

2016

HEALTH ENHANCEMENT LIFESTYLE PROFILE (HELP)

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 (HELP)

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. How many children do you have? _____

6. Highest education completed: Never attended school Community college (AA)
 Elementary school Undergraduate (BA or BS)
 Middle school Master degree (MA, MS, MBA etc.)
 High school Doctoral/PhD. degree

7. What type of area do you live in: Urban Suburban Rural

8. 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

9. Over the past 3 months have you had a stable living environment? Yes No

10. Do you feel safe in your living environment? Yes No

11. Do you feel that your living environment supports your health? Yes No

12. How many people live in your household (including yourself)? _____

13. Are you a full-time caregiver of someone in your family? Yes No

14. Do you have a caregiver who routinely takes care of you? Yes No

15. Do you feel safe in your current intimate relationship? Yes No Not applicable

16. Are you currently a part-time student? Yes No or full-time student? Yes No

15a. If yes, approximately how many hours do you attend class or study per week? _____ (hours)

17. Current employment status: Employed full-time
 Employed part-time
 Unemployed
 On disability
 Retired

17a. If employed, approximately how many hours do you work per week? _____ (hours)

18. Do you see a health care practitioner regularly to monitor your health? Yes No

19. Your health care plan/insurance (check all that apply.):

HMO PPO Medicare
 Medicaid (Medi-Cal) Other private health care None

20. 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 _____

21. Your height: _____; your weight: _____

B. Health Survey Items

The following questions ask you to rate your overall health and sense of well-being. On a scale of **1-10**, please circle a number that best describes your current level of health or wellness (**1** being worst possible and **10** being best possible).

1. How would you rate your overall health in the past **3 months** (circle one number)?

Poor Health ----- **Good Health**
(worst possible) 1 2 3 4 5 6 7 8 9 10 (best possible)

2. How would you rate your overall stress levels in the past **3 months** (circle one number)?

Low Stress ----- **High Stress**
(worst possible) 1 2 3 4 5 6 7 8 9 10 (best possible)

3. How would you rate your overall satisfaction in life in the past **3 months** (circle one number)?

Low Satisfaction ----- **High Satisfaction**
(worst possible) 1 2 3 4 5 6 7 8 9 10 (best possible)

4. How would you rate your overall sense of happiness in the past **3 months** (circle one number)?

Low Happiness ----- **High Happiness**
(worst possible) 1 2 3 4 5 6 7 8 9 10 (best possible)

5. How would you rate your self-esteem in the past **3 months** (circle one number)?

Low Self-esteem ----- **High Self-esteem**
(worst possible) 1 2 3 4 5 6 7 8 9 10 (best possible)

C. Lifestyle Survey Items

I. Exercise

- Please respond to each of the following questions by checking an appropriate box (frequency) according to your exercise routines within these past 3 months.
- A supplemental question (**Goal for change**) asks if you wish to make a change in frequency (do it more or do it less). If you do not perceive a need for change in that area, please leave it blank.

1.	How many days per week do you walk outside or on a treadmill for 20 minutes or longer as a form of exercise?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	1a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
2.	How many days per week do you perform stretching or flexibility exercises (such as joint mobility/stretching exercise, calisthenics or Yoga)?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	2a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
3.	How many days per week do you perform aerobic exercises (such as jogging, cycling, or dancing)?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	3a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
4.	How many days per week do you perform strengthening or resistance exercises (such as weightlifting, push-ups, sit-ups, or squats)?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	4a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
5.	How many days per week do you perform aquatic activities (e.g., aquatic sports, swimming, diving, or surfing, kayaking)?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	5a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
6.	How many days per week do you play sports (such as tennis, golf, badminton, baseball, basketball etc.)?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	6a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
7.	How many days per week do you perform martial arts (such as Aikido, Tai chi, Taekwondo, or Kung Fu)?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	7a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
8.	How many days per week do you perform other exercises not listed above? Please specify: _____						
		<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	8a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never

Scale Score: _____ (Please refer to *Guide for Clinicians* (p. 4-6) for Scoring Guide)

II. Diet

- Please respond to each of the following questions by checking an appropriate box (frequency) according to your eating habits within these past 3 months.
- A supplemental question (***Goal for change***) asks if you wish to make a change in frequency (do it more or do it less). If you do not perceive a need for change in that area, please leave it blank.
- If you are not familiar with the standard serving sizes, please refer to the examples on the next page.

