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**N12: PUBLIC HEALTH NURSING I**  
**Case Study (Family M)**

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**N12: PUBLIC HEALTH NURSING I**  
**ASSESSMENT DATA BASE - FAMILY M**

Head of Family: CVM

Family Number: 5

Address: Herran, Paco, Manila.

Date of Assessment: April 03, 2022 (Sunday)

**1. Family Structure, Characteristics, and Dynamics/ Relational Pattern**

Family Members		Relation to Head	Sex	Age (y.o.)	Birthdate		Marital Status	Highest Educational Attainment	Occupation	
No.	Name				Month/Day	Year			Type of Work	Place
1	CVM	Husband; Head	M	64	02/14	1958	Married	High School	Tricycle Driver	Makati City
2	AMM	Wife	F	65	07/15	1956	Married	Elementary	Housewife	N/A
3	NM	Grandson	M	13	04/21	2009	Single	Grade 6	None	N/A
4	PM	Grandson	M	10	04/01	2012	Single	Grade 3	None	N/A
5	JM	Grand-daughter	F	5	08/31	2016	Single		None	N/A

*Table 1. Members of the Household*

The M family is a grandparent-led family composed of five members, the grandparents and their three grandchildren. The family originally lives in 3298 Zapote St. Brgy. Sta. Cruz, Makati City, Metro Manila. They transferred to Paco, Manila around August 2021 because house rents in Paco area are a lot cheaper compared to the rates in Makati City. AMM and CVM have been together for 38 years ever since they got married on December 1983, and bore three children, their eldest male and two younger females. NM, PM, and JM are the children of their youngest daughter from different partners.

The M family follows a patriarchal power dynamics wherein Mr. CVM has the upper hand over making important decisions for the family. On the other hand, AMM decides particularly on matters of healthcare and care-tending to the family members, especially their grandchildren. She brings the children to the health center every time they get sick or are needing medical attention. She also buys their medications when prescribed with one.

The M family continues to maintain a harmonious relationship with one another and make the best of what they have in order to survive. The grandmother mentioned that the children are

really close to them. Ever since they were born, CVM and AMM have already been their acting parents. They are the ones providing support in all their physical, emotional, and social needs. They pay for their food, send them to school, provide their shelter, assist their developmental needs, and provide guidance as they grow and mature. The children even call their grandparents “Mama” and “Papa” already since their biological mother currently has a new family of her own and does not provide care and financial support to them anymore. Mrs. AMM also revealed that NM, her daughter’s eldest, is mad at her own mother for not taking care of them and leaving the burden to their grandparents. Their biological fathers had long been missing in their lives as well.

AMM conveyed that their grandchildren are close to each other and do not fight as often. When they do, it is usually just about the pettiest reasons like when playing online games or when there is unequal division of tasks/ household chores especially between the eldest and the second grandchild. Their shallow quarrels or disagreements are also short and do not last for a day.

**Genogram**

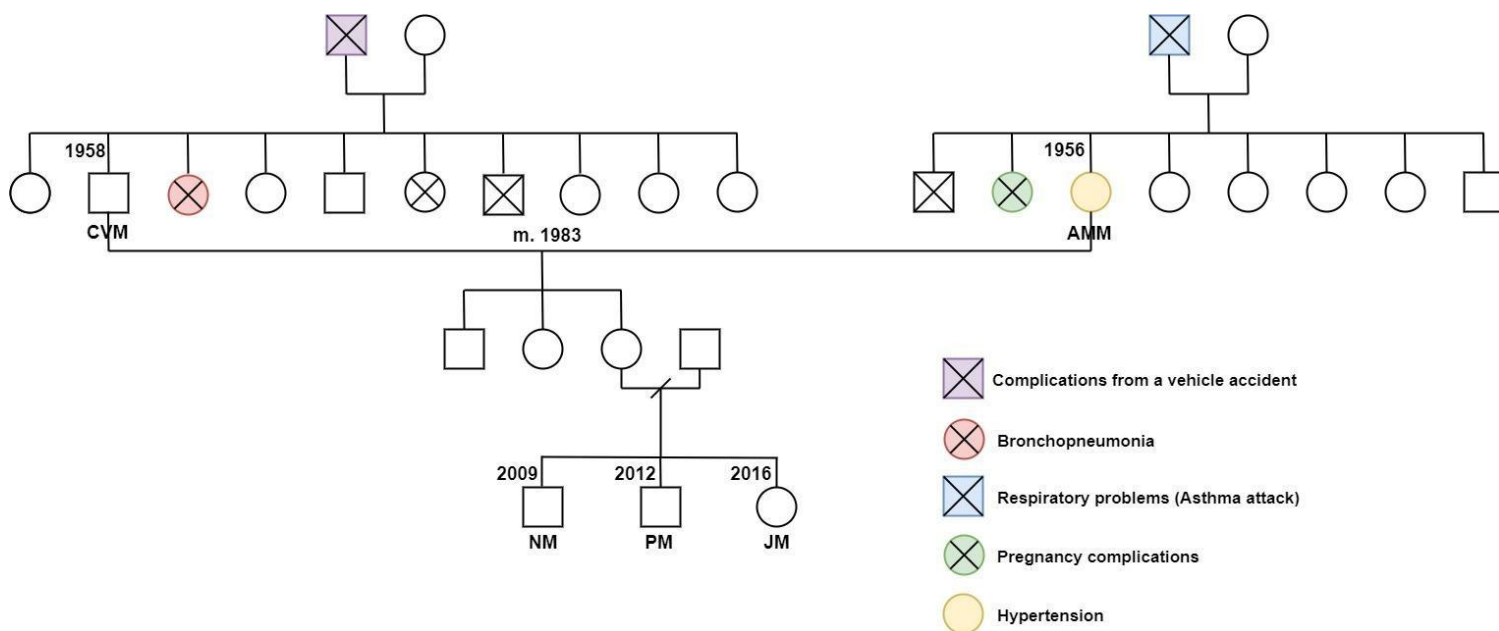


Figure 1. Genogram of M Family

Figure 1 shows the genogram presentation of the M family. Mr. CVM has 9 siblings, three of them deceased. He is the second eldest child. His mother is currently alive while his father is deceased. According to him, his father had been involved in a vehicular accident before and he died at the age of 71 because of complications associated with it. He revealed that “*nasa ospital siya noon ng mga isang linggo ata o sampung araw. Malala na ang kondisyon dahil nga sa epektong aksidente kaya ipinagpasa-Diyos na namin.*” He also recalled that his third sibling died because of bronchopneumonia. As for his sixth and seventh sibling, he conveyed, “*hindi ko na rin matandaan pero basta nilagnat siya ng sobrang taas. Parang naging pneumonia rin ata. ‘Yung pam-pito naman, wala hindi na naalagaan ng nanay ko eh.*” As for his remaining siblings, he mentioned that they do not have any health problems and are living healthy.

Mrs. AMM, on the other hand, has 7 siblings, two of them deceased. She is the third child

and currently acting eldest since her two older siblings are already deceased. Her mother is currently alive while her father is deceased due to a respiratory problem, particularly an asthma attack. As for the cause of death of her older siblings, she mentioned, *“hindi ko na matandaan angdahilan ng [pagkamatay ng] sa panganay pero malakas kasi mag-inom ‘yun eh. Dumating din sa punto na sobrang baba na ng BP niya...natatandaan ko rin sabi mas mataas puting dugo niya kaysa sa pula. Parang sa impeksyon ganon.”* As for the death of her second eldest sibling, she recalled that she died due to pregnancy complications. Currently six of them are alive and only she has hypertension. All the others are healthy and are not dealing with health problems. As previously mentioned, CVM and AMM got married on December 1983 and bore three children. All three do not have any health problems as of today. History of tuberculosis, cancer, cardiovascular diseases, mental disorders, thyroid disorders, gastrointestinal disorders, and rheumatic fever were all unremarkable.

## 2. Socioeconomic and Cultural Characteristics

Mr. CVM works as a tricycle driver. According to his wife, *“pumapasada siya sa Makati dahil talagang taga-doon talaga kami dati.”* He earns a small amount of money only, around Php 300.00 during his trips since there are still a few passengers because of the COVID-19 pandemic. His wife also added, *“madalang lang din ang pasada niya dahil hindi pa talaga rehistrado ang tricycle namin. Kapag may araw na nagkaka-hulihan [dahil sa coding ng mga sasakyan], hindi talaga siya pumapasada. Kaya minsan nanlulumo at nalulungkot siya at di siya kumikita para makatulong sa amin”.*

Mrs. AMM usually handles the finances of their family and its allocation for their different essential needs. She mentioned that their main source of financial support is their 38-year old eldest son who works in the film industry. Their eldest has versatile work in the shooting production team but is usually as a cameraman, propsman, and food handler in the catering area. Mrs. AMM stated that her son doesn’t really disclose his salary to them but she estimated it to be around Php 3,000.00 per day. Her son usually pays for their monthly house rent and utility bills while she and her husband pay for their daily food and other expenses.

Monthly Expenses	Amount	Percentage
Electricity	Php 1, 100.00	6.49%
Water	Php 150 - 260.00	1.54%
House rent	Php 8, 000.00	47.23%
Medications	Php 240.00	1.42%
Food	No specific amount mentioned. ~ Php 7,337.00 (Estimated food threshold from PSA, 2019)	43.32%
Others	No specific amount mentioned.	-
Total Estimate	Php 16, 937.00	100%

Table 2. M Family’s Budget Breakdown

Table 2 shows a rough estimate of the M family's budget breakdown. Mrs. AMM said that she doesn't exactly know how much of their money is allotted for food because it is really dependent on what their grandchildren prefer to eat. She added, "*hindi talaga ako nagluluto ng mga pagkain na ayaw kainin ng mga bata dahil baka masayang...Halimbawa, nagising sila ng ganitongoras, sila na ang magsasabi sa akin kung ano ang gusto nila at iyon ang lulutuin ko. Kunwari itlog, o kaya noodles, ganon.*"

Another source of financial support for the family is the Php 2,002.00 pension money the grandmother receives from SSS after working at this particular factory for a long time, decades ago. Mrs. AMM said, "*maliit lang 'yun Neng [pension], pero malaking tulong na rin pandagdag gastos dito sa bahay. Madalas, sa pambili ng pagkain namin iyon napupunta.*" In terms of adequacy of their income, the grandmother conveyed that their money is sufficient in meeting their necessities including food, clothing, and shelter. When there is money left, they save it for some of their non-essential needs or as "emergency money." When they fall short, they have people they can always lean on to ask for help.

As for the family's educational background, NM is already a Grade 7 student at Ignacio Villamor Senior High School while PM is a Grade 4 student at Margarita Róxas de Ayala Elementary School. JM, the youngest, doesn't attend school yet. As for the grandparents, Mrs. AMM only finished elementary school while Mr. CVM finished high school.

For the family's cultural characteristics, the ethnicity of every household member is Filipino. Mrs. AMM is originally from Pangasinan while Mr. CVM is originally from Makati. Before moving to Paco, Manila around August last year for a cheaper house rent, they lived in Makati.

All members of the family are Roman Catholics but they do not actively participate in religious organizations, events, and programs. They attend church when they have time or when they feel like going to, but not regularly especially now that there is still an on-going pandemic. Nevertheless, Mrs. AMM regards religion and faith as something important in her life; that's why she also devotes her time to God and communicates with Him by praying every night. When asked about family traditions/ events/ practices they believe in concerning health, the grandmother mentioned that she follows the idea that bad elements do cause an illness or disease. She believes in the concept of "*na-usog*"<sup>3</sup>, "*na-engkanto*"<sup>4</sup> and "*kulam*". She even revealed that she often gets "*usog*", even as an adult, when strangers compliment her. When she feels like she got "*usog*", she visits an *albularyo*<sup>5</sup> or a witch doctor/ folk healer. According to her, "*Oo nagpapagamot ako samga ganon [albularyo]. Dinadala ko rin iyang mga bata minsan doon kapag may nararamdaman sila. Pinapahilot ko sila...kapag lang may ubo at sipon ganoon.*" One time, when her *albularyo* gave her some medications before for her "*usog*", she no longer gets it. Her grandchildren's coughs and colds get cured as well. Regardless, they still visit health centers and hospitals more often than they resort to witch doctors or folk healers. The family does not believe and use any form of amulet or "*anting-anting*" as protection against illnesses.

In terms of the relationship of the family to the larger community, the family relates well with the people around them. Even when they are not originally from Paco, their neighbors are nice and welcoming. They didn't have a hard time making necessary adjustments from their previous way of life. They can also easily talk and make conversations with them comfortably. Mrs. AMM also mentioned that "*kahit hindi kami botante rito, nakakatanggap pa rin kami ng mga food packs at ayuda galing sa barangay. Malaking tulong na talaga iyon sa amin.*" Misunderstandings and fights in the close neighborhood of the family are also limited to none. The poor and unsanitary living conditions of the people in the general community, perhaps, is the only thing that concerns Mrs.

AMM.

Mrs. AMM also occasionally participates in community activities in their barangay as well. Since their house is just a block away from the basketball court, which is used multi-purposely for various events, programs, and gatherings, she can easily attend and listen to the conducted programs, usually on recreational activities or about health. However, she revealed that her husband and grandchildren are not that interested in those kinds of things.

