

Questionnaire

1. Values and Health Perception

- How do the family members stay healthy?
- What are the family's values and beliefs?
- How does the family address its spiritual concerns?

2. Nutrition

- What is the family's eating pattern?
- What are the family's sources of food?
- How many glasses of water does each family member consume per day?

3. Sleep/Rest

- What is the family's typical sleep pattern?
- What is the average sleep time for each of the family members?
- Is there a specific time to go to bed or wake up?

4. Elimination

- Are there any elimination issues/concerns in the family?
- What is the elimination pattern in the family?
- Has any of the family members undergone an ostomy or urostomy?

5. Exercise and Activity

- How many hours does the family member engage in physical activity?
- What is the family's knowledge of physical activity?
- What are the family members' attitudes and perceptions of physical activity/

6. Cognitive

- Does any of the family members have memory problems?
- What language does the family use in communication?
- Can all the family members communicate, read, and write in English?

7. Sensory-perception

- Does any of the family members have sensory and perception deficits?
- Has any of the members suffered sensory deprivation?

8. Self-Perception

- How does the family member relate inside and outside the family?
- Does any of the family members have esteem issues?
- How do the families perceive their bodies?

9. Role of Relationship

- How does the family member relate?
- Do the family member support and encourage each other?
- What are the roles of each individual in the family?

10. Sexuality

- Do the parents teach the children about sex?
- How is the sexual relationship of the parents?
- What are the beliefs of the family concerning gender and sex?

11. Coping

- How does the family cope with stress?
- How do family members support each other in stressful situations?
- What are the significant factors that contribute to stress in the family?