1. How many days per week do you eat 3 or more servings of protein (such as white meat, lean poultry, fish, beans, nuts, reduced-fat milk, cottage cheese, tofu, or soymilk)?
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
1a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
2. How many days per week do you eat 2 or more servings of foods rich in calcium (such as milk products, yogurt, cheese, sardines or salmon, tofu, calcium-fortified orange juice, soymilk, spinach, collards)?
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
2a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
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
3a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
4. How many days per week do you eat 3 or more servings of whole grain, high-fiber carbohydrate foods (such as whole wheat breads and pastas, brown rice, bulgur, corn, buckwheat, oatmeal, spelt, and wild rice)?
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
4a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
5. How many days per week do you eat 2 or more servings of foods typically high in cholesterol (such as butter, eggs, animal viscera/organs, fatty beef, lamb, lard, roe, or pound cake)?
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
5a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
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
6a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
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, whole milk, bacon, hamburgers)?
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
7a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
8. How many days per week do you eat or drink 2 or more servings of sweets, desserts or beverages with added sugar (such as juice, soda, energy drinks, ice-cream, cake, cookies, donuts)?
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
8a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never

Scale Score: _____ (Please refer to *Guide for Clinicians* (p. 4-6) for Scoring Guide)

Examples of serving size

1. **Protein:** Examples of a serving: 1 cup of milk or soy milk; 3-ounce piece of white meat, lean poultry or fish; 1 cup of dry beans, cottage cheese or tofu; an 8-ounce container of yogurt; 1/2 cup of nuts.
2. **Calcium:** Examples of a serving: 8 ounces of yogurt, milk, calcium-fortified soymilk or orange juice; 1.5 ounces of mozzarella or cheddar cheese; 3 ounces of salmon or sardines; 1/2 cup of tofu; 1 cup of raw spinach, collards, or kale.
3. **Fruits & Vegetables:** Examples of a serving: a small apple, a banana, an orange, or 1/2 cup of berries, grapes, chopped fruits or vegetables.
4. **Whole-Grain Foods:** Examples of a serving: 1/2 cup of cooked brown rice, bulgur, corn, oatmeal or whole wheat pasta; 1 slice of whole wheat bread.
5. **Cholesterol:** Examples of a serving: 1 tbsp of butter or lard, 1 egg, 3 ounces of fatty meat or animal organs, 1 slice of pound cake.
6. **Sodium/Salt:** Examples of a serving: 1 cup of ramen noodles or canned soup; 3 ounces of hot dog, ham, cheese or sausage; 1 ounce of chips.
7. **Saturated or Trans Fats:** Examples of a serving: 3 ounces of fatty beef or fried chicken; 1 tbsp of butter, lard, margarine or cream.
8. **Sugar:** Examples of a serving: 1 cup of juice, 1 can of soda, 1/2 cup of ice cream, 1 slice of cake or 1 regular size donut.

III. Productive and Social Activities

- Please respond to each of the following questions by checking an appropriate box (frequency) according to your productive and social activity routines within these past 3 months.
- A supplemental question (***Goal for change***) asks if you wish to make a change in frequency (do it more or do it less). If you do not perceive a need for change in that area, please leave it blank.

1.	How many days per week do you visit or go out with your friends or relatives?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	1a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
2.	How many days per week do you participate in a social, cultural, or support group that you belong to?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	2a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
3.	How many days per week do you go to volunteer work in the community?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	3a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
4.	How many days per week do you participate in a special activity or hobby group?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	4a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
5.	How many days per week do you go to a community senior citizen center?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	5a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
6.	How many days per week do you participate in regional politics or community associations (such as town hall meeting, school district meeting, Community Development Corporation, homeowner association etc.)?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	6a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
7.	How many days per week do you go to go to an academic (degree-driven) class/program?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	7a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
8.	How many days per week do you go to adult school or any nonacademic classes (such as computer class, art class, cooking class etc.)?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	8a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never

Scale Score: _____ (Please refer to *Guide for Clinicians* (p. 4-6) for Scoring Guide)

IV. Leisure

- Please respond to each of the following questions by checking an appropriate box (frequency) according to your leisure routines within these past 3 months.
- A supplemental question (***Goal for change***) asks if you wish to make a change in frequency (do it more or do it less). If you do not perceive a need for change in that area, please leave it blank.

