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| **Table 1. Basic Conditioning Factors and Relevant Assessment Data** |
| **Conditioning Factor** | **Descriptor** | **Assessment of Relevant Data** |
| 1. Age | Current chronological age | Ascertain age-related modifi­cations of self-care requisites, and age at onset of health deviation(s). |
| 2. Gender | As either male or female | Determine if gender related modifi­cations of self-care requisites exist, and if actions vary because of gender. |
| 3. Developmental state | The physical, functional,cognitive, andpsychosocialspiritual developmental level. | Determine if physical growth anddevelopmental task work are appropriate for age (chronological) and for condition (health state). Address devel­opmental growth parameters, thought processes, reasoning, problem-solving, reading, thinking, and comprehending. Determine the ability to engage in and maintain social/spiritual relationships. |
| 4. Health state | The current and pasthealth states of the person, and the person’s perception of his or her health | Determine the health state beforeand during the current time viathe process of health and medicalhistory (personal and family), general health state (as from a review of systems), diagnostic (medical and nursing) and treatment response data. Judge what is per­ceived as necessary to recover from illness or injury, and the response to current or changed status. Detect the meaning and type of impact that health state has on lifestyle. |
| 5. Health care system | The system in which health care is both accessible and available to the person  | Determine what measures are insti­tuted in what medical/health care institutions. Identify the roles, actions, and practices of various health care team members, and how these are coordinated. Detect what is the resultant form of care. |

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| **Table 1. Basic Conditioning Factors and Relevant Assessment Data - continued** |
| **Conditioning Factor** | **Descriptor** | **Assessment of Data Relevant to Self Care Response** |
| 6. - 7. Sociocultural­ spiritual orientation and/or family system \* | The multiple, complex, and interrelated sys­tem of the person’s social environment, spiritual belief system, social rela­tionships, and function of the family unit | Determine the living context, including language, education, occupation, ethnic-cultural background and practices, health beliefs, reli­gion and practices pertaining to spirituality, place in family constel­lation, roles/relationships of family members and significant others, impact of health state on family unit, family members, and economics of the family. Determine what is cultur­ally acceptable and what is cultur­ally prescribed. |
| 8. Patterns of living | The person’s usual self-care actions | Determine when self-care actions are performed, the amount of time devoted to self-care, the person’s priority ratings of self-care actions, individual perceptions of adjust­ments/changes in self-care actions caused by health state, health care system, or actions not related to self-care. |
| 9. Environment (conditions ofliving) | The environmental set­ting in which the per­son normally engages in self-care actions | Determine the person’s usual place of residence and conditions under which daily self-care is provided. include (space, location). |
| 10. Available resources | Resource availability, accessibility, andresource utilization | Determine resources available, utilized, and needed within and without the person’s living environment.Resources include economic, person­nel, agencies, and time.Detect perceptions about resource adequacy. |
| \* Because of the close association of sociocultural spiritual orientation and family system as part of the learning and living context of persons, these factors are considered together. |

Adapted by Cavillo & Williams from: Dennis, (1997). Self Care Deficit Theory, St. Louis: MO, Mosby.