



# Multidimensional Health Profile – Health Functioning (MHP-H) Score Report

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Generated by



**Client name:** Sample Client  
**Client ID:** SC  
**Test date:** 8/8/2022  
**Age:** 47  
**Gender:** Male  
**Education:** 20 years  
**Ethnicity:** Hispanic  
**Marital status:** Married

*This report is intended for use by qualified professionals only and is not to be shared with the examinee or any other unqualified persons. Because the questionnaire relies on self-report data, all responses should be verified by a clinician. A definitive diagnosis is made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.*

## Interpretative Caveats

The MHP-H was developed and standardized for use as a screening device for patients 18 years and older in primary health care settings. The standardization sample does not include individuals under the age of 18; therefore, no data are available to support its use with adolescents. The MHP-H is designed for use by professional health care personnel in settings where there is a desire to obtain preliminary information about patients in order to facilitate the delivery of appropriate health services. The MHP-H has been normed for three age groupings and according to gender, thus permitting greater interpretive specificity.

Interpretation of MHP-H scores and responses requires a professional who is trained or supervised in the appropriate use and limitations of self-report measures and who is knowledgeable in the area of the assessment of mental and physical health. Clearly, the utility and validity of the MHP-H as a clinical measure is directly related to the knowledge and experience of the qualified professional who interprets the results.

This report is intended to be used solely in the context of a professional-to-professional consultation. Such reports are never intended to be the sole basis of any professional decisions and should always be considered as one of many sources of hypotheses for professionals making decisions regarding diagnoses, or treatment plans.

As an instrument designed to screen for various forms of psychosocial and health problems, the MHP-H employs hypotheses regarding scale interpretation that are phrased in terms that have specific meaning to qualified professional users. Most of these terms are not well understood by the lay individual and could easily be misinterpreted by respondents. Feedback to respondents regarding test scores and interpretation should always be presented in terms that the respondent can clearly understand.

Note that interpretive text is only generated for those scales in which follow-up is suggested or strongly recommended. If all scales are within normal limits for a particular area, a within normal limits paragraph will be generated.

## MHP-H Score Summary

MHP-H scale	Raw score	T score
<b>Response to Illness</b>		
Self-Help (SEH)	6	47
Professional Help (PRH)	5	41
Help from Friends (FRH)	3	38
Spiritual Help (SPH)	4	44
<b>Health Habits</b>		
Positive Health Habits (PHH)	39	56
Negative Health Habit (NHH)	45	92
<b>Health History</b>		
Overall Health (LFE)	1	
Recent Health (MTH)	5	
Presence of Chronic Illness (PRE)	0	
Impairment Due to Chronic Illness (IMP)	N/A	
<b>Health Care Utilization</b>		
Office Visits (OFV)	1	
Overnight Hospital Treatment (OHT)	1	
Emergency Room Treatment (ERT)	1	
Over-the-Counter Medication (OTC)	2	
<b>Health Beliefs and Attitudes</b>		
Self-Efficacy (EFF)	6	80
Health Vigilance (VIG)	10	72
Health Values (VAL)	11	67
Trust in Health Care Personnel (TRP)	8	68
Trust in Health Care System (TRS)	9	44
Hypochondriasis (HYP)	10	61

Note: N/A indicates the item is not applicable.

## Response to Illness

### Within normal limits for Response to Illness

The client's responses fall within the normal range across the four Response to Illness scales. The scales reflect the client's tendency, when ill, to employ self-help strategies, seek help from friends or professionals, or utilize spiritual help. The client's responses indicate appropriate illness responses.

**Follow-up is not suggested.**

## Health Habits

### Negative Health Habits (NHH)

The client reports a very high number of negative health habits. **Follow-up is strongly recommended.** The Negative Health Habits scale reflects the number of negative ...

*[Redacted for Sample Report]*

## Health History

### Overall Health (LFE)

The client reports poor adult health and **follow-up is suggested.** Perceptions of ill health and/or the presence of illness should be evaluated within the context of scores on coping skills, social support resources, ...

*[Redacted for Sample Report]*

### Presence of (PRE) and Impairment Due to a Chronic Illness (IMP)

The Impairment Due to a Chronic Illness scale cannot be calculated due to missing data.