1. How many days per week do you read newspapers or favorite magazines, books, or novels (including online)?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
1a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
2. How many days per week do you watch or listen to a favorite show/program on TV, radio or the Internet?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
2a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
3. How many days per week do you go out to watch sport games, movies, concerts, plays, live shows, museums, or exhibitions?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
3a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
4. How many days per week do you do gardening, planting, crafts, or any art activities, or play music instruments or sing (karaoke)?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
4a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
5. How many days per week do play chess, bridge, cards, bingo, crossword puzzles or any other games?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
5a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
6. How many days per week do you write diaries, journals, vignettes, essays, narratives, or poems?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
6a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
7. How many days per week do you go for picnic, fishing, sailing, leisure driving, sightseeing or a trip?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
7a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
8. How many days per week do you do carpentering, auto/boat/house fixing, or any other mechanical work for your hobby?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
8a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never

Scale Score: _____ (Please refer to *Guide for Clinicians* (p. 4-6) for Scoring Guide)

V. Activities of Daily Living (ADLs/IADLs)

- Please respond to each of the following questions by checking an appropriate box (frequency) according to your daily activity routines within these **past 3 months**.
- A supplemental question (**Goal for change**) asks if you wish to make a change in frequency (do it more or do it less). If you do not perceive a need for change in that area, please leave it blank.

1.	How many days per week is it difficult for you to maintain a routine for grooming and personal hygiene (such as combing hair, shaving, or brushing teeth)?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	1a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
2.	How many days per week is it difficult for you to bath or shower?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	2a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
3.	How many days per week do you stay up late at night or sleep less than 5 hours a night?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	3a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
4.	How many days per week do you participate in or help with food or merchandise shopping for yourself or household?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	4a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
5.	How many days per week do you tend to miss/skip one or two meals of a day?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	5a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
6.	How many days per week do you feel not having enough rest or naps during the day?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	6a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
7.	How many days per week do you participate in or help with housework (such as vacuuming, cleaning, laundry, doing dishes, organizing personal belongings, or simple repairs)?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	7a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
8.	How many days per week do you participate in or help with meal preparation/planning for yourself or household?	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never
	8a. Goal for change:	<input type="checkbox"/> 7 d/wk	<input type="checkbox"/> 5-6 d/wk	<input type="checkbox"/> 3-4 d/wk	<input type="checkbox"/> 1-2 d/wk	<input type="checkbox"/> 1-2 d/mo	<input type="checkbox"/> Never

Scale Score: _____ (Please refer to *Guide for Clinicians* (p. 4-6) for Scoring Guide)

VI. Stress Management and Spiritual Participation

- Please respond to each of the following questions by checking an appropriate box (frequency) according to your coping and spiritual routines within these past 3 months.
- A supplemental question (**Goal for change**) asks if you wish to make a change in frequency (do it more or do it less). If you do not perceive a need for change in that area, please leave it blank.

1. How many days per week do you spend at least 20 minutes a day doing simple things that make you feel good such as caring for pets, singing, going online, reading, or listening to music?
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
1a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
2. How many days per week do you talk with someone who is important to you about how your day went?
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
2a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
3. How many days per week do you participate in a non-religious group, program or activity that aims to help members cope with stresses and/or maintain mental health?
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
3a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
4. How many days per week do you pray, worship, chant, or participate in any other religious rituals?
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
4a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
5. How many days per week do you read spiritual/religious books or materials?
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
5a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
6. How many days per week do you participate in spiritual/religious activities or groups in a church, temple, mosque or other location?
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
6a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
7. How many days per week do you watch or listen to spiritual/religious programs or listen to spiritual/religious music?
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
7a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
8. How many days per week do you perform meditation, yoga or other activities to relax yourself and/or release emotional distress or anxiety?
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never
8a. Goal for change:
 7 d/wk 5-6 d/wk 3-4 d/wk 1-2 d/wk 1-2 d/mo Never

Scale Score: _____ (Please refer to *Guide for Clinicians* (p. 4-6) for Scoring Guide)

VII. Other Health Promotion and Risk Behaviors

- Please respond to each of the following questions by checking an appropriate box (frequency) according to your coping and spiritual routines within these past 3 months.
- A supplemental question (*Goal for change*) asks if you wish to make a change in frequency (do it more or do it less). If you do not perceive a need for change in that area, please leave it blank.

1. How many days per week do you drink 3 or more servings of alcohol? <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never 1a. Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never
2. How many days per week do you smoke 5 or more cigarettes? <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never 2a. Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never
3. How many days a month do you take pain medicine to control any form of body pain (such as migraine headaches, arthritic pain, or back pain)? <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never 3a. Goal for change: <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never
4. How many days a month do you take over-the-counter drugs to help with your symptoms/illness? <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never 4a. Goal for change: <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never
5. How many days a month do you read health-related articles, editorials, materials, or magazines (including online)? <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never 5a. Goal for change: <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never
6. How many days a month do you watch or listen to health-related programs on TV, internet or radio? <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never 6a. Goal for change: <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never
7. How many days a month do you monitor your health at home (such as measuring blood pressure, heart beats, respiratory rate, blood sugar level, or body weight)? <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never 7a. Goal for change: <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never
8. How many days a month do you attend a health promotion or wellness information session provided in the community (such as nutrition and exercise programs/workshop, health education or disease prevention programs/speeches etc.)? <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never 8a. Goal for change: <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never