### 3. Home and Environment

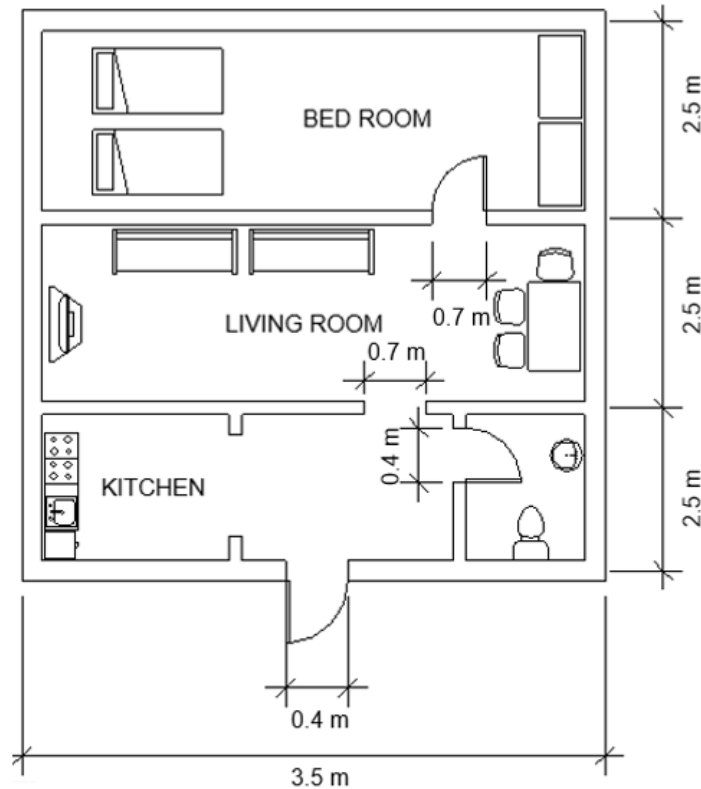


Figure 2. Floor Plan of M Family's House

The family rents an estimated  $3\frac{1}{2} \times 7\frac{1}{2}$  m one-storey house located at Brgy. 8888, Paco, Manila. The house is predominantly made of concrete and has a living room, one bedroom, a kitchen area, and one comfort room (See Figure 2). It provides protection against harsh environmental elements, adequate artificial illumination and avoidance of glare, and a space for performance of daily activities. Right when you enter the house through the single main door, you will pass by their small kitchen area on the left and their comfort room on the right. Walking a little further and you will reach their living room then their bedroom. Since they do not have a proper dining area, they usually eat together while sitting on the couches or on the small table in their living room.

The whole house is well-lit with one standard LED light bulb in the living room, and two Compact Fluorescent Lamps (CFL bulbs) with one each in the kitchen and bedroom. The ventilation inside the house is quite poor since houses in the area are really glued from one to the next, making no room for the installation of windows. The family relies on two electric fans in the living room and one in the bedroom for ventilation. They also open their main door most of the time to allow air to circulate. In terms of sleeping arrangement, the grandparents sleep on the floor of the living room on one foam mattress while the 5-year-old granddaughter sleeps alone on the couch. The

two older grandchildren sleep on the floor of the bedroom area as well, on two separate foam mattresses.

As for the presence of vectors of diseases inside the house, the grandmother mentioned that cockroaches are the only vector commonly present. To prevent its proliferation, she uses insecticides like Baygon. She also reported that mosquitoes are not evident because she regularly cleans the house and avoids storing water in containers that can serve as their breeding sites. While it was observed that the inside of the house is truly and generally clean, the cockroaches could've been due to the unsanitary living conditions of most people in the general community plus they live a few meters near the estero.

There are no fire and accident hazards inside the house. Matches and gas stove handles are out of JM's reach. Electrical wires and cords are also contained properly. However, fire and accident hazards are present in the community because while there is housing congestion, there are entangled electrical cables and wires of power lines as well that are almost at the level of pedestrians, with some even loosely hanging. In the community, the minimum vertical clearance of power lines above the ground, as mandated by national guidelines, are not adequately and safely met thereby posing danger to most pedestrians.

The family's water source is anchored to Manila Water and follows the household service connection system (individual water faucet in each household). They pay for it monthly at their municipal office. Water is not stored in any containers or jars since they are directly obtained from the faucet or water pipe. This is also to minimize breeding sites for mosquitoes and other vectors of diseases. As for their drinking water, they usually order mineral water in blue gallons from their local water supplier. The grandmother occasionally uses tap water as well, especially when boiling hot water for their coffee in the morning. So far, they haven't acquired any diarrheal disease related to it because they boil the tap water for at least 1 full minute. As for the kitchen, the family uses their own electric stove for cooking purposes. The kitchen area is generally clean. Pots and pans are washed and dried and are neatly kept in the cupboard. Plates, kitchen utensils, and glasses are also placed and/or stacked in its appropriate rack. There were no unwashed dishes in the sink during the house visit. The family's wastes and garbage are placed outside their house in one bucket with cover unsegregated. When asked why their wastes are unsegregated, Mrs. AMM verbalized, "*naku Neng di rin ako sigurado minsan ano-ano ba 'yung mga nabubulok, hindi nabubulok, saka yung iba pa. 'Di ako sigurado, yung ano bang uri sila ganon.*" The wastes from each household are collected at around 4:00 AM in the morning by a garbage truck that passes by in their community. AMM verbalized "*kinukuha naman kasi 'nung nangongolekta kahit hindi pinaghihiwa-hiwalay, kaya hinahayaan na lang namin.*" She also added, "*karamihan dito ay hindi rin naman nagse-segregate ng mga basura nila eh, kaya ok lang naman na hindi na rin.*" The barangay announces everytime the garbage truck is in their area to facilitate faster collection of wastes. They walk towards the truck and give their wastes to the garbage collector. When AMM is not awakened by the announcement from the barangay early in the morning, she just walks near the arch of Paco then places her wastes there to be collected the next morning. The family does not practice open dumping, open burning, and composting as a method of waste disposal. Upon observation of the general community, there is a small area near the barangay where separate bins are allotted for waste segregation where the local members can sort and segregate their wastes. However, it is not properly maintained.

As for their toilet facility, the family mentioned that they own one individual toilet facility where they urinate, defecate, and shower. It is generally clean and has adequate space for toileting and showering. They follow a flush type of toilet system in which a pail is used to flush the excreta. The waste will then go into a system of pipes then into a public sewerage system. When asked about



any pets in the house, Mrs. AMM mentioned that they do not own one.

The family's house is situated in quite a crowded/ congested community with unsanitary and poor living conditions. It is also in close proximity with the extremely dirty and polluted *estero* in their barangay which serves as breeding or resting sites of mosquitoes, even rodents and other vectors of diseases. Local sari-sari stores and carinderias are also accessible in the area where viands being sold and are stored in containers without food covers thereby attracting flies and other insects. The surface of the streets are also often wet/ damp because of other community members laundering their clothes and linens right at the side of the streets. Presence of these breeding sites for vectors of diseases, even when outside the family's house, can still pose significant health risks to the household members.

The main recreational facility accessible for the family is the basketball court. This is utilized by the community for various purposes like events, team sports, Zumba, health programs, etc. The Paco Health Center is also just a walking distance away from the family's house and is the most accessible health facility for them. However, Mrs. AMM mentioned that they have never tried utilizing its resources and healthcare services since they have a Yellow Card from Makati. This Yellow Card provides government-subsidized health care to cardholders, registered dependents, city government workers, and other qualified beneficiaries at the city-run Ospital ng Makati (OsMak), Makati's 26 barangay health centers, satellite laboratories, and three birthing facilities (Makati Web Portal, n.d.). Using this Yellow Card, they can also be referred to partner-facilities like the Makati Medical Center to avail themselves of specialized medical and diagnostic services that may not be available at OsMak. When they need medical interventions from a physician, they are accustomed to going to Makati City to maximize the use of their Yellow Card. After all, they also do not know the healthcare services offered at Paco Health Center. The grandmother verbalized, "*di ko pa na-try diyang sa Paco eh kaya 'diko rin alam anong meroon dyan.*" Nevertheless, Mrs. AMM expressed her willingness to visit the health center to determine the resources it offers. In terms of transportation, the family mainly utilizes the tricycle owned by Mr. CVM. Jeepneys are also accessible and available for the family as they are just right outside the arch of Paco. They can easily go to different places where they need to be through the accessible public transportation system.

#### **4. Health Status of Each Family Member**

##### **Medical and Nursing Health History**

AMM considers herself as generally well and healthy. She does not have any complaints at the moment or any possible reasons for hospitalization and consultation with a primary health physician. Her only concern is her hypertensive condition. When asked about it, Mrs. AMM mentioned that "*tumataas lang naman po ang BP ko kapag napapagod sa kagagawa dito sa bahay... saka bihira lang siya. Tulad ngayon, ilang linggo na rin akong walang nararamdaman. 'Di ako nahihilo ganyan. Okay din ang paningin ko. Bihira lang talaga ako ma-high blood.*" When asked about factors aggravating her hypertension, she revealed, "*wala namang nagpapalala, biglaan lang talaga minsan.*" Mrs. AMM also mentioned that she actually knows and feels when her blood pressure is elevated due to its clinical manifestations of palmar erythema, headache, and dizziness. When this happens, she immediately visits the healthcare center they routinely go to in Makati, with her husband and eldest grandson, to have her BP checked. They go to Makati because they are accustomed to going there and because they are quite unfamiliar with the services offered in Paco Health Center. She also procures her medicine there, particularly in the Planet Drug Store. Mrs. AMM ensures regular intake of her antihypertensives and allotment of an adequate amount of rest to

lower her BP and feel more comfortable. She conveyed, *“pahinga lang talaga...nagiging okay na.”*

In the past, Mrs. AMM already had Measles (*Tigdas*) and Chickenpox (*Bulutong*). Dengue, Polio, Hepatitis, Diphtheria, and Pneumonia were all unremarkable in all members of the family. All grandchildren haven't had Measles and Chickenpox as well. When asked about their previous immunizations, both grandparents don't remember any form of immunization they received during childhood. AMM stated, *“masyado nang matagal eh, kaya ‘di ko na talaga maalala. Pero tingin ko, meron naman ako nun.”* As for the grandchildren, the grandmother thinks and affirms that all of them have been vaccinated against vaccine-preventable diseases. However, she doesn't remember the exact vaccines received by each of them since all their baby books were already lost from moving houses to houses. All members of the family have no current food and medication allergies. The grandmother is very vigilant every time she makes her grandchildren take their prescribed medications. So far, she hasn't observed any allergic or hypersensitivity reactions among them. No serious accidents and injuries were reported as well. They also haven't undergone any surgeries or other medical operations to treat a particular medical health condition.

Mrs. AMM was only hospitalized once back in 2015 because of hemorrhoids (*Almoranas*). During that time, she visited Ospital ng Makati (OsMak) at 10:00 PM as an out-patient. With her son, she consulted the doctor about her experience of rectal bleeding from her *“almoranas”*. She was prescribed medications, which she wasn't able to exactly recall, that cost around Php 1, 000. 00. After some time of taking it, she was asked to come back. The doctor said that she no longer needs surgery but was demanded to continue the medications and to be careful when performing her daily activities to avoid straining or exerting too much pressure in the rectum. Her condition was resolved with medications. However, she experiences occasional pain in her buttocks although she claims that this may be different from hemorrhoids.

At the moment, Mr. CVM and all grandchildren are not taking any medications, vitamins, food supplements, and herbals. Mrs. AMM, on the other hand, has been prescribed three medications (Table 3) by her physician in OsMak since September last year. Among these three, Losartan is the only medication she consistently takes, up until now, to control her blood pressure and avoid experiencing headache and dizziness associated with hypertension. She takes it once a day every day during the morning after breakfast. When asked about the reason why she no longer takes Metformin and Atorvastatin, AMM said, *“wala naman. Okay naman na ako. Losartan lang kailangan ko.”* She hasn't had a follow-up with her physician since last year. Mrs. AMM has also tried drinking boiled *Lagundi* leaves before for cough but she didn't like the taste so she stopped. As of today, she doesn't take any herbals or vitamins/ food supplements for treatment of a health condition. No recent laboratory tests or health exams have also been conducted in each member of the family.

<b>Medication</b>	<b>Dosage</b>	<b>Instruction</b>
Metformin	500 mg	Once/day
Atorvastatin	20 mg	Once/day (before bed)
Losartan	50 mg	Once/day (after breakfast)

*Table 3. Prescribed medications for AMM*

## Health Perception and Health Management Pattern

Mrs. AMM generally perceives herself as healthy and well. She mentioned that she tries to really take care of herself well to avoid getting stressed and fatigued too much. She regularly eats three meals a day and sufficiently sleeps to recharge her mind and body. The client believes that consumption of a variety of fruits and vegetables, meat, and fish; eating at regular intervals; performing exercises; and getting enough sleep are the simplest ways she could do to maintain her holistic health. The grandmother recalled that all members of the family do not get sick often or do not experience common symptoms like fever, colds, and coughs that may lead to a disease.

CVM is the only regular smoker in the family. He started smoking at the age of 12. According to him, he can finish around 1/2 of the whole pack of cigarettes a day. Since the client averagely smokes half a pack (10 cigarettes) a day for 52 years ever since he started smoking at the age of 12, his calculated pack year is 26 pack years. Mrs. AMM actually constantly reminds CVM to stop smoking because it can lead to a lot of diseases, but he doesn't listen. After all, Mrs. AMM mentioned that her husband has long been a regular smoker to the point that cessation is almost impossible to happen. When asked about his understanding about the negative implications of smoking to one's health, Mr. CVM mentioned that he understands that a lot of diseases can truly be acquired from it. He does not forget it because even the packaging of the cigarettes reminds the smoker of it. Nevertheless, he stated that his lungs are actually strong and durable since he hasn't experienced any negative manifestations associated with smoking such as difficulty of breathing and productive cough. He also added that, "*matagal na akong naninigarilyo eh. Natry ko na naman tumigil ng mga tatlong buwan, pero wala eh bumabalik pa rin.*" Mr. CVM occasionally stops when he doesn't have money to buy cigarettes but still continues because he often craves it. "*Hindi ko rin naman alam kung paano tumigil at ano gagawin ko kapagtumigil. Tingin ko hahanap-hanapin ko pa rin.*", he further added. Mr. and Mrs. M have no knowledge about any resources they could utilize to facilitate smoking cessation. Alcohol drinking and drug use were not reported.

