Appendix I

Adult Health Assessment and Intervention Guide

Description: This assessment guide is intended to assist the community health nurse to assess the health needs of adult clients and to direct the planning, implementation, and evaluation of nursing interventions to meet identified needs. The assessment component of the tool is based on the six dimensions of health in the dimensions model of community health nursing.

Appropriate populations: Individual adult clients.

Data sources and data collection strategies: Information required for assessing adult clients is usually obtained from client interviews. Additional data may be obtained from health records, laboratory test results, and the observations of the nurse. For mentally incompetent clients, data may be obtained from significant others.

Use of information: The information gleaned from the assessment is used by the community health nurse to make nursing diagnoses and to plan, implement, and evaluate nursing care to address adult health needs.
ADULT HEALTH ASSESSMENT AND INTERVENTION GUIDE

Client’s name: _________________________________________________________ Phone: ___________________________________

Address: __________________________________________________________________________________________________________

Assessment

Biophysical Considerations

Maturation and Aging/Genetic Inheritance
Age: ______________________ Date of birth: ___________________________________ Gender: __________________________

Race/ethnic group: _________________________________________________________________________________________________

Accomplishment of adult developmental tasks: _______________________________________________________________________

__________________________________________________________________________________________________________________

Significant family health history (include genogram): _____________________________________________________________________

__________________________________________________________________________________________________________________

Women: Age at menarche: _______________ Age at menopause: _____________________________________________________

Older clients: Effects of aging: _______________________________________________________________________________________

__________________________________________________________________________________________________________________

Physiologic Function

Current acute or chronic illnesses (describe problem, status, treatment, if any): ________________________________________________

__________________________________________________________________________________________________________________

Current signs or symptoms of physical health problems: ________________________________________________________________

__________________________________________________________________________________________________________________

Areas of physical disability or limitation of function (BADLs, IADLs, AADLs): __________________________________________________

__________________________________________________________________________________________________________________

Significant past illnesses, surgery, injuries, hospitalizations (what, when, outcomes): _________________________________________

__________________________________________________________________________________________________________________

Review of Systems

Head (headache [how often, quality, treatment outcome], syncope, trauma): __________________________________________________

__________________________________________________________________________________________________________________

Eyes (vision problems, burning eyes, glasses, last eye exam, blocked tear duct, discharge, tearing, itching): _________________________

__________________________________________________________________________________________________________________

Ears (difficulty hearing, discharge, earache): __________________________________________________________________________

__________________________________________________________________________________________________________________

Mouth and throat (sore throat, lesions, toothache, carving, last dental visit): _____________________________________________________

__________________________________________________________________________________________________________________

Respiratory system (frequent colds, nosebleeds, cough, pneumonia, asthma, shortness of breath, sinusitis, hay fever): _____________

__________________________________________________________________________________________________________________

Cardiovascular system (heart problems, hypertension, chest pain, cyanosis, shortness of breath, murmurs, edema): _______________

__________________________________________________________________________________________________________________

Gastrointestinal system (nausea, vomiting, diarrhea, constipation, flatulence, abdominal pain, loss of appetite, weight loss or gain, rectal pain or bleeding): _________________________________________________

__________________________________________________________________________________________________________________
Urinary tract (dysuria, urinary frequency, urgency, nocturia, difficulty voiding, urinary retention, CVA pain):_________________________
__________________________________________________________________________________________________________________ ____________________________________________________________________________________________________________________

Reproductive system (sexual satisfaction, history of STDs, sexual orientation, gender identity): ___________________________________ 
__________________________________________________________________________________________________________________ 

Women: LMP: ________________ Pregnancy history/outcomes: ____________________________________________________ 
__________________________________________________________________________________________________________________ 
( edema of labia or vulva, vaginal discharge [color, character, odor], use of oral or other contraceptives, dysmenorrhea, irregular menses, breast discharge, breast self-exam, breast lumps, changes in breast contour, dyspareunia, menstrual cramps, PMS, history of FGM): _____________
__________________________________________________________________________________________________________________

Men: (prostatitis, penile discharge [color, character, amount], lesions on penis, testicular self-exam, testicular pain, lumps, impotence, dysuria, scrotal swelling): _____________________________________________________________________________________________
__________________________________________________________________________________________________________________

Older client: (genital atrophy): _______________________________________________________________________________________

Musculoskeletal system (joint pain, swelling, tremor, history of trauma, muscle weakness): _______________________________________
__________________________________________________________________________________________________________________

Integumentary system (lesions [describe character, locale, color], changes in skin color, itching, hair loss, discoloration or pitting of nails, birthmarks, swollen glands): ___________________________________________________________________________________________
__________________________________________________________________________________________________________________

Neurological system (seizures, ataxia, tics, tremors, paralysis): ______________________________________________________________
__________________________________________________________________________________________________________________