Scale Score: _____ (Please refer to *Guide for Clinicians* (p. 4-6) for *Scoring Guide*)

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: _____ Date: _____

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)
<i>Exercise</i>		
<i>Diet</i>		
<i>Social & Productive Activities</i>		
<i>Leisure</i>		
<i>ADLs/IADLs</i>		
<i>Stress Management & Spiritual Participation</i>		
<i>Other Health Promotion & Risk Behaviors</i>		
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
<i>Exercise</i>	0–2	3–4	5–6	7–10	11–40
<i>Diet</i>	0–17	18–23	24–28	29–32	33–40
<i>Social & Productive Activities</i>	0–3	4–5	6–8	9–13	14–40
<i>Leisure</i>	0–3	4–6	7–10	11–15	16–40
<i>ADLs/IADLs</i>	0–14	16–24	25–28	29–33	34–40
<i>Stress Management & Spiritual Participation</i>	0–5	6–11	12–19	20–25	26–40
<i>Other Health Promotion & Risk Behaviors</i>	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: _____

Client: _____

Clinician: _____

Date: _____

Exercise

Items identified with Goal for change (Fill in additional pages if needed)	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Identification of Facilitators Personal: Environmental: Occupational/Activity:	Identification of Barriers Personal: Environmental: Occupational/Activity:
Recommendation 1 (Interventions/activities recommended as well as strategies for enhancing the facilitators or eliminating the barriers)	
Recommendation 2	
Recommendation 3	

Diet

Items identified with Goal for change (Fill in additional pages if needed)	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Identification of Facilitators Personal: Environmental: Occupational/Activity:	Identification of Barriers Personal: Environmental: 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:
Productive & Social Activities

Name: _____ Date: _____

Items identified with Goal for change (Fill in additional pages if needed)	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Identification of Facilitators Personal: Environmental: Occupational/Activity:	Identification of Barriers Personal: Environmental: Occupational/Activity:
Recommendation 1 (Interventions/activities recommended as well as strategies for enhancing the facilitators or eliminating the barriers)	
Recommendation 2	
Recommendation 3	

Leisure

Items identified with Goal for change (Fill in additional pages if needed)	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Identification of Facilitators Personal: Environmental: Occupational/Activity:	Identification of Barriers Personal: Environmental: Occupational/Activity:
Recommendation 1 (Interventions/activities recommended as well as strategies for enhancing the facilitators or eliminating the barriers)	
Recommendation 2	
Recommendation 3	

ADLs/IADLs

Items identified with Goal for change (Fill in additional pages if needed)	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Identification of Facilitators Personal: Environmental: Occupational/Activity:	Identification of Barriers Personal: Environmental: Occupational/Activity:
Recommendation 1 (Interventions/activities recommended as well as strategies for enhancing the facilitators or eliminating the barriers)	
Recommendation 2	
Recommendation 3	

Stress Management & Spirituality Participation

Items identified with Goal for change (Fill in additional pages if needed)	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Item #: _____	
Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Identification of Facilitators Personal: Environmental: Occupational/Activity:	Identification of Barriers Personal: Environmental: Occupational/Activity:
Recommendation 1 (Interventions/activities recommended as well as strategies for enhancing the facilitators or eliminating the barriers)	
Recommendation 2	
Recommendation 3	

Other Health Promotion and Risk Behaviors

Items identified with Goal for change (Fill in additional pages if needed)	
Item #: _____ Current frequency: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never Goal for change: <input type="checkbox"/> 7 d/wk <input type="checkbox"/> 5-6 d/wk <input type="checkbox"/> 3-4 d/wk <input type="checkbox"/> 1-2 d/wk <input type="checkbox"/> 1-2 d/mo <input type="checkbox"/> Never	
Item #: _____ Current frequency: <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never Goal for change: <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never	
Item #: _____ Current frequency: <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never Goal for change: <input type="checkbox"/> 5 or more d/mo <input type="checkbox"/> 4 d/mo <input type="checkbox"/> 3 d/mo <input type="checkbox"/> 2 d/mo <input type="checkbox"/> 1 d/mo <input type="checkbox"/> Never	
Identification of Facilitators Personal: Environmental: Occupational/Activity:	Identification of Barriers Personal: Environmental: 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

[Empty box for summary notes]

Clinician: _____