Mrs. AMM tried performing self-breast-examination decades ago. She recalled that during her time, the healthcare center she routinely goes to in Makati has this program that teaches the patients how to perform self breast-examination to check any abnormalities concerning the breast. Currently, she already forgot how to do it but expressed her willingness to learn the procedure and its techniques through breast inspection and palpation for any signs of breast lumps or deformities. She actually mentioned that, "*gusto ko nga 'Neng matutunan 'iyong mga ganon. Hayaan mo tingnan ko kung meron pa ulit ganon doon sa Makati. Medyo matagal na rin kasi eh. Sana nandon pa 'yung mga nagtuturo.*"

The patient expressed her ease of following medical orders from healthcare professionals every time they seek medical attention regarding a family member's health condition. They are able to utilize community health resources, particularly OsMak and the healthcare centers in Makati, for their medical needs. Since the family are more accustomed to going to Makati City for their health concerns, they never tried visiting the Paco Health Center. Nevertheless, they are willing to utilize it when they need medical care. The family are also able to follow the doctor's medication prescriptions and comply with the given health instructions (e.g. how many tablets a day should be taken, duration of taking the medication, interval between medications, taken with food or without food, discharge plans, etc.).

## Nutritional and Metabolic Pattern

The family's usual food intake is high in sodium and fat. The 24-hour food recall (Table 4) of the family shows that they usually eat instant noodles and pancit canton. Mrs. AMM mentioned that she also often cooks processed foods like hotdogs and longganisa because it is what the children mostly prefer and because it is convenient and easy to cook. Her grandchildren are not picky-eaters except for PM. AMM even verbalized, “*Ahh magkaiyakan tayo dyan at hindi pa rin kakain ng gulay iyang si PM.*” PM doesn't like to eat vegetables except when it is cooked with broth (e.g. *Sinigang*). As for the grandchildren's afternoon snacks, it depends on what they like to eat but they mostly buy *siomai*, *halo-halo*, and *lugaw* from the food being sold by their neighbors. The grandmother also added that among the three kids, JM consumes the most candies, with a maximum of five within a day, but not every single day. Below is a tabular presentation of the client's 24-hour food recall:

24-HOUR FOOD RECALL					
	<u>Mrs. AMM</u>	<u>Mr. CVM</u>	<u>NM</u>	<u>PM</u>	<u>JM</u>
<b>Breakfast</b>	<ul style="list-style-type: none"> <li>● ½ cup Fried rice/ <i>Sinangag</i></li> <li>● 2 <i>Tuyo</i> (16x3 cm)</li> <li>● 1 cup of coffee</li> </ul>	<ul style="list-style-type: none"> <li>● ½ cup Fried rice/ <i>Sinangag</i></li> <li>● 2 <i>Tuyo</i> (16x3 cm)</li> <li>● 1 cup of coffee</li> </ul>			
<b>Morning snack</b>					
<b>Lunch</b>	<ul style="list-style-type: none"> <li>● 2 cups white rice (cooked)</li> <li>● ½ cup <i>Pancit Canton</i></li> </ul>	<ul style="list-style-type: none"> <li>● 1 cup white rice (cooked)</li> <li>● ½ cup <i>Pancit Canton</i></li> </ul>	<ul style="list-style-type: none"> <li>● 1 cup white rice (cooked)</li> <li>● 1 serving of <i>Pancit Canton</i></li> <li>● 1 Fried egg</li> </ul>	<ul style="list-style-type: none"> <li>● 2 cups white rice (cooked)</li> <li>● 1 serving of <i>Pancit Canton</i></li> <li>● 1 Fried egg</li> </ul>	<ul style="list-style-type: none"> <li>● 1/2 cup white rice (cooked)</li> <li>● ½ cup <i>Pancit Canton</i></li> <li>● 1 Fried egg</li> </ul>
<b>Afternoon snack</b>			<ul style="list-style-type: none"> <li>● 1 serving Halo-halo</li> </ul>	<ul style="list-style-type: none"> <li>● 1 serving Halo-halo</li> </ul>	<ul style="list-style-type: none"> <li>● 1 serving Halo-halo</li> <li>● 1 200 mL Orange juice (Zesto)</li> </ul>
<b>Dinner</b>	<ul style="list-style-type: none"> <li>● 1 cup white rice (cooked)</li> <li>● 1/2 of 80 g pack instant noodles</li> <li>● ½ cup ampalaya with egg</li> </ul>	<ul style="list-style-type: none"> <li>● 1 cup white rice (cooked)</li> <li>● 1/2 of 80 g pack instant noodles</li> <li>● ½ cup ampalaya with egg</li> </ul>	<ul style="list-style-type: none"> <li>● 1 cup white rice (cooked)</li> <li>● 1/2 of 80 g pack instant noodles</li> <li>● 1/4 cup ampalaya with egg</li> </ul>	<ul style="list-style-type: none"> <li>● 1 cup white rice (cooked)</li> <li>● 1/2 of 80 g pack instant noodles</li> </ul>	<ul style="list-style-type: none"> <li>● 1 cup white rice (cooked)</li> <li>● 1/2 of 80 g pack instant noodles</li> </ul>
<b>Midnight snack</b>					

Table 4. 24-hour Food Recall of M Family (April 03, 2022)

## *NUTRITIONAL ASSESSMENT*

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### AMM

Height: 162.56 cm    Weight: 62 kg    BMI: 23.46 kg/m<sup>2</sup> (Normal)  
DBW: 56.304 kg    TEA: 1970 kcal

#### A. Desirable Body Weight using Tannhauser Method (Broca's Index)

$$\text{DBW} = [(\text{height (cm)} - 100)] - [10\%(\text{height (cm)} - 100)]$$

$$\text{DBW} = [162.56 \text{ cm} - 100] - [0.10 (162.56 \text{ cm} - 100)]$$

$$\text{DBW} = 62.56 - 6.256$$

$$\text{DBW} = \mathbf{56.304 \text{ kg}}$$

#### B. Total Energy Allowance (TEA)

Mrs. AMM has a light Physical Activity Level (PAL) of 35 because she solely performs the household chores in their home. For her, these chores are not that heavy especially since their house is not messy all the time. She only mostly accomplishes her tasks in the morning and late afternoon. Outside of this time frame, she just sits around and rests, so as not to aggravate her hypertensive condition. AMM is also not that active in performing structured exercises or workout routines.

$$\begin{aligned} \text{Total Energy Allowance (TEA)} &= \text{DBW} \times \text{PAL} \\ &= 56.304 \text{ kg} \times 35 \text{ (Light PAL)} \\ \text{TEA} &= \mathbf{1\ 970.64 \text{ kcal} \sim 1\ 970 \text{ kcal}} \end{aligned}$$

#### C. Nutrient Analysis

Macronutrient	Total Intake	RENI	% Adequacy	Adequacy of Consumption
Energy (kcal)	1240.471	1610	77.0478882	Inadequate
CHON (g)	52.497	62	84.67258065	Inadequate
Fat (g)	20.387	23	88.63913043	Inadequate
CHO (g)	205.143	65	315.6046154	Excessive

*Table 5. Macronutrient Analysis of AMM's 24-hour Food Recall*

Micronutrient	Total Intake	RENI	% Adequacy	Adequacy of Consumption
Ash (g)	17.706	-	-	-
Fiber (g)	4.87	23	21.17391304	Inadequate
Ca (mg)	418.794	800	52.34925	Inadequate
P (mg)	627.772	700	627.772	Excessive
Fe (mg)	6.963	10	69.63	Inadequate
Na (mg)	636.255	500	127.251	Excessive
Retinol (µg)	80.2	600	13.36666667	Inadequate
B-carotene (µg)	68.678	600	11.44633333	Inadequate
Thiamin (mg)	0.22	1.1	20	Inadequate
Riboflavin (mg)	0.553	1.1	50.27272727	Inadequate
Niacin (mg)	13.223	14	94.45	Inadequate
Vit. C (mg)	1.154	60	1.923333333	Inadequate

Table 6. Micronutrient Analysis of AMM's 24-hour Food Recall

Tables 5 and 6 present the macro- and micronutrient analysis of AMM's 24-hour food recall. As for the macronutrients, AMM's intake of carbohydrates is excessive as evidenced by high intake of rice. Sodium and phosphorus are also excessive because of the intake of *pancit canton* and instant noodles. Client's fats, protein, energy, and other micronutrients are considered inadequate for her age. Interventions should therefore be focused in aligning the family's nutritional patterns to the national guidelines and the recommended nutritional intake on nutrition to ensure adequacy of nutrient intake.

### CVM

Height: 167.64 cm    Weight: 55 kg    BMI: 19.57 kg/m<sup>2</sup> (Normal)  
 DBW: 60.876 kg    TEA: 1970 kcal

#### A. Desirable Body Weight using Tannhauser Method (Broca's Index)

$$DBW = [(height (cm) - 100)] - [10\%(height (cm) - 100)]$$

$$DBW = [167.64 \text{ cm} - 100] - [0.10 (167.64 \text{ cm} - 100)]$$

$$DBW = 67.64 - 6.764$$

$$DBW = 60.876 \text{ kg}$$

**B. Total Energy Allowance (TEA)**

Mr. CVM has a light Physical Activity Level (PAL) of 35 because he does not do heavy household chores and tasks. His work as a tricycle driver does not demand heavy physical activity as well. CVM is also not that active in performing structured exercises or workout routines.

$$\begin{aligned} \text{Total Energy Allowance (TEA)} &= \text{DBW} \times \text{PAL} \\ &= 60.876 \text{ kg} \times 35 \text{ (Light PAL)} \\ \text{TEA} &= 2\,130.66 \text{ kcal} \sim 2\,130 \text{ kcal} \end{aligned}$$

**C. Nutrient Analysis**

Macronutrient	Total Intake	RENI	% Adequacy	Adequacy of Consumption
Energy (kcal)	1034.071	2140	48.32107477	Inadequate
CHON (g)	49.137	62	79.25322581	Inadequate
Fat (g)	20.067	23	87.2478	Inadequate
CHO (g)	157.623	65	242.497	Excessive

*Table 7. Macronutrient Analysis of CVM's 24-hour Food Recall*

Micronutrient	Total Intake	RENI	% Adequacy	Adequacy of Consumption
Ash (g)	17.066	-	-	-
Fiber (g)	4.23	23	18.3913	Inadequate
Ca (mg)	401.194	800	50.1493	Inadequate
P (mg)	570.172	700	81.4531	Inadequate
Fe (mg)	6.003	12	50.025	Inadequate
Na (mg)	631.455	500	126.291	Excessive
Retinol (µg)	80.2	500	11.45714286	Inadequate
B-carotene (µg)	68.678	700	9.811142857	Inadequate
Thiamin (mg)	0.188	1.2	15.66666667	Inadequate
Riboflavin (mg)	0.521	1.3	40.07692308	Inadequate



<b>Niacin (mg)</b>	12.423	16	77.64375	Inadequate
<b>Vit. C (mg)</b>	1.154	70	1.6485714	Inadequate

Table 8. Micronutrient Analysis of CVM's 24-hour Food Recall

Tables 7 and 8 present the macro- and micronutrient analysis of CVM's 24-hour food recall. As for the macronutrients, CVM's intake of carbohydrates is also excessive. Sodium is also high because of the intake of *pancit canton* and instant noodles. Client's fats, protein, energy, and the remaining micronutrients are considered inadequate for his age. Interventions should therefore be focused in aligning the family's nutritional patterns to the national guidelines and the recommended nutritional intake on nutrition to ensure adequacy of nutrient intake.

### NM

Height: 152.4 cm      Weight: 45 kg      BMI: 19.38 kg/m<sup>2</sup> (Normal)  
 DBW: 60.876 kg      TEA: 1970 kcal

#### A. Desirable Body Weight using Tannhauser Method (Broca's Index)

$$DBW = [(height (cm) - 100)] - [10\%(height (cm) - 100)]$$

$$DBW = [152.4 \text{ cm} - 100] - [0.10 (152.4 \text{ cm} - 100)]$$

$$DBW = 52.4 - 5.24$$

$$DBW = 47 \text{ kg}$$

#### B. Total Energy Allowance (TEA)

NM has a sedentary Physical Activity Level (PAL) of 30 because he usually just sits around the house. While he occasionally does household chores to help her grandmother, he mostly plays online games during his free time. NM is also not that active in performing structured exercises or workout routines.

$$\begin{aligned} \text{Total Energy Allowance (TEA)} &= \text{DBW} \times \text{PAL} \\ &= 47 \text{ kg} \times 30 \text{ (Sedentary PAL)} \\ \text{TEA} &= 1\,410 \text{ kcal} \end{aligned}$$

### C. Nutrient Analysis

Macronutrient	Total Intake	RENI	% Adequacy	Adequacy of Consumption
Energy (kcal)	1549.624	2700	57.39348148	Inadequate
CHON (g)	28.808	62	46.464516	Inadequate
Fat (g)	31.388	23	136.47	Excessive
CHO (g)	280.84	68	413	Excessive

*Table 9. Macronutrient Analysis of NM's 24-hour Food Recall*

Micronutrient	Total Intake	RENI	% Adequacy	Adequacy of Consumption
Ash (g)	6.491	-	-	-
Fiber (g)	5.894	19	31.0211	Inadequate
Ca (mg)	224.586	1000	22.4586	Inadequate
P (mg)	360.268	1250	28.8214	Inadequate
Fe (mg)	5.845	19	30.7632	Inadequate
Na (mg)	966.72	500	193.344	Excessive
Retinol (µg)	116.1	700	16.58571429	Inadequate
B-carotene (µg)	59.982	700	16.58571429	Inadequate
Thiamin (mg)	0.286	1.2	23.83333333	Inadequate
Riboflavin (mg)	0.5135	1.3	39.5	Inadequate
Niacin (mg)	5.428	15	36.18666667	Inadequate
Vit. C (mg)	0.576	60	0.96	Inadequate

*Table 10. Micronutrient Analysis of NM's 24-hour Food Recall*

Tables 9 and 10 present the macro- and micronutrient analysis of NM's 24-hour food recall. As for the macronutrients, NM's intake of fats and carbohydrates is also excessive. This can be attributed to higher-than-normal intake of rice and the halo-halo-

snacks he had. Sodium is also high because of the intake of *pancit canton* and instant noodles. Client's fats, protein, energy, and the remaining micronutrients are considered inadequate for his age. Interventions should therefore be focused in aligning the family's nutritional patterns to the national guidelines and the recommended nutritional intake on nutrition to ensure adequacy of nutrient intake.

