement difficult for you? As with your strengths, consider each level in the socioecological model of health.
4. Finally, consider whether there are areas in which you would like to make changes. What would these changes look like? How ready are you to make changes? What steps would you take to start the change process? If you are ready, complete a behavior change contract (see next activity).

This general quality-of-life assessment is a starting point for exploring your health and the role of the context in which you live your life. In areas where your scores are at the lower or higher end of the continuum, you may already have a sense of what factors contribute to your concerns or strengths. As you continue through each chapter, you will be asked to complete portfolio activities that will help you explore in greater detail factors that influence your general health and well-being. Keep this portfolio activity in mind. Come back and revisit it throughout the term. See whether you think differently about various factors in your life as you learn more.