Hematopoietic system (anemia, bleeding tendencies, bruising easily, transfusions [when, why]): __________________________________ 
__________________________________________________________________________________________________________________

Immunologic system (frequent infections, HIV infection, use of immunosuppressives): __________________________________________
__________________________________________________________________________________________________________________

Immunization status: _______________________________________________________________________________________________

Physical Examination
Height and weight: _________________________________________________________________________________________________
Vital signs (T, P, R, B/P): _____________________________________________________________________________________________
General appearance (posture, gait, deformities, hygiene): ______________________________________________________________
__________________________________________________________________________________________________________________
Skin (include hair and nails): _______________________________________________________________________________________

Head and neck (lymph nodes, face): __________________________________________________________________________________
Eyes: _____________________________________________________________________________________________________________
Ears: _____________________________________________________________________________________________________________
Nose and sinuses: _________________________________________________________________________________________________
Mouth and throat (lips, gums, palate, pharynx, tongue, teeth): ______________________________________________________________
Chest:

Breast examination: ______________________________________________________________________________________________

Heart: _______________________________________________________________________________________________________

Lungs: _______________________________________________________________________________________________________

Abdomen: _______________________________________________________________________________________________________

Genitalia (including anus and rectum, breasts, ovaries, evidence of FGM): _____________________________________________________

Musculoskeletal system (extremities, spine, joints, muscles): _______________________________________________________________

Nervous system (cranial nerves, DTRs, temperature, kinesthetic sense): _______________________________________________________

Screening and other tests (dates/results): _____________________________________________________________________________

Women: Pap smear: ______________ Clinical breast examination: __________________________ Mammogram: ________________

Osteoporosis: __________________________ Other (specify): _________________________________________________________________

Men: Prostate cancer: ___________________________________ Other (specify): ____________________________________________

Psychological Considerations

Self-image, level of self-esteem: ______________________________________________________________________________________

History of mental illness: ___________________________________________________________________________________________

Emotional mood or state (current and recent changes): __________________________________________________________________

Level of orientation/cognitive function: _______________________________________________________________________________

Coping (strategies used, effectiveness): ________________________________________________________________________________

Recent experience of significant loss (death, divorce, relocation, effects): ____________________________________________________

Suicide ideation: ___________________________________________________________________________________________________

Communication with others (extent, adequacy): _________________________________________________________________________

Interpersonal relationships (satisfaction, extent): ______________________________________________________________________

Stress (sources, coping skills, support): _________________________________________________________________________________

Evidence of physical or emotional abuse (victimization or perpetration): ________________________________________________________
Physical Environmental Considerations
Where does the client live? Is there adequate space and privacy in the home?

Are safety hazards present in the home or work setting? (See Home Safety Inventory—Older Adults in the Community Assessment Reference Guide)

Are there pets in the home? (What kind? How many? Inside or outside?)

What is the neighborhood like? (safety, pollutants, health-promoting features)

What is the extent of environmental pollution in the area? How does it affect health status?

Sociocultural Considerations
Education (formal education, health knowledge, special learning needs):

What language does the client speak? What is the client’s level of facility with the dominant language?

Income (source, adequacy, budgeting skills):

Marital (parenting) status:

Family responsibilities (caretaker burden):

Childcare availability:

Social support network (components, adequacy, use, marital status, character of marital relationship):

Availability of transportation:

Cultural practices influencing health:

Gender socialization and effects on health:

Effect of cultural role expectations on health:

Extent of social support for healthy behavior:

Religious affiliation (importance/influence on health):

Adequacy of adult role models:

Employment/occupation (current and past, hazards, job change pattern):

History of military service:

History of foreign travel (immigration, other travel):
Behavioral Considerations
Consumption Patterns
Usual diet (meal pattern, preferences, preparation, nutritional adequacy, special needs, cultural restrictions):

Use of alcohol, tobacco, other drugs:

Use of caffeine:

Use of medications (type, appropriateness, use of botanicals):

Rest and Exercise
Sleep patterns:

Type and amount of exercise:

Leisure (type of activity, hazards posed):

Other
Sexual activity (frequency, use of contraceptives, condoms, sexual orientation, multiple partners, sexual practices):

Use of seat belts, other safety devices:

Does the client drive? Does this pose safety hazards?

Health System Considerations
Use of primary prevention services (general and dental):

Use of complementary/alternative therapies (type, use, potential interactions):

Definition of and attitudes toward health and health care:

Usual source of health care:
Availability of needed health care services: ________________________________________________________________

Health care financing (insurance coverage, type, adequacy): ________________________________________________________________

Barriers to care: ____________________________________________________________________________________________________
__________________________________________________________________________________________________________________

Use of health care services (appropriateness): __________________________________________________________________________
__________________________________________________________________________________________________________________

(For guidelines related to nursing diagnoses, planning, implementation, and evaluation of interventions for adult clients, use pages 7–8 of Appendix F.)