## PM

Height: 139.19 cm      Weight: 34 kg      BMI: 17.60 kg/m<sup>2</sup> (Underweight)  
 DBW: 60.876 kg      TEA: 1970 kcal

### A. Desirable Body Weight using Tannhauser Method (Broca's Index)

$$DBW = [(height (cm) - 100)] - [10\%(height (cm) - 100)]$$

$$DBW = [139.19 \text{ cm} - 100] - [0.10 (139.19 \text{ cm} - 100)]$$

$$DBW = 39.19 - 3.919$$

$$DBW = 35.271 \text{ kg}$$

### B. Total Energy Allowance (TEA)

NM has a sedentary Physical Activity Level (PAL) of 30 because he usually just sits around the house. While he occasionally does household chores to help her grandmother, he mostly plays online games during his free time. NM is also not that active in performing structured exercises or workout routines.

$$\begin{aligned} \text{Total Energy Allowance (TEA)} &= \text{DBW} \times \text{PAL} \\ &= 47 \text{ kg} \times 30 \text{ (Sedentary PAL)} \end{aligned}$$

$$\text{TEA} = 1410 \text{ kcal}$$

### C. Nutrient Analysis

Macronutrient	Total Intake	RENI	% Adequacy	Adequacy of Consumption
Energy (kcal)	1336.6	2060	64.88349515	Inadequate
CHON (g)	25.16	43	58.511628	Inadequate
Fat (g)	31.01	23	134.826	Excessive
CHO (g)	232.11	68	341.338	Excessive

*Table 11. Macronutrient Analysis of PM's 24-hour Food Recall*

Micronutrient	Total Intake	RENI	% Adequacy	Adequacy of Consumption
Ash (g)	5.65	-	-	-
Fiber (g)	4.88	16	30.5	Inadequate
Ca (mg)	200.65	1000	20.065	Inadequate
P (mg)	292.3	1250	23.384	Inadequate
Fe (mg)	4.77	12	39.75	Inadequate
Na (mg)	957.6	500	191.52	Excessive
Retinol (µg)	116.1	500	23.22	Inadequate
B-carotene (µg)	27.15	500	5.43	Inadequate
Thiamin (mg)	0.24	0.9	26.66666667	Inadequate
Riboflavin (mg)	0.4695	1	46.95	Inadequate
Niacin (mg)	4.57	11	41.54545455	Inadequate
Vit. C (mg)	0	45	0	Inadequate

Table 12. Micronutrient Analysis of PM's 24-hour Food Recall

Tables 11 and 12 present the macro- and micronutrient analysis of PM's 24-hour food recall. As for the macronutrients, PM's intake of fats and carbohydrates is also excessive. This can be attributed to his high intake of rice and the hal-halo-snack he had. AMM actually verbalized that PM eats with rice greater than the viand itself. Sodium is also high because of the intake of *Pancit Canton* and instant noodles. Client's fats, protein, energy, and the remaining micronutrients are considered inadequate for his age. Interventions should therefore be focused in aligning the family's nutritional patterns to the national guidelines and the recommended nutritional intake on nutrition to ensure adequacy of nutrient intake.

## JM

Height: 126 cm      Weight: 16 kg  
 DBW: 60.876 kg      TEA: 1970 kcal

### A. Desirable Body Weight using Tannhauser Method (Broca's Index)

$$DBW = [(height (cm) - 100)] - [10\%(height (cm) - 100)]$$

$$DBW = [126 cm - 100] - [0.10 (126 cm - 100)]$$

$$\text{DBW} = 26 - 0.26$$

$$\text{DBW} = 25.74 \text{ kg}$$

### B. Total Energy Allowance (TEA)

JM has a light Physical Activity Level (PAL) of 35 because as a child, she remains active by playing outside their house with her neighbor playmates. According to AMM, the kids love playing chinese garter, “habulan”, ”“luksong baka”, and “timbang preso.”

$$\text{Total Energy Allowance (TEA)} = \text{DBW} \times \text{PAL}$$

$$= 47 \text{ kg} \times 30 \text{ (Sedentary PAL)}$$

$$\text{TEA} = 1\,410 \text{ kcal}$$

### C. Nutrient Analysis

Macronutrient	Total Intake	RENI	% Adequacy	Adequacy of Consumption
Energy (kcal)	1185.1	1260	94.05555556	Inadequate
CHON (g)	18.96	21	90.285714	Inadequate
Fat (g)	19.81	50	39.62	Inadequate
CHO (g)	225.51	45	501.133	Excessive

Table 13. Macronutrient Analysis of JM's 24-hour Food Recall

Micronutrient	Total Intake	RENI	% Adequacy	Adequacy of Consumption
Ash (g)	4.65	-	-	-
Fiber (g)	3.48	9	38.6667	Inadequate
Ca (mg)	216.15	550	39.3	Inadequate
P (mg)	260.8	500	52.16	Inadequate
Fe (mg)	3.97	9	44.1111	Inadequate
Na (mg)	623.6	300	207.867	Excessive
Retinol (µg)	116.1	400	29.025	Inadequate
B-carotene (µg)	84.65	400	21.1625	Inadequate
Thiamin (mg)	0.23	0.5	46	Inadequate
Riboflavin (mg)	0.4545	0.845	53.78698225	Inadequate

<b>Niacin (mg)</b>	3.37	7	48.14285714	Inadequate
<b>Vit. C (mg)</b>	32	45	71.111111	Inadequate

Table 14. Micronutrient Analysis of JM's 24-hour Food Recall

Tables 13 and 14 present the macro- and micronutrient analysis of JM's 24-hour food recall. As for the macronutrients, JM's intake of carbohydrates is also excessive. Sodium is also high because of the intake of *Pancit Canton* and instant noodles. Client's fats, protein, energy, and the remaining micronutrients are considered inadequate for her age. Interventions should therefore be focused in aligning the family's nutritional patterns to the national guidelines and the recommended nutritional intake on nutrition to ensure adequacy of nutrient intake.

Mrs. AMM mentioned that all members of the family have an adequate amount of fluid intake of around 8-10 cups or more than 2 liters of water a day. She verbalized "*Sa ngayon, madami kaming iniinom na tubig kasi grabe talaga ang init eh*". They seldom drink soda and artificial juices (e.g. Zesto) because they know they are high in sugar.

All members of the family have a normal appetite and neither eat excessively nor poorly. They also do not take any kind of food supplements and do not have any eating discomforts, diet restrictions, and unusual or sudden weight gain/loss. Despite having no teeth and dentures, the grandparents can eat comfortably. Mrs. AMM verbalized, "*matagal na kaming walang ngipin ng asawa ko kaya sanay na kaming kumain [nang walang ngipin]. Hindi naman kami nahihirapan.*" She revealed that she hasn't worn dentures for more than five years already. According to her, "*may pustiso na ako dati eh tapos anim na ngipin 'yon...tinanggal ko kasi maluwig na. Nalalaglag kapag nagsasalita ako dahil parang wala nang makapitan 'yung pinaka-ring...Parang natatamaan din yung gilagid ko kaya masakit. Kaya inalis ko na lang.*"

As for the oral health of their grandchildren, NM, PM, and JM all present with tooth cavities. According to Mrs. AMM, "*kung ano-ano kasing kinakain nila kaya 'yun siguro naging dahilan bakit sira ang mga ngipin nila.*" The grandmother also revealed that her grandchildren are not that diligent in brushing their teeth. "*Minsan naman alam nila kung kelan dapat mag-toothbrush. Minsan sinasabihan ko pa rin.*" Mrs. AMM no longer supervises and monitors NM and PM when they brush their teeth because they do it on their own already. She also does not check anymore whether they did well or not. As for JM, Mrs. AMM accompanies her during brushing time. She tries to assist and guide her to move the toothbrush up and down and side, and even reminds her to always include the tongue. This assistance is still done inconsistently because sometimes, JM initiates that she brushes her teeth on her own. The grandmother does not exactly know when the children brush their teeth but mentioned that it is usually twice a day and around after eating lunch and dinner. All grandchildren do not floss their teeth.

When asked about the proper tooth brushing procedure, Mrs. AMM revealed that she does not exactly know how to accurately perform and properly brush the teeth. She just understands the basics of sliding the brush in the mouth such that all teeth are brushed. It was also found out that the family rarely visits the dentist for oral check-ups. The grandmother cannot even recall the last time they visited one. When asked about the reason, she revealed that they cannot fully afford

dental treatments/ procedures that would be recommended by the dentist to address their impaired dentition. Nevertheless, AMM verbalized that she wants each of the family member's teeth to be checked by a dentist to address their impaired dentition. The grandmother also added that even when they were in Makati, they were not fully aware of any affordable and accessible dental services where they could have their dentures made as well. Pre-pandemic, she heard about the free dentures being offered for the elderly at the Makati City Hall; but currently, senior citizens are not allowed to go out of their homes due to pandemic restrictions. Hence, she can't really ask for information about it and whether they can be given dentures or not. The family does not have any knowledge about dental services offered at Paco Health Center.

In terms of skin conditions, Mr. CVM and all grandchildren don't have serious integumentary conditions. They have small dry scars which the grandmother attributed to playing games outside. Meanwhile, Mrs. AMM has white patches on both hands which she associated with excessive use of bleach when washing clothes and doing the laundry. She recalled that it has been years, probably starting around 2012, since her hands had white patches. Before, she washes her children's white clothes and uniforms by hand and uses liquid bleach like Zonrox a lot to remove stubborn stains. According to her, *"malakas talaga akong gumamit nun [Zonrox]. Kapag may mantsa, hindi ko talaga tinitigilan at kinukusot ko pa nang mabuti kaya naging ganyan. Namuti na ang mga kamay ko."* AMM also added that she doesn't do anything about the white patches and hasn't consulted a dermatologist because it doesn't cause pain or any other health problem. Currently, she intermittently puts lotion on it. She also limits the use of Zonrox when washing their clothes by hand to avoid worsening the condition. AMM mentioned, *"hindi naman talaga siya sumasakit. Hindi rin nanunuyo, namamalat, mahapdi, o makati kahit tuwing naglalaba ako."* She only sees it as mere discoloration of both of her hands. She mentioned, *"hindi ko talaga pinapakialaman ineng yung mga kamay ko. Sanay na naman ako. 'Di ko na rin pinapacheck-up kasi wala naman akong kakaibang nararamdaman. Okay naman siya."*

### **Elimination Pattern**

Mrs. AMM's bowel elimination pattern is approximately two stools per day, usually in the morning and in the afternoon. Stool was described as regular, soft, shaped, and brownish in color. Because she drinks a lot of water, she rarely passes hard stools. In fact, it is important for her to pass regular, soft stools to avoid developing hemorrhoids again. In the Bristol Stool Chart, her stool can be characterized as Type 4-normal, a stool that is like a smooth and soft sausage. As for the grandchildren, Mrs. AMM mentioned that their bowel elimination patterns are normal as well. They regularly pass out one to two stools per day with the same characteristics as hers.

The client does not accurately track the frequency of her urination but she approximated it to be five to six times in the morning. Its characteristics include being light yellowish to white in color and without any disturbing odor. However, Mrs. AMM said that during the night, she urinates around 5 times or more. Despite this, AMM does not feel that her sleeping schedule is bothered. After urinating, she drinks water again, then falls back asleep again as well. No problems and discomfort in both defecation and micturition were reported for all members of the family. Mrs. AMM also mentioned that her grandchildren's micturition patterns are normal. No experiences of excessive perspiration and concerning body odor were also mentioned.

### **Activity-Exercise Pattern**

All members of the family have sufficient energy to accomplish daily activities and display full self-care (Level 0) – that is, being able to eat, bathe, urinate, change clothing, cook, and do house chores all by themselves. In terms of exercise, Mrs. AMM does not follow a structured workout routine. She only engages in exercise particularly when she feels like her body is heavy and more tired than usual. She performs basic dynamic stretching and warm-up exercises like arm circles, arm swings, chest expansions, and torso rotation. This is done intermittently and only when the grandmother feels heavy and tired during the day. Mrs. AMM also considers the performance of household chores and all care-tending activities for the grandchildren as a form of physical exercise. Mr. CVM, NM, and JM on the other hand, do not perform any exercise routine. As for PM, NM revealed that he exercises for 15 minutes every Saturday depending on his mood.

### **Cognitive-Perceptual Pattern**

Mrs. AMM does not have any problems with her vision. Before, she used to wear eyeglasses with a grade of 200+ but she finds it uncomfortable and interfering with her performance of daily activities, so she decided to completely remove and stop using them. Currently, she doesn't wear eyeglasses but still is able to read even small texts at a 14 in. distance. As for her husband, she also reported that he doesn't have any problems with his eyesight. He also hasn't tried wearing eyeglasses before since he can still read even small texts at a 14 in. distance. Also, both of them haven't visited an ophthalmologist in a long time. No hearing and serious cognitive problems were reported. Mrs. AMM occasionally forgets where she places her things but not too often to the point, she finds it concerning.

