Gordon's Functional Health Patterns

Gordon's functional health patterns are a method devised by Marjory Gordon to be used by nurses in the nursing process to provide a more comprehensive nursing assessment of the patient.

Health Perception and Management

The following questions pertain to those asked by the nurse to provide an overview of the individual's health status and health practices that are used to reach the current level of health or wellness.

History (subjective data):

Client’s general health? Any colds in past year? If appropriate: any absences from work/school? Most important things you do to keep healthy? Use of cigarettes, alcohol, drugs? Perform self exams, i.e. Breast/testicular self-examination? Accidents at home, work, school, driving? In past, has it been easy to find ways to carry out doctor’s or nurse’s suggestions? (If appropriate) What do you think caused current illness? What actions have you taken since symptoms started? Have your actions helped? (If appropriate) What things are most important to your health? How can we be most helpful? How often do you exercise?

Nutritional Metabolic

This pattern describes nutrient intake relative to metabolic need.

History (subjective data):

Typical daily food intake? (Describe) Use of supplements, vitamins, types of snacks?

Typical daily fluid intake? (Describe)

Weight loss/gain? Height loss/gain?

Appetite? Breastfeeding? Infant feeding?

Food or eating: Discomfort, swallowing difficulties, diet restrictions, able to follow?

Healing – any problems?

Skin problems: lesions? Dryness?

Dental problems?

Examination (examples of objective data):

Skin assessment, oral mucous membranes, teeth, actual weight/height, temperature.

Abdominal assessment.
**Elimination**

Describes the function of the bowel, bladder and skin. Through this pattern the nurse is able to determine regularity, quality, and quantity of stool and urine.

**History (subjective data):**

Bowel elimination pattern (describe) Frequency, character, discomfort, problem with bowel control, use of laxatives (i.e. type, frequency), etc.? Urinary elimination pattern (describe) Frequency, problem with bladder control? Excess perspiration? Odour problems? Body cavity drainage, suction, etc.?

**Examination (examples of objective data):**

If indicated, examine excretions or drainage for characteristics, colour, and consistency. Abdominal assessment.

**Activity Exercise**

This pattern centers on activity level, exercise program, and leisure activities.

**History (subjective data):**

Sufficient energy for desired and/or required activities? Exercise pattern? Type? regularity? Spare time (leisure) activities? Child-play activities? Perceived ability for feeding, grooming, bathing, general mobility, toileting, home maintenance, bed mobility, dressing and shopping?

**Examination (examples of objective data):**


**Sleep Rest**

Assesses sleep and rest patterns.

**History (subjective data):**


**Examination (examples of objective data):**

Observe sleep pattern and rest pattern.
**Cognitive-perceptual**

Assesses the ability of the individual to understand and follow directions, retain information, make decisions, and solve problems. Also assesses the five senses.

**History (subjective data):**


**Examination (examples of objective data):**


**Self Perception/ Self Concept**

**History (subjective data):**

How do you describe yourself? Most of the time, feel good (or not so good) about self? Changes in body or things you can do? Problems for you? Changes in the way you feel about self or body (generally or since illness started)? Things frequently make you angry? Annoyed? Fearful? Anxious? Depressed? Not able to control things? What helps? Ever feel you lose hope?

**Examination (examples of objective data):**

Eye contact. Attention span (distraction?). Voice and speech pattern. Body posture. Client nervous (5) or relaxed (1) (rate scale 1-5) Client assertive (5) or passive (1) (rate scale 1-5)

**Role Relationship**

**History (subjective data):**

Live alone? Family? Family structure? Any family problems you have difficulty handling (nuclear/extended family)? Family or others depend on you for things? How well are you managing? If appropriate – How families/others feel about your illness? Problems with children? Belong to social groups? Close friends? Feel lonely? (Frequency) Things generally go well at work / school? If appropriate – income sufficient for needs? Feel part of (or isolated in) your neighbourhood?

**Examination (examples of objective data):** Interaction with family members or others if present.
Sexuality reproductive

History (subjective data):

If appropriate to age and situation – Sexual relationships satisfying? Changes? Problems? If appropriate – Use of contraceptives? Problems? Female – when did menstruation begin? Last menstrual period (LMP)? Any menstrual problems? (Gravida/Para if appropriate)

Examination (examples of objective data):

None unless a problem is identified or a pelvic examination is warranted as part of full physical assessment (advanced nursing skill).

Coping-stress tolerance

History (subjective data):

Any big changes in your life in last year or two? Crisis? Who is most helpful in talking things over? Available to you now? Tense or relaxed most of the time? When tense, what helps? Use any medications, drugs, alcohol to relax? When (if) there are big problems in your life, how do you handle them? Most of the time, are these ways successful?

Value-Belief Pattern

History (subjective data):

Generally get things you want from life? Important plans for future? Religion important to you? If appropriate - Does this help when difficulties arise? If appropriate – will being here interfere with any religious practices?


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