## Health Care Utilization

### Within normal limits for Health Care Utilization

The client's health care utilization patterns are within normal limits. The client reports normal levels of office visits, overnight hospital treatment, and emergency room treatment. In addition, the client's use of over-the-counter medications falls within the normal range. **Follow-up is not suggested.**

## Health Beliefs and Attitudes

### Self-Efficacy (EFF)

The client reports very low levels of self-efficacy. **Follow-up is strongly recommended.** The Self-Efficacy scale reflects respondents' beliefs in their ability to manage current or prevent future health status challenges. The items reflect a self-sufficient attitude that may derive either from a history of effective

self-influence (health mastery) or from unrealistic or wishful thinking (possibly prompted by a distrust of medical professionals). Therefore, scores need to be interpreted in light of related subscale patterns.

**[Redacted for Sample Report]**

## Health Vigilance (VIG)

The client reports very low levels of health vigilance. **Follow-up is strongly recommended.** The Health Vigilance scale reflects respondents' attention to bodily events and to health-related goals, indicating a broad-gauged monitoring of one's somatic status that is considered necessary for extended health self-regulation (especially anticipation and planning). Individuals with very low health vigilance scores may be seen as ...

**[Redacted for Sample Report]**

As the MHP is a screening instrument, health professionals are strongly advised to conduct additional assessments of persons with very low health vigilance scores in order to determine whether extreme fearfulness, lack of interest, dependence upon others for health care, external locus of control, or some other motivational dysfunction is responsible for the assessed deficiency in health monitoring.

## Health Values (VAL)

The client reports low levels of health values. **Follow-up is suggested.** The Health Values scale taps respondents' tendencies to view physical health as a major life priority. Individuals who do not place a high premium on health may be considered less apt to comply with medical advice or to engage in systematic preventive health care. Such individuals should receive further assessment to determine the source(s) of low health valuation. In some instances, low health values scores may be adaptive, as in the case of older, chronically ill, or terminal patients who have shifted their priorities from concerns about healthy living to the achievement of a satisfying ending to life. However, because even most extremely ill patients retain their belief in the value of health, low health values scores should serve as a red flag to the assessor (particularly when other health attitude indicators are likewise suggestive of motivational deficits) that additional testing is warranted. Assessment of suicidal ideation is suggested.

## Trust in Health Care Personnel (TRP)

The client reports low levels of trust in health care personnel. **Follow-up is suggested.** Individuals with little trust in their medical caregivers can be expected to be poor at regimen adherence, but, with strong self-management skills and expectancies, may be more capable of independent problem-solving. Thus, a thorough examination of subscale patterns is suggested.

## Hypochondriasis (HYP)

The client reports moderate levels of hypochondriasis. **Follow-up is suggested.** Some moderate scorers may be primarily seen as anxious and fearful, with health preoccupation a secondary manifestation of their affective disturbance. Others may be diagnosed as clinically obsessive. Many will be people with focal health concerns; both assessment and treatment may therefore need to center upon their excessive self-focus and selective attention to bodily events and changes, their possession of medical misinformation, their tendency to catastrophize, and their seeking of social (family and medical) support.

## MHP-H Items and Responses

Item	Response
1. Think about the last few times you were sick and describe your <b>typical</b> illness.	Mild
<b>Thinking about your answer to question number 1, how likely is it that you would do the following in response to your typical illness (whether it is mild, moderate, serious, or very serious)? (1 = Not At All Likely, 5 = Very Likely)</b>	
2. Avoid stress?	2
3. Stay ....	2
4. <i>[Redacted for Sample Report]</i>	2
<b>Over the past year, how often have you done the following?</b>	
5. Gone for a brisk walk?	Sometimes
6. Done strenuous exercise?	Sometimes
7. Eaten ...?	Sometimes
8. Eaten lunch?	Sometimes
9. <i>[Redacted for Sample Report]</i>	
10. Compared to other people your age, how good has your health been over your adult life? (1 = Poor, 5 = Excellent)	1
<b>Over the past year, how many times have you done the following?</b>	
11. Been examined by a doctor in his or her office (except for pregnancy).	0 times
12. <i>[Redacted for Sample Report]</i>	0 times
<b>How much do you agree with the following statements? (1 = Don't Agree At All, 5 = Strongly Agree)</b>	
13. I am the sort of person who gets sick a lot.	3
14. Our country's health care system ...	3
15. Good health is ...	2
16. <i>[Redacted for Sample Report]</i>	3

Note: N/A indicates the item is not applicable.

————— **End of Report** —————