The patient also mentioned that her personal preference in learning includes the usage of pictures, audio, live videos, and actual demonstration. The client experiences learning difficulties especially when discussions are in pure English, unfamiliar, and demands comprehensive understanding. At times like this, she ensures that she allot a sufficient amount of time to understand concepts to not compromise her overall learning.

### **Self-Concept and Self-Perception Pattern**

Mrs. AMM described herself as a healthy and joyful individual. She is also satisfied and contented with her life and self- perception. She added that experiencing illnesses does not change her views and outlook in life because she can do something about it. She can consult healthcare providers and address it right away. When asked about the most common emotions she feels, the patient mentioned that she seldom gets angry, nervous, irritated, and sad. She only gets mad when aside from the hot weather, her grandchildren are being mischievous, are fighting each other, and/or are not helping her do household chores. Otherwise, she is a chill person. Mrs. AMM described her husband as a calm person as well. He also seldom gets angry, nervous, irritated, and sad. He has enough patience to deal with his grandchildren especially his granddaughter who, sometimes, can get naughty and hard-headed. He said that he understands his grandchildren's attitudes, so he doesn't scold them when they are being playful or naughty. As for the NM, he finds it difficult to relate with peers in school because he is often labelled as "too feminine" for a teenage boy. Although NM believes that he is attracted to both girls and boys. "Mahirap minsan sa school kasi inaasar ako ng mga barkada ko. Minsan kasi malambot daw ako. Pero curious lang naman ako kung ano feeling kung babae o lalake ang makaclose ko".



### **Role and Relationship Pattern**

Mrs. AMM stated that their family currently does not face any problems about their relationship as a family in their home. Occasionally, they encounter financial struggles, but they do not regard this as something serious or hard to resolve especially since she has siblings abroad that can help her. When they are truly short of money, she asks for help from her younger siblings and at the very least, they can provide money for her family's expenses. The mother said, "*Yungparang normal lang sa isang pamilya na nauubusan ng pera na panggastos, pero nagagawan naman ng paraan.*" When asked about community organizations, the grandmother mentioned that their family is not part of any. As for the grandchildren, they claim they are relating well with their schoolmates and neighbors. However, there were occasions in which the children verbalizes that they feel unwanted since they were abandoned by their biological parents. They even received reports from teachers that they tend to isolate from other children in school.

### **Sexuality-Reproductive Pattern**

AMM and CVM are both the first and only spouses of each other. At the age of 52, Mrs. AMM is already menopause. She added, "*Kasi ano 49 nagloloko na ang mens ko kaya siguro parang 52 talagang hindi na ako nireregla noon.*" Their main method of contraception is tubal ligation. After having their third child, she and her husband mutually decided to pursue tubal ligation as a family planning method because they truly do not want to have a lot of kids because of their poor socioeconomic conditions. They are content with the number of children they have now.

Mr. CVM hasn't encountered any problems with his masculinity. Sexual patterns between the married couple were not tackled.

### **Coping and Stress Tolerance Pattern**

Both grandparents do not regularly experience anxiousness or tension. In times of problems and hardships in life, she mostly resorts to talking to her other siblings and nieces. Through proper communication with them, she feels relieved and more at ease about her problems. Aside from the pandemic and moving houses from Makati City to Paco, Manila. As for NM, staying late outside their house when stressed with school are noted to be increasing in frequency over the last few weeks.

### **Value-Belief Pattern**

The family is not actively participating in religious organizations, but Mrs. AMM's faith in God remains the same. She regards religion as something important in her life that's why she also communicates to God by praying every night. Overall, they are content with their life together as a family. As for their goals and aspirations in life, Mrs. AMM verbalized that what she truly wants for her family is to have their own house so that they won't need to pay monthly rent anymore. While they may still be far from achieving this, she doesn't lose hope that one day, it will come true.

**Physical Examination**

**AMM**

<b>General Survey</b>	Hygiene and grooming: well-kempt; clean and neat General Appearance: relaxed, (-) signs of distress, (-) pain Facial expression: calm, alert, attentive to question, makes eye contact Body odor: (-) Development: endomorph, well-developed, looks according to age Level of consciousness: Conscious Gait and Posture: coordinated, steady, walks independently Orientation: oriented to person, time, and place Coherence: coherent Speech: gives clear and comprehensive answers to questions
<b>Vital Signs</b>	T - 34.9°C (Axilla) PR - 86 bpm RR - 18 breaths/min BP - 120/90 mmHg (-) Pain
<b>Anthropometrics</b>	Height: 162.56 cm      Weight: 62 kg BMI: 23.46 kg/m <sup>2</sup> WC: 95.25 cm      HC: 96.52 cm WHR: 0.99
<b>Integument/ Skin</b>	Normal; (-) pallor, jaundice, cyanosis, flushed Dry, wrinkled, looks according to age Skin turgor <3 seconds, warm temperature (-) lesions, petechiae, ecchymosis, rashes, irritations (-) pedal edema (-) pressure ulcer White patches in both hands
<b>Nails</b>	Pinkish; (-) pallor, cyanosis Normal nail plate; (-) clubbing, koilonychia Capillary refill < 3 seconds (-) inflammation
<b>Head</b>	Normocephalic, smooth contour; (-) nodules, masses, depression Symmetrical facial features, symmetrical facial movement Fine, normal, evenly distributed hair, (-) alopecia Scalp: clean; (-) dandruff, lice, wounds, lesions, masses, tenderness
<b>Eyes</b>	Symmetrical eyelids; (-) swelling, lesions, ptosis, periorbital edema Equally distributed eyelashes, curled outward Evenly distributed eyebrows, symmetrical, intact, equal movement; (-) scaling, flaking

	<p>Pinkish conjunctiva; (-) lesion, discharge  Anicteric sclera  Smooth, transparent, clear cornea and lens  Pupils equal, round, react to light, accommodation, 3 mm pupils, brisk R and L  Uniform constriction, equal accommodation  Intact peripheral vision; intact and coordinated EOM  Visual acuity: Do not wear glasses, able to read texts at 14 in. distance  Corneal sensitivity reflex: intact, responsive</p>
<b>Ears</b>	<p>Normoset; (-) gross abnormalities, tenderness  Auricles symmetrical, aligned with outer canthus of eyes  Pinna recoils after folded  Color similar to facial skin  (-) impacted cerumen, discharge, foul smell  Symmetrical gross hearing  (-) Weber's test: no lateralization  (+) Rinne test: AC &gt; BC  (-) Hearing aid</p>
<b>Nose</b>	<p>Symmetrical nasolabial fold  Septum in midline  Pinkish mucosa; (-) discharge on R and L, swelling, lesions  Both nostrils patent  Symmetrical gross smell  (-) alar flaring  (-) sinus tenderness</p>
<b>Mouth</b>	<p>Lips: pinkish, (-) pallor, cyanosis, dryness/cracks, lesions  Tongue in midline; (-) atrophy, fasciculation, deviation, lesions  Symmetrical and strong tongue movement  Gums: pinkish, (-) tenderness  Absence of teeth (Edentulism), no dentures  (-) Swelling, lesions, pallor, bleeding  (+) Cough reflex  (-) Dysphagia  Intact speech</p>
<b>Pharynx</b>	<p>Uvula in midline, (-) deviation to R or L  Pinkish mucosa; (-) swelling, lesions  (-) inflamed tonsils; (-) tonsillopharyngeal congestion</p>
<b>Neck</b>	<p>Trachea in midline; (-) neck enlargement, neck rigidity  Nonpalpable lymph nodes  Nonpalpable thyroid gland  Normal ROM  (-) tenderness, nodules, masses</p>

<b>Chest and lungs</b>	RR: 18 breaths/min, regular, eupneic (-) Use of accessory muscles Normal chest shape; (-) barrel, funnel, pigeon Symmetrical chest expansion, tactile fremitus, respiratory movement Clear breath sounds, both lung fields Vesicular breath sounds at most lung areas; bronchovesicular at main stem; bronchial at tracheal area (-) Wheeze; (-) Rales; (-) Pleural friction rub; (-) Rhonchi; (-) Bruits
<b>Heart</b>	Precordial Area: flat, normodynamic; (-) tenderness, heaves, thrills Point of Maximal Impulse (PMI): 5th intercostal space, left midclavicular line Apical pulse: 86 bpm, regular, 5th intercostal space, left midclavicular line Heart Sounds: S1 > S2 at apex; S2 > S1 at the base (-) S3, (-) S4, (-) Extra heart sounds, (-) Murmurs
<b>Abdomen</b>	(-) scars, striae, dilated veins, rashes, masses, nodules Globular, symmetrical, medium-toned, (-) abnormal pigmentations Umbilicus is sunken; (-) bulges, Inflammation Abdominal Girth: 95.25 cm Bowel sounds rate: 24 sounds/ minute, RLQ, normoactive (-) Bruit, (-) Friction rubs (-) Muscle guarding, tenderness, referred pain
<b>Back and Extremities</b>	Joints (-) swelling, redness, tenderness, warmth, crepitation Equal muscle size, normal muscle tone (-) contractures, fasciculation, tics, tremors (-) edema Spine at midline (-) CVA tenderness (+) Palpable mass over anorectal area
<b>Motor function</b>	Able to stand from sitting position; (-) dizziness Normal, coordinated gait, does not require assistance from people or devices (-) Romberg Test Full ROM

## CVM

<b>General Survey</b>	<p>Hygiene and grooming: well-kempt; clean and neat            General Appearance: relaxed, (-) signs of distress, (-) pain            Facial expression: calm, alert, attentive to question, makes eye contact            Body odor: (-)            Development: ectomorph, well-developed, looks according to age            Level of consciousness: Conscious            Gait and Posture: coordinated, steady, walks independently            Orientation: oriented to person, time, and place            Coherence: coherent            Speech: gives clear and comprehensive answers to questions</p>
<b>Vital Signs</b>	<p>T - 35.1°C (Axilla)            PR - 88 bpm            RR - 16 breaths/min            BP - 130/80 mmHg            (-) Pain</p>
<b>Anthropometrics</b>	<p>Height: 167.64 cm    Weight: 55 kg            BMI: 19.57 kg/m<sup>2</sup>            WC: 81.28 cm        HC: 95.25 cm            WHR: 0.85</p>
<b>Integument/ Skin</b>	<p>Normal; (-) pallor, jaundice, cyanosis, flushed            Dry, wrinkled, looks according to age            Skin turgor &lt;3 seconds, warm temperature            (-) lesions, petechiae, ecchymosis, rashes, irritations            (-) pedal edema            (-) pressure ulcer</p>
<b>Nails</b>	<p>Pinkish; (-) pallor, cyanosis            Normal nail plate; (-) clubbing, koilonychia            Capillary refill &lt; 3 seconds            (-) inflammation</p>
<b>Head</b>	<p>Normocephalic, smooth contour; (-) nodules, masses, depression            Symmetrical facial features, symmetrical facial movement            Fine, normal, evenly distributed hair, (-) alopecia            Scalp: clean; (-) dandruff, lice, wounds, lesions, masses, tenderness</p>
<b>Eyes</b>	<p>Symmetrical eyelids; (-) swelling, lesions, ptosis, periorbital edema            Equally distributed eyelashes, curled outward            Evenly distributed eyebrows, symmetrical, intact, equal movement; (-) scaling, flaking            Pinkish conjunctiva; (-) lesion, discharge            Anicteric sclera</p>

	<p>Smooth, transparent, clear cornea and lens</p> <p>Pupils equal, round, react to light, accommodation, 3 mm pupils, brisk R and L</p> <p>Uniform constriction, equal accommodation</p> <p>Intact peripheral vision; intact and coordinated EOM</p> <p>Visual acuity: Do not wear glasses, able to read texts at 14 in. distance</p> <p>Corneal sensitivity reflex: intact, responsive</p>
<b>Ears</b>	<p>Normoaset; (-) gross abnormalities, tenderness</p> <p>Auricles symmetrical, aligned with outer canthus of eyes</p> <p>Pinna recoils after folded</p> <p>Color similar to facial skin</p> <p>(-) impacted cerumen, discharge, foul smell</p> <p>Symmetrical gross hearing</p> <p>(-) Weber's test: no lateralization</p> <p>(+) Rinne test: AC &gt; BC</p> <p>(-) Hearing aid</p>
<b>Nose</b>	<p>Symmetrical nasolabial fold</p> <p>Septum in midline</p> <p>Pinkish mucosa; (-) discharge on R and L, swelling, lesions</p> <p>Both nostrils patent</p> <p>Symmetrical gross smell</p> <p>(-) alar flaring</p> <p>(-) sinus tenderness</p>
<b>Mouth</b>	<p>Lips: pinkish, (-) pallor, cyanosis, dryness/cracks, lesions</p> <p>Tongue in midline; (-) atrophy, fasciculation, deviation, lesions</p> <p>Symmetrical and strong tongue movement</p> <p>Gums: Dark pink, (-) tenderness</p> <p>Absence of teeth (Edentulism), no dentures</p> <p>(-) Swelling, lesions, pallor, bleeding</p> <p>(+) Cough reflex</p> <p>(-) Dysphagia</p> <p>Intact speech</p>
<b>Pharynx</b>	<p>Uvula in midline, (-) deviation to R or L</p> <p>Pinkish mucosa; (-) swelling, lesions</p> <p>(-) inflamed tonsils; (-) tonsillopharyngeal congestion</p>
<b>Neck</b>	<p>Trachea in midline; (-) neck enlargement, neck rigidity</p> <p>Nonpalpable lymph nodes</p> <p>Nonpalpable thyroid gland</p> <p>Normal ROM</p> <p>(-) tenderness, nodules, masses</p>
<b>Chest and lungs</b>	<p>RR: 16 breaths/min, regular, eupneic</p>

	<p>(-) Use of accessory muscles  Normal chest shape; (-) barrel, funnel, pigeon  Symmetrical chest expansion, tactile fremitus, respiratory movement  Clear breath sounds, both lung fields  Vesicular breath sounds at most lung areas; bronchovesicular at main stem; bronchial at tracheal area  (-) Wheeze; (-) Rales; (-) Pleural friction rub; (-) Rhonchi; (-) Bruits</p>
<b>Heart</b>	<p>Precordial Area: flat, normodynamic; (-) tenderness, heaves, thrills  Point of Maximal Impulse (PMI): 5th intercostal space, left midclavicular line  Apical pulse: 88 bpm, regular, 5th intercostal space, left midclavicular line  Heart Sounds: S1 &gt; S2 at apex; S2 &gt; S1 at the base  (-) S3, (-) S4, (-) Extra heart sounds, (-) Murmurs</p>
<b>Abdomen</b>	<p>(-) scars, striae, dilated veins, rashes, masses, nodules  Flat symmetrical, medium-toned, (-) abnormal pigmentations  Umbilicus is sunken; (-) bulges, iInflammation  Abdominal Girth: 81.28 cm  Bowel sounds rate: 15 sounds/ minute, RLQ, normoactive  (-) Bruit, (-) Friction rubs  (-) Muscle guarding, tenderness, referred pain</p>
<b>Back and Extremities</b>	<p>Joints (-) swelling, redness, tenderness, warmth, crepitation  Equal muscle size, normal muscle tone  (-) contractures, fasciculation, tics, tremors  (-) edema  Spine at midline  (-) CVA tenderness</p>
<b>Motor function</b>	<p>Able to stand from sitting position; (-) dizziness  Normal, coordinated gait, does not require assistance from people or devices  (-) Romberg Test  Full ROM</p>

**NM**

<b>General Survey</b>	<p>Hygiene and grooming: well-kempt; clean and neat            General Appearance: relaxed, (-) signs of distress, (-) pain            Facial expression: calm, alert, attentive to question, makes eye contact            Body odor: (-)            Development: ectomorph, well-developed, looks according to age            Level of consciousness: Conscious            Gait and Posture: coordinated, steady, walks independently            Orientation: oriented to person, time, and place            Coherence: coherent            Speech: gives clear and comprehensive answers to questions</p>
<b>Vital Signs</b>	<p>T - 34.9°C (Axilla)            PR - 90 bpm            RR - 15 breaths/min            BP - 100/70 mmHg            (-) Pain</p>
<b>Anthropometrics</b>	<p>Height: 152.4 cm      Weight: 45 kg            BMI: 19.38 kg/m<sup>2</sup> –            WC: 67.31 cm      HC: 83.82 cm            WHR: 0.80            MUAC: 21.59 cm</p>
<b>Integument/ Skin</b>	<p>Normal; (-) pallor, jaundice, cyanosis, flushed            Smooth, looks according to age            Skin turgor &lt;3 seconds, warm temperature            (-) lesions, petechiae, ecchymosis, rashes, irritations            (-) pedal edema            (-) pressure ulcer</p>
<b>Nails</b>	<p>Pinkish; (-) pallor, cyanosis            Normal nail plate; (-) clubbing, koilonychia            Capillary refill &lt; 3 seconds            (-) inflammation</p>
<b>Head</b>	<p>Normocephalic, smooth contour; (-) nodules, masses, depression            Symmetrical facial features, symmetrical facial movement            Fine, normal, evenly distributed hair, (-) alopecia            Scalp: clean; (-) dandruff, lice, wounds, lesions, masses, tenderness</p>



<b>Eyes</b>	<p>Symmetrical eyelids; (-) swelling, lesions, ptosis, periorbital edema          Equally distributed eyelashes, curled outward          Evenly distributed eyebrows, symmetrical, intact, equal movement; (-) scaling, flaking          Pinkish conjunctiva; (-) lesion, discharge          Anicteric sclera          Smooth, transparent, clear cornea and lens          Pupils equal, round, react to light, accommodation, 3 mm pupils, brisk R and L          Uniform constriction, equal accommodation          Intact peripheral vision; intact and coordinated EOM          Visual acuity: Do not wear glasses, able to read texts at 14 in. distance          Corneal sensitivity reflex: intact, responsive</p>
<b>Ears</b>	<p>Normoset; (-) gross abnormalities, tenderness          Auricles symmetrical, aligned with outer canthus of eyes          Pinna recoils after folded          Color similar to facial skin          (-) impacted cerumen, discharge, foul smell          Symmetrical gross hearing          (-) Weber's test: no lateralization          (+) Rinne test: AC &gt; BC          (-) Hearing aid</p>
<b>Nose</b>	<p>Symmetrical nasolabial fold          Septum in midline          Pinkish mucosa; (-) discharge on R and L, swelling, lesions          Both nostrils patent          Symmetrical gross smell          (-) alar flaring          (-) sinus tenderness</p>
<b>Mouth</b>	<p>Lips: pinkish, (-) pallor, cyanosis, dryness/cracks, lesions          Tongue in midline; (-) atrophy, fasciculation, deviation, lesions          Symmetrical and strong tongue movement          Gums: pinkish, (-) tenderness          Cavities in right upper second premolar and right lower first molar          (-) Swelling, lesions, pallor, bleeding          (+) Cough reflex          (-) Dysphagia          Intact speech</p>
<b>Pharynx</b>	<p>Uvula in midline, (-) deviation to R or L          Pinkish mucosa; (-) swelling, lesions          (-) inflamed tonsils; (-) tonsillopharyngeal congestion</p>
<b>Neck</b>	<p>Trachea in midline; (-) neck enlargement, neck rigidity</p>

	<p>Nonpalpable lymph nodes  Nonpalpable thyroid gland  Normal ROM  (-) tenderness, nodules, masses</p>
<b>Chest and lungs</b>	<p>RR: 15 breaths/min, regular, eupneic  (-) Use of accessory muscles  Normal chest shape; (-) barrel, funnel, pigeon  Symmetrical chest expansion, tactile fremitus, respiratory movement  Clear breath sounds, both lung fields  Vesicular breath sounds at most lung areas; bronchovesicular at main stem; bronchial at tracheal area  (-) Wheeze; (-) Rales; (-) Pleural friction rub; (-) Rhonchi; (-) Bruits</p>
<b>Heart</b>	<p>Precordial Area: flat, normodynamic; (-) tenderness, heaves, thrills  Point of Maximal Impulse (PMI): 5th intercostal space, left midclavicular line  Apical pulse: 90 bpm, regular, 5th intercostal space, left midclavicular line  Heart Sounds: S1 &gt; S2 at apex; S2 &gt; S1 at the base  (-) S3, (-) S4, (-) Extra heart sounds, (-) Murmurs</p>
<b>Abdomen</b>	<p>(-) scars, striae, dilated veins, rashes, masses, nodules  Flat symmetrical, medium-toned, (-) abnormal pigmentations  Umbilicus is sunken; (-) bulges, inflammation  Abdominal Girth: 81.28 cm  Bowel sounds rate: 18 sounds/ minute, RLQ, normoactive  (-) Bruit, (-) Friction rubs  (-) Muscle guarding, tenderness, referred pain</p>
<b>Back and Extremities</b>	<p>Joints (-) swelling, redness, tenderness, warmth, crepitation  Equal muscle size, normal muscle tone  (-) contractures, fasciculation, tics, tremors  (-) edema  Spine at midline  (-) CVA tenderness</p>
<b>Motor function</b>	<p>Able to stand from sitting position; (-) dizziness  Normal, coordinated gait, does not require assistance from people or devices  (-) Romberg Test  Full ROM</p>

**PM**

<b>General Survey</b>	<p>Hygiene and grooming: well-kempt; clean and neat            General Appearance: relaxed, (-) signs of distress, (-) pain            Facial expression: calm, alert, attentive to question, makes eye contact            Body odor: (-)            Development: ectomorph, well-developed, looks according to age            Level of consciousness: Conscious            Gait and Posture: coordinated, steady, walks independently            Orientation: oriented to person, time, and place            Coherence: coherent            Speech: gives clear and comprehensive answers to questions</p>
<b>Vital Signs</b>	<p>T - 36.2°C (Axilla)            PR - 74 bpm            RR - 13 breaths/min            (-) Pain</p>
<b>Anthropometrics</b>	<p>Height: 139.19 cm      Weight: 34 kg            BMI: 17.60 kg/m<sup>2</sup> - Underweight            WC: 55.88 cm          HC: 66.04 cm            WHR: 0.85 - Low risk            MUAC: 17.78 cm</p>
<b>Integument/ Skin</b>	<p>Normal; (-) pallor, jaundice, cyanosis, flushed            Smooth, looks according to age            Skin turgor &lt;3 seconds, warm temperature            (-) lesions, petechiae, ecchymosis, rashes, irritations            (-) pedal edema            (-) pressure ulcer</p>
<b>Nails</b>	<p>Pinkish; (-) pallor, cyanosis            Normal nail plate; (-) clubbing, koilonychia            Capillary refill &lt; 3 seconds            (-) inflammation</p>
<b>Head</b>	<p>Normocephalic, smooth contour; (-) nodules, masses, depression            Symmetrical facial features, symmetrical facial movement            Fine, normal, evenly distributed hair, (-) alopecia            Scalp: clean; (-) dandruff, lice, wounds, lesions, masses, tenderness</p>

<b>Eyes</b>	<p>Symmetrical eyelids; (-) swelling, lesions, ptosis, periorbital edema          Equally distributed eyelashes, curled outward          Evenly distributed eyebrows, symmetrical, intact, equal movement; (-) scaling, flaking          Pinkish conjunctiva; (-) lesion, discharge          Anicteric sclera          Smooth, transparent, clear cornea and lens          Pupils equal, round, react to light, accommodation, 3 mm pupils, brisk R and L          Uniform constriction, equal accommodation          Intact peripheral vision; intact and coordinated EOM          Visual acuity: Do not wear glasses, able to read texts at 14 in. distance          Corneal sensitivity reflex: intact, responsive</p>
<b>Ears</b>	<p>Normoet; (-) gross abnormalities, tenderness          Auricles symmetrical, aligned with outer canthus of eyes          Pinna recoils after folded          Color similar to facial skin          (-) impacted cerumen, discharge, foul smell          Symmetrical gross hearing          (-) Weber's test: no lateralization          (+) Rinne test: AC &gt; BC          (-) Hearing aid</p>
<b>Nose</b>	<p>Symmetrical nasolabial fold          Septum in midline          Pinkish mucosa; (-) discharge on R and L, swelling, lesions          Both nostrils patent          Symmetrical gross smell          (-) alar flaring          (-) sinus tenderness</p>
<b>Mouth</b>	<p>Lips: pinkish, (-) pallor, cyanosis, dryness/cracks, lesions          Tongue in midline; (-) atrophy, fasciculation, deviation, lesions          Symmetrical and strong tongue movement          Gums: pinkish, (-) tenderness          Cavities in right upper first and second molar, left upper second molar, left lower canine          Front teeth with tartar          (-) Swelling, lesions, pallor, bleeding          (+) Cough reflex          (-) Dysphagia          Intact speech</p>
<b>Pharynx</b>	<p>Uvula in midline, (-) deviation to R or L          Pinkish mucosa; (-) swelling, lesions</p>

	(-) inflamed tonsils; (-) tonsillopharyngeal congestion
<b>Neck</b>	Trachea in midline; (-) neck enlargement, neck rigidity Nonpalpable lymph nodes Nonpalpable thyroid gland Normal ROM (-) tenderness, nodules, masses
<b>Chest and lungs</b>	RR: 13 breaths/min, regular, eupneic (-) Use of accessory muscles Normal chest shape; (-) barrel, funnel, pigeon Symmetrical chest expansion, tactile fremitus, respiratory movement Clear breath sounds, both lung fields Vesicular breath sounds at most lung areas; bronchovesicular at main stem; bronchial at tracheal area (-) Wheeze; (-) Rales; (-) Pleural friction rub; (-) Rhonchi; (-) Bruits
<b>Heart</b>	Precordial Area: flat, normodynamic; (-) tenderness, heaves, thrills Heart Sounds: S1 > S2 at apex; S2 > S1 at the base (-) S3, (-) S4, (-) Extra heart sounds, (-) Murmurs
<b>Abdomen</b>	(-) scars, striae, dilated veins, rashes, masses, nodules Flat symmetrical, medium-toned, (-) abnormal pigmentations Umbilicus is sunken; (-) bulges, Inflammation Abdominal Girth: 55.88 cm Bowel sounds rate: 9 sounds/ minute, RLQ, normoactive (-) Bruit, (-) Friction rubs (-) Muscle guarding, tenderness, referred pain
<b>Back and Extremities</b>	Joints (-) swelling, redness, tenderness, warmth, crepitation Equal muscle size, normal muscle tone (-) contractures, fasciculation, tics, tremors (-) edema Spine at midline (-) CVA tenderness
<b>Motor function</b>	Able to stand from sitting position; (-) dizziness Normal, coordinated gait, does not require assistance from people or devices (-) Romberg Test Full ROM

**JM**

<b>General Survey</b>	<p>Hygiene and grooming: well-kempt; clean and neat            General Appearance: relaxed, (-) signs of distress, (-) pain            Facial expression: calm, alert, attentive to question, makes eye contact            Body odor: (-)            Development: ectomorph, well-developed, looks according to age            Level of consciousness: Conscious            Gait and Posture: coordinated, steady, walks independently            Orientation: oriented to person, time, and place            Coherence: coherent            Speech: gives clear and comprehensive answers to questions</p>
<b>Vital Signs</b>	<p>T - 35.6°C (Axilla)            PR - 78 bpm            RR - 16 breaths/min            (-) Pain</p>
<b>Anthropometrics</b>	<p>Height: 126 cm    Weight: 16 kg            BMI-for-age: 10.078 kg/m<sup>2</sup>            Z-score: -2            MUAC: 15.63 cm</p>
<b>Integument/ Skin</b>	<p>Normal; (-) pallor, jaundice, cyanosis, flushed            Smooth, looks according to age            Skin turgor &lt;3 seconds, warm temperature            (-) lesions, petechiae, ecchymosis, rashes, irritations            (-) pedal edema            (-) pressure ulcer</p>
<b>Nails</b>	<p>Pinkish; (-) pallor, cyanosis            Normal nail plate; (-) clubbing, koilonychia            Capillary refill &lt; 3 seconds            (-) inflammation</p>
<b>Head</b>	<p>Normocephalic, smooth contour; (-) nodules, masses, depression</p>

	<p>Symmetrical facial features, symmetrical facial movement  Fine, normal, evenly distributed hair, (-) alopecia  Scalp: clean; (-) dandruff, lice, wounds, lesions, masses, tenderness</p>
<b>Eyes</b>	<p>Symmetrical eyelids; (-) swelling, lesions, ptosis, periorbital edema  Equally distributed eyelashes, curled outward  Evenly distributed eyebrows, symmetrical, intact, equal movement; (-) scaling, flaking  Pinkish conjunctiva; (-) lesion, discharge  Anicteric sclera  Smooth, transparent, clear cornea and lens  Pupils equal, round, react to light, accommodation, 3 mm pupils, brisk R and L  Uniform constriction, equal accommodation  Intact peripheral vision; intact and coordinated EOM  Visual acuity: Do not wear glasses  Corneal sensitivity reflex: intact, responsive</p>
<b>Ears</b>	<p>Normoet; (-) gross abnormalities, tenderness  Auricles symmetrical, aligned with outer canthus of eyes  Pinna recoils after folded  Color similar to facial skin  (-) impacted cerumen, discharge, foul smell  Symmetrical gross hearing  (-) Hearing aid</p>
<b>Nose</b>	<p>Symmetrical nasolabial fold  Septum in midline  Pinkish mucosa; (-) discharge on R and L, swelling, lesions  Both nostrils patent  Symmetrical gross smell  (-) alar flaring  (-) sinus tenderness</p>
<b>Mouth</b>	<p>Lips: pinkish, (-) pallor, cyanosis, dryness/cracks, lesions  Tongue in midline; (-) atrophy, fasciculation, deviation, lesions  Symmetrical and strong tongue movement  Gums: pinkish, (-) tenderness  Cavities in the left upper and lower second premolar, and right upper and lower first premolar  Blackened front teeth  (-) Swelling, lesions, pallor, bleeding  (+) Cough reflex  (-) Dysphagia  Intact speech</p>
<b>Pharynx</b>	<p>Uvula in midline, (-) deviation to R or L</p>

	<p>Pinkish mucosa; (-) swelling, lesions  (-) inflamed tonsils; (-) tonsillopharyngeal congestion</p>
<b>Neck</b>	<p>Trachea in midline; (-) neck enlargement, neck rigidity  Normal ROM  (-) tenderness, nodules, masses</p>
<b>Chest and lungs</b>	<p>RR: 16 breaths/min, regular, eupneic  (-) Use of accessory muscles  Normal chest shape; (-) barrel, funnel, pigeon  Symmetrical chest expansion, tactile fremitus, respiratory movement  Clear breath sounds, both lung fields  Vesicular breath sounds at most lung areas; bronchovesicular at main stem;  bronchial at tracheal area  (-) Wheeze; (-) Rales; (-) Pleural friction rub; (-) Rhonchi; (-) Bruits</p>
<b>Heart</b>	<p>Precordial Area: flat, normodynamic; (-) tenderness, heaves, thrills  Heart Sounds: S1 &gt; S2 at apex; S2 &gt; S1 at the base  (-) S3, (-) S4, (-) Extra heart sounds, (-) Murmurs</p>
<b>Abdomen</b>	<p>(-) scars, striae, dilated veins, rashes, masses, nodules  Flat symmetrical, medium-toned, (-) abnormal pigmentations  Umbilicus is sunken; (-) bulges, Inflammation  Abdominal Girth:  Bowel sounds rate: 10 sounds / minute, RLQ, normoactive  (-) Bruit, (-) Friction rubs  (-) Muscle guarding, tenderness, referred pain</p>
<b>Back and Extremities</b>	<p>Joints (-) swelling, redness, tenderness, warmth, crepitation  Equal muscle size, normal muscle tone  (-) contractures, fasciculation, tics, tremors  (-) edema  Spine at midline</p>
<b>Motor function</b>	<p>Able to stand from sitting position; (-) dizziness  Normal, coordinated gait, does not require assistance from people or devices  (-) Romberg Test  Full ROM</p>



**Metro Manila Developmental Screening Test of JM**

Name: **JM**

Sex: **F**

Age: **5**

Birthdate: **08/31/2016**

Date of Screening Test: April 03, 2022 (Sunday)

Address: Herran, Paco, Manila.

Test item	Score
<b>Personal-Social</b>	
Buttons up	P (by Report)
Dresses without supervision	P (by Report)
Separates from mother easily	P (by Report)
<b>Fine Motor - Adaptive</b>	
Copies square	P
Imitates demonstrated square	P
Draws man in 6 parts	P
Picks longer lines	P
<b>Language</b>	
Comprehends cold, tired, and hungry	P
Recognizes 3 colors	P (by Report)
Opposite analogies <ul style="list-style-type: none"><li>● <i>Kung si nanay ay babae, si tatay naman ay?</i></li><li>● <i>Kung ang apoy ay mainit, ang yelo naman ay?</i></li><li>● <i>Kung ang kabayo ay malaki, ang daga naman ay?</i></li></ul>	P
<b>Gross Motor</b>	
Balance on 1 foot for 10 seconds	P
Catches bounced ball	P (by Report)
Heel to toe walk	P
Backward heel to toe walk	P
<b>Interpretation: NORMAL; NO DEVELOPMENTAL DELAY</b>	

P = Pass

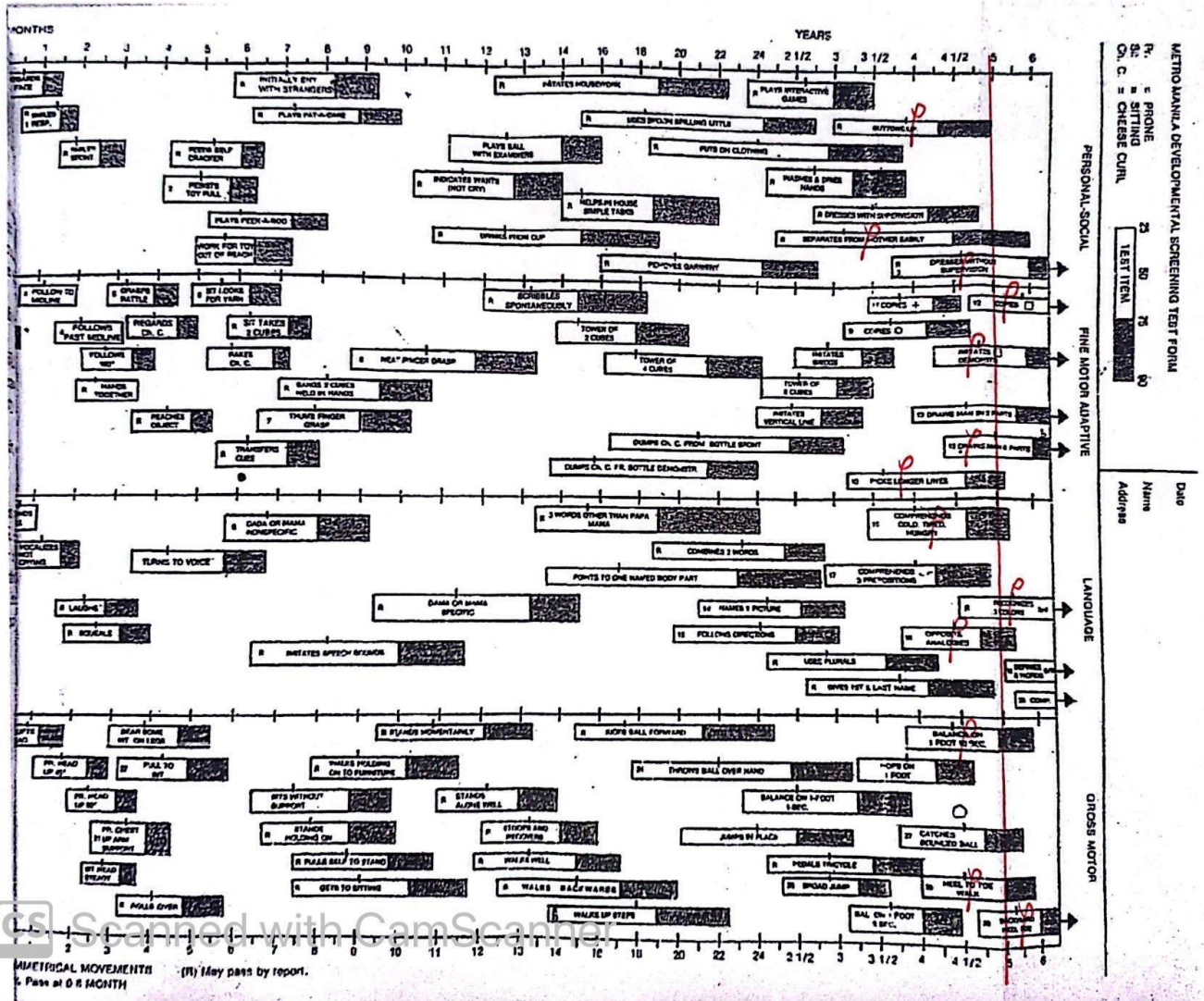


Figure 3. MMDST Form of JM

## 5. Values, Habits, Practices on Health Promotion, Maintenance and Disease Prevention

The grandmother mentioned that all grandchildren had been immunized against vaccine-preventable diseases when they were young. However, this can't be verified since the children's immunization cards are already lost from moving from one house to another. Both grandparents and the eldest grandson are also vaccinated with first and second doses of Pfizer vaccine against COVID-19 (See Table 15). When asked about why they haven't had their boosters yet, AMM revealed that "*Eh wala pa po eh*". Both PM and JM also haven't had their COVID-19 vaccines because AMM is not quite sure if they are eligible since they are still young. AMM also added "*tatanungin ko pa po kung pwede na sila mapabakunahan doon sa tito nila kasi siya nagdedesisyon nun eh.*"

	Dose	Date Given	Expiry Date	Brand
AMM	1st Dose	10/13/21	11/2021	Pfizer
	2nd Dose	11/03/2021	11/2021	Pfizer
CVM	1st Dose	10/15/21	11/2021	Pfizer
	2nd Dose	11/05/2021	11/2021	Pfizer
NM	1st Dose	12/20/2021	02/25/2022	Pfizer
	2nd Dose	01/11/2022	06/30/2022	Pfizer

Table 15. COVID-19 Vaccinations of AMM, CVM, and NM

In terms of sleep and rest, Mrs. AMM mentioned that her usual sleeping schedule is from around 10:00/ 11:00 PM to 5:00 AM. Her husband also sleeps and wakes up similar to her schedule. No sleep medications had been or are currently being taken. She also allots siesta time in the afternoon for around one to two hours. Their granddaughter, on the other hand, sleeps an hour earlier than them and wakes up like her brother's waking time. As for the two older grandchildren, they usually sleep at around midnight and wake up at around 7:00 - 8:00 AM to attend their online classes. After their class, they try to sleep again. When there are no classes in the morning, they usually wake up late, at around 11:00 AM - 1:00 PM. Sleeping, taking a break from household chores and care tending, and watching television are the grandmother's main and preferred methods of rest and relaxation. As for the two boys, they are fond of playing different online games while JM usually plays outside with her neighbor playmates. She usually plays Chinese garter, "*habulan*", and "*tumbang preso.*" The grandmother added that they are only allowed to play when they are done with their online classes and school activities. All children also wear slippers when stepping outside the house. Mrs. AMM engages in exercise particularly when she feels like her body is heavy and more tired than usual. She performs basic dynamic stretching and warm-up exercises like arm circles, arm swings, chest expansions, and torso rotation. This is done intermittently and only when the grandmother feels heavy and tired during the day. Mrs. AMM also considers the performance of household chores and all care-tending activities for the grandchildren as a form of physical exercise. Mr. CVM, NM, and JM on the other hand, do not perform any exercise routine. As for PM, NM revealed that he exercises for 15 minutes every Saturday depending on his mood.

## NUTRIENT ANALYSIS OF THE FAMILY MEMBERS

### AMM

AMM								Macronutrients			
Food	Dimension	Amount	No. of Exc.	Wt. (g)/Exc.	Total Wt. (g) of Food eaten	EP (%) / 100 g	Actual EP %	Energy (kcal)	CHON (g)	Fat (g)	CHO (g)
Fried rice/Sinangag		1/2 cup	1	80	80	100	0.8	149.6	2.08	3.2	28.16
Tuyo (Tamban)	16 x 3 cm	2 pcs.	2	20	40	54	0.74074074	159.1	31.82	3.552	0
White rice (cooked)		3 cups	6	80	480	100	4.8	619.2	10.08	0.96	142.56
Pancit canton		1/2 cup	0.5	100	50	100	0.5	243.5	6.4	11.6	28.4
Instant noodles		1/2 of 80 g pack	1	40	40	100	0.4	19.2	0.52	0.84	2.4
Ampalaya (cooked)		1/2 cup	1	45	45	78	0.57692308	13.271	0.577	0.115	2.423
Coffee		1 cup	0	0	0	0	0	0	0	0	0
Egg, chicken, white		1 pc.	1	60	60	100	0.6	36.6	1.02	0.12	1.2
<b>TOTAL</b>								<b>1240.471</b>	<b>52.497</b>	<b>20.387</b>	<b>205.14</b>
<b>RENI</b>								<b>1610</b>	<b>62</b>	<b>23</b>	<b>65</b>
<b>% Adequacy</b>								<b>77.0478882</b>	<b>84.67258</b>	<b>88.639</b>	<b>315.6</b>

Micronutrients											
Ash (g)	Fiber (g)	Ca (mg)	P (mg)	Fe (mg)	Na (mg)	Retinol (µg)	B-carotene (µg)	Thiamin (mg)	Riboflavin (mg)	Niacin (mg)	Vit. C (mg)
0.64	0.4	2.4	28	0.88	3.2	0	0	0.016	0.032	0.32	0
12.802	0	318.2	358.9	1.332	0	66.6	0	0.015	0.237	9.028	0
1.92	1.92	52.8	172.8	2.88	14.4	0	0	0.096	0.096	2.4	0
1.2	1.8	24.5	35.5	1.2	338	0	2.5	0.03	0.035	1.2	0
0.44	0	1.6	5.2	0.08	128	13.6	0.4	0.028	0.004	0.04	0
0.404	0.75	12.694	20.772	0.231	8.655	0	65.778	0.029	0.023	0.115	1.154
0	0	0	0	0	0	0	0	0	0	0	0
0.3	0	6.6	6.6	0.36	144	0	0	0.006	0.126	0.12	0
<b>17.706</b>	<b>4.87</b>	<b>418.79</b>	<b>627.77</b>	<b>6.963</b>	<b>636.26</b>	<b>80.2</b>	<b>68.678</b>	<b>0.22</b>	<b>0.553</b>	<b>13.223</b>	<b>1.154</b>
/	23	800	700	10	500	600	600	1.1	1.1	14	60
/	<b>21.174</b>	<b>52.349</b>	<b>627.77</b>	<b>69.63</b>	<b>127.25</b>	<b>13.3666667</b>	<b>11.44633333</b>	<b>20</b>	<b>50.27272727</b>	<b>94.45</b>	<b>1.923333</b>

### CVM

CVM								Macronutrients			
Food	Dimension	Amount	No. of Exc.	Wt. (g)/Exc.	Total Wt. (g) of Food eaten	EP (%) / 100 g	Actual EP %	Energy (kcal)	CHON (g)	Fat (g)	CHO (g)
Fried rice/Sinangag		1/2 cup	1	80	80	100	0.8	149.6	2.08	3.2	28.16
Tuyo (Tamban)	16 x 3 cm	2 pcs.	2	20	40	54	0.74074074	159.1	31.82	3.552	0
White rice (cooked)		2 cups	4	80	320	100	3.2	412.8	6.72	0.64	95.04
Pancit canton		1/2 cup	0.5	100	50	100	0.5	243.5	6.4	11.6	28.4
Instant noodles		1/2 of 80 g pack	1	40	40	100	0.4	19.2	0.52	0.84	2.4
Ampalaya (cooked)		1/2 cup	1	45	45	78	0.57692308	13.271	0.577	0.115	2.423
Coffee		1 cup	0	0	0	0	0	0	0	0	0
Egg, chicken, white		1 pc.	1	60	60	100	0.6	36.6	1.02	0.12	1.2
<b>TOTAL</b>								<b>1034.071</b>	<b>49.137</b>	<b>20.067</b>	<b>157.62</b>
<b>RENI</b>								<b>2140</b>	<b>62</b>	<b>23</b>	<b>65</b>
<b>% Adequacy</b>								<b>48.32107477</b>	<b>79.25323</b>	<b>87.248</b>	<b>242.5</b>

Micronutrients											
Ash (g)	Fiber (g)	Ca (mg)	P (mg)	Fe (mg)	Na (mg)	Retinol (µg)	B-carotene (µg)	Thiamin (mg)	Riboflavin (mg)	Niacin (mg)	Vit. C (mg)
0.64	0.4	2.4	28	0.88	3.2	0	0	0.016	0.032	0.32	0
12.802	0	318.2	358.9	1.332	0	66.6	0	0.015	0.237	9.028	0
1.28	1.28	35.2	115.2	1.92	9.6	0	0	0.064	0.064	1.6	0
1.2	1.8	24.5	35.5	1.2	338	0	2.5	0.03	0.035	1.2	0
0.44	0	1.6	5.2	0.08	128	13.6	0.4	0.028	0.004	0.04	0
0.404	0.75	12.694	20.772	0.231	8.655	0	65.778	0.029	0.023	0.115	1.154
0	0	0	0	0	0	0	0	0	0	0	0
0.3	0	6.6	6.6	0.36	144	0	0	0.006	0.126	0.12	0
<b>17.066</b>	<b>4.23</b>	<b>401.19</b>	<b>570.17</b>	<b>6.003</b>	<b>631.46</b>	<b>80.2</b>	<b>68.678</b>	<b>0.188</b>	<b>0.521</b>	<b>12.423</b>	<b>1.154</b>
/	23	800	700	12	500	700	700	1.2	1.3	16	70
/	<b>18.391</b>	<b>50.149</b>	<b>81.453</b>	<b>50.025</b>	<b>126.29</b>	<b>11.4571429</b>	<b>9.811142857</b>	<b>15.66666667</b>	<b>40.07692308</b>	<b>77.64375</b>	<b>1.648571</b>

## NM

NM								Macronutrients			
Food	Dimension	Amount	No. of Exc.	Wt. (g)/Exc.	Total Wt. (g) of Food eaten	EP (%) / 100 g	Actual EP %	Energy (kcal)	CHON (g)	Fat (g)	CHO (g)
White rice (cooked)		3 cups	6	80	480	100	4.8	619.2	10.08	0.96	142.56
Pancit Canton		1 serving	1	100	100	100	1	487	12.8	23.2	56.8
Instant noodles		1/2 of 80 g pack	1	40	40	100	0.4	19.2	0.52	0.84	2.4
Ampalaya (cooked)		1/4 cup	0.5	45	22.5	78	0.28846154	6.624	0.288	0.058	1.21
Egg, chicken, white		1 pc.	1	60	60	100	0.6	36.6	1.02	0.12	1.2
Oil		1 teaspoon	1	5	5	100	0.05	44.8	0	4.98	0
Halo-halo		1 serving	2	205	410	100	4.1	336.2	4.1	1.23	76.67
<b>TOTAL</b>								<b>1549.624</b>	<b>28.808</b>	<b>31.388</b>	<b>280.84</b>
<b>RENI</b>								<b>2700</b>	<b>62</b>	<b>23</b>	<b>68</b>
<b>% Adequacy</b>								<b>57.39348148</b>	<b>46.46452</b>	<b>136.47</b>	<b>413</b>

Micronutrients											
Ash (g)	Fiber (g)	Ca (mg)	P (mg)	Fe (mg)	Na (mg)	Retinol (µg)	B-carotene (µg)	Thiamin (mg)	Riboflavin (mg)	Niacin (mg)	Vit. C (mg)
1.92	1.92	52.8	172.8	2.88	14.4	0	0	0.096	0.096	2.4	0
2.4	3.6	49	71	2.4	676	0	5	0.06	0.07	2.4	0
0.44	0	1.6	5.2	0.08	128	13.6	0.4	0.028	0.004	0.04	0
0.201	0.374	6.336	10.368	0.115	4.32	0	32.832	0.014	0.012	0.058	0.576
0.3	0	6.6	6.6	0.36	144	0	0	0.006	0.126	0.12	0
0	0	1.65	0	0.01	0	0	1.25	0	0.0005	0	0
1.23	0	106.6	94.3	0	0	102.5	20.5	0.082	0.205	0.41	0
<b>6.491</b>	<b>5.894</b>	<b>224.59</b>	<b>360.27</b>	<b>5.845</b>	<b>966.72</b>	<b>116.1</b>	<b>59.982</b>	<b>0.286</b>	<b>0.5135</b>	<b>5.428</b>	<b>0.576</b>
/	19	1000	1250	19	500	700	700	1.2	1.3	15	60
/	31.021	22.459	28.821	30.763	193.34	16.5857143	8.568857143	23.83333333	39.5	36.1866667	0.96

## PM

PM								Macronutrients			
Food	Dimension	Amount	No. of Exc.	Wt. (g)/Exc.	Total Wt. (g) of Food eaten	EP (%) / 100 g	Actual EP %	Energy (kcal)	CHON (g)	Fat (g)	CHO (g)
White rice (cooked)		3 cups	6	80	480	100	4.8	412.8	6.72	0.64	95.04
Pancit Canton		1 serving	1	100	100	100	1	487	12.8	23.2	56.8
Instant noodles		1/2 of 80 g pack	1	40	40	100	0.4	19.2	0.52	0.84	2.4
Egg, chicken, white		1 pc.	1	60	60	100	0.6	36.6	1.02	0.12	1.2
Oil		1 teaspoon	1	5	5	100	0.05	44.8	0	4.98	0
Halo-halo		1 serving	2	205	410	100	4.1	336.2	4.1	1.23	76.67
<b>TOTAL</b>								<b>1336.6</b>	<b>25.16</b>	<b>31.01</b>	<b>232.11</b>
<b>RENI</b>								<b>2060</b>	<b>43</b>	<b>23</b>	<b>68</b>
<b>% Adequacy</b>								<b>64.88349515</b>	<b>58.51163</b>	<b>134.83</b>	<b>341.34</b>

Micronutrients											
Ash (g)	Fiber (g)	Ca (mg)	P (mg)	Fe (mg)	Na (mg)	Retinol (µg)	B-carotene (µg)	Thiamin (mg)	Riboflavin (mg)	Niacin (mg)	Vit. C (mg)
1.28	1.28	35.2	115.2	1.92	9.6	0	0	0.064	0.064	1.6	0
2.4	3.6	49	71	2.4	676	0	5	0.06	0.07	2.4	0
0.44	0	1.6	5.2	0.08	128	13.6	0.4	0.028	0.004	0.04	0
0.3	0	6.6	6.6	0.36	144	0	0	0.006	0.126	0.12	0
0	0	1.65	0	0.01	0	0	1.25	0	0.0005	0	0
1.23	0	106.6	94.3	0	0	102.5	20.5	0.082	0.205	0.41	0
<b>5.65</b>	<b>4.88</b>	<b>200.65</b>	<b>292.3</b>	<b>4.77</b>	<b>957.6</b>	<b>116.1</b>	<b>27.15</b>	<b>0.24</b>	<b>0.4695</b>	<b>4.57</b>	<b>0</b>
/	16	1000	1250	12	500	500	500	0.9	1	11	45
/	30.5	20.065	23.384	39.75	191.52	23.22	5.43	26.66666667	46.95	41.5454545	0

## JM

JM								Macronutrients			
Food	Dimension	Amount	No. of Exc.	Wt. (g)/Exc.	Total Wt. (g) of Food eaten	EP (%) / 100 g	Actual EP %	Energy (kcal)	CHON (g)	Fat (g)	CHO (g)
White rice (cooked)		3 cups	6	80	480	100	4.8	412.8	6.72	0.64	95.04
Pancit canton		1/2 cup	0.5	100	50	100	0.5	243.5	6.4	11.6	28.4
Instant noodles		1/2 of 80 g pack	1	40	40	100	0.4	19.2	0.52	0.84	2.4
Egg, chicken, white		1 pc.	1	60	60	100	0.6	36.6	1.02	0.12	1.2
Oil		1 teaspoon	1	5	5	100	0.05	44.8	0	4.98	0
Halo-halo		1 serving	2	205	410	100	4.1	336.2	4.1	1.23	76.67
Orange Juice		200 mL	1	200	200	100	2	92	0.2	0.4	21.8
<b>TOTAL</b>								<b>1185.1</b>	<b>18.96</b>	<b>19.81</b>	<b>225.51</b>
<b>RENI</b>								<b>1260</b>	<b>21</b>	<b>50</b>	<b>45</b>
<b>% Adequacy</b>								<b>94.05555556</b>	<b>90.28571</b>	<b>39.62</b>	<b>501.13</b>
Micronutrients											
Ash (g)	Fiber (g)	Ca (mg)	P (mg)	Fe (mg)	Na (mg)	Retinol (µg)	B-carotene (µg)	Thiamin (mg)	Riboflavin (mg)	Niacin (mg)	Vit. C (mg)
1.28	1.28	35.2	115.2	1.92	9.6	0	0	0.064	0.064	1.6	0
1.2	1.8	24.5	35.5	1.2	338	0	2.5	0.03	0.035	1.2	0
0.44	0	1.6	5.2	0.08	128	13.6	0.4	0.028	0.004	0.04	0
0.3	0	6.6	6.6	0.36	144	0	0	0.006	0.126	0.12	0
0	0	1.65	0	0.01	0	0	1.25	0	0.0005	0	0
1.23	0	106.6	94.3	0	0	102.5	20.5	0.082	0.205	0.41	0
0.2	0.4	40	4	0.4	4	0	60	0.02	0.02	0	32
<b>4.65</b>	<b>3.48</b>	<b>216.15</b>	<b>260.8</b>	<b>3.97</b>	<b>623.6</b>	<b>116.1</b>	<b>84.65</b>	<b>0.23</b>	<b>0.4545</b>	<b>3.37</b>	<b>32</b>
/	<b>9</b>	<b>550</b>	<b>500</b>	<b>9</b>	<b>300</b>	<b>400</b>	<b>400</b>	<b>0.5</b>	<b>0.845</b>	<b>7</b>	<b>45</b>
/	<b>38.667</b>	<b>39.3</b>	<b>52.16</b>	<b>44.111</b>	<b>207.87</b>	<b>29.025</b>	<b>21.1625</b>	<b>46</b>	<b>53.78698225</b>	<b>48.1428571</b>	<b>71